



Persistence of Beta-Blocker Treatment After a Heart Attack

Best Practice

About half of all heart attack survivors are readmitted to the hospital within one year of the event, and reoccurring heart attack rates remain exceedingly high¹. The American Heart Association and the American College of Cardiology strongly recommend treatment using beta-blockers following a heart attack to reduce mortality during acute and long-term management of heart attacks².

Wellness Report

Molina Healthcare annually monitors the percentage of members 18 years of age and older who were hospitalized with a diagnosis of Acute Myocardial Infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.

HEDIS® Measure	2008 Rate	2009 Rate	Goal*
Persistence of Beta-Blocker Treatment after a Heart Attack	81.03%	84.62%	78.00%

* National NCQA 75th percentile for Medicaid HMO plans.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

Cholesterol Management for Patients with Cardiovascular Conditions

Best Practice

One in three American adults has some form of cardiovascular disease, including coronary heart disease, high blood pressure, heart failure and stroke³. High cholesterol is a major risk factor and cause of cardiovascular disease. Screening and managing cholesterol levels in patients with cardiovascular conditions are extremely important and very effective at reducing the harm caused by coronary heart disease and other cardiovascular disease⁴

Wellness Report

Molina Healthcare annually monitors the percentage of members 18-75 years of age who were hospitalized for Acute Myocardial Infarction (AMI), Coronary Artery Bypass Graft (CABG) or Percutaneous Coronary Interventions (PCI) or who had a diagnosis of Ischemic Vascular Disease (IVD) and received LDL-C screening and maintained LDL-C control (<100 mg/dL).

¹ Tavazzi L. Clinical epidemiology of acute myocardial infarction. Am Heart J 1999; 138 (2 Pt 2): S48-S54.

² Antman EM, et al. ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction-executive summary. Circulation 2004 Aug 3; 110 (5): 588-636.

³ American Heart Association. Heart Disease and Stroke Statistics – 2008 Update.

http://www.americanheart.org/downloadable/heart/1200078608862HS_Stats%202008.final.pdf.

⁴ Centers for Disease Control and Prevention. Heart Disease. <http://www.cdc.gov/HeartDisease/about.htm#1>. Updated November 2007.

HEDIS® Measure	2008 Rate	2009 Rate	Goal*
LDL-C Screening Performed	67.53%	79.16%	82.00%
LCL-C Control Maintained	35.06%	43.90%	46.60%

* National NCQA 75th percentile for Medicaid HMO plans.

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Controlling High Blood Pressure

Best Practice

One out of every three Americans currently has hypertension, and over 90 percent of middle-aged and elderly Americans will be affected by it at some point in their lives.^{5,6} The risk of developing hypertension increases greatly with age.⁷ Despite available effective treatment options, studies show that over half of Americans with hypertension go untreated or undertreated.⁸ Treating SBP and DBP to targets that are <140/90 mmHg is associated with a decrease in cardiovascular complications.

Wellness Report

Molina Healthcare annually monitors the percentage of members 18 – 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the year.

HEDIS® Measure	2008 Rate	2009 Rate	Goal*
Controlling High Blood Pressure	49.56%	60.14%	60.00%

* National NCQA 75th percentile for Medicaid HMO plans.

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Comprehensive Diabetes Care

Best Practice

Almost 21 million Americans are living with known diabetes and an additional 3 million Americans have undiagnosed diabetes.^{9,10} Much of the burden of the illness and cost of diabetes treatment is attributed to potentially preventable long-term complications, including heart disease, blindness, kidney disease and stroke.¹¹ Appropriate and timely screening and treatment can significantly reduce the disease burden.

Wellness Report

Molina Healthcare annually monitors the following measures for members 18-75 years of age with diabetes (type 1 and type 2):

⁵ Fields LE, Burt VL, Cutler JA, Hughes J, Roccella EJ, Sorlie P. The burden of adult hypertension in the United States 199-2000: a rising tide. *Hypertension*. 2004; 44: 398-404.

⁶ Vasan RS, Beiser A, Seshadri S, Larson MG, Kannel WB, D'Agostino RB, Levy D. Residual lifetime risk for developing hypertension in middle-aged women and men: the Framingham Heart Study. *JAMA*, 2002;287: 1003-1010.

⁷ Wang TJ, Vasan RS. Epidemiology of uncontrolled hypertension in the United States. *Circulation* 2005; 112 (11): 1651-1662.

⁸ American Heart Association. *Heart Disease and Stroke Statistics – 2009 update*.

⁹ CDC (2008): *Diabetes Disabling Disease to Double by 2050*.

¹⁰ National Institute of Diabetes and Digestive and Kidney Diseases. *National Diabetes Statistics*.

¹¹ American Heart Association. *Heart Disease and Stroke Statistics – 2008 Update*.

HEDIS® Measure	2008 Rate	2009 Rate	Goal*
Controlling high blood pressure	49.56%	60.14%	60.00%
A1c poorly controlled >9	61.15%	41.00%	38.00%
Annual dilated retinal eye exam	47.9%	46.1%	63.00%
Annual A1c testing	74.83%	79.50%	84.00%
Annual Nephropathy monitoring	73.95%	73.80%	82.00%
Annual LDL – C screening	70.42%	74.26%	78.00%

* National NCQA 75th percentile for Medicaid HMO plans.

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Use of Appropriate Medications for People with Asthma

Best Practice

Approximately 34.1 million Americans have been diagnosed with asthma and each year nearly 5,000 die of it. Many asthma-related deaths, hospitalizations, emergency room visits and missed work and school days could be avoided if patients had appropriate medications and medical management.^{12,13,14}

Wellness Report

Molina Healthcare annually monitors the percentage of members 5-50 years of age who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

HEDIS® Measure	2008 Rate	2009 Rate	Goal*
Use of Appropriate Medication for People with Asthma	86.34%	84.64%	90.60%

* National NCQA 75th percentile for Medicaid HMO plans.

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Use of Spirometry Testing in the Assessment and Diagnosis of COPD

Best Practice

After heart disease, cancer and stroke, COPD is the fourth leading cause of death and disability in the United States and is projected to be the third largest disease burden in the world by 2020. More than 12 million people in the U.S. have been diagnosed with COPD – another 12 million are not aware they have the disease.^{15,16}

¹² American Lung Association. Epidemiology & Statistics Unit, Research and Program Services. *Trends in Asthma Morbidity and Mortality*. November 2007.

¹³Centers for Disease Control and Prevention: National Center for Health Statistics, National Health Interview Survey Raw Data, 2008. Analysis February 2010.

¹⁴ Akinbami,L.J. The State of Childhood Asthma, United States, 1980-2007. Advance Data from Vital and Health Statistics. Revised February 16, 2009. Pediatrics 123 (Supplement); S131-45. Hyattsville, MD: National Center for Health Statistics

¹⁵ Snow, V., S. Lascher, C. Mottur-Pilson. 2001. The evidence base for management of acute exacerbations of COPD: clinical practice guideline, part 1. Chest 119(4): 1185-9.

¹⁶ World Health Organization. Chronic respiratory diseases: *Burden*. Updated 2009.

Wellness Report

Molina Healthcare annually monitors the percentage of members 40 years of age and older with a new diagnosis or newly active COPD who received the appropriate spirometry testing to confirm the diagnosis.

HEDIS® Measure	2008 Rate	2009 Rate	Goal*
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Not Reported	29.94%	33.00%

* National NCQA 75th percentile for Medicaid HMO plans.

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Annual Dental Visits for Children Aged 2-21**Best Practice**

The Oral Health Initiative, a program of the American Academy of Pediatrics states, “Because pediatricians and family practitioners see children early and frequently for preventive health care, they are ideally positioned to serve as the first contact in the area of oral health, particularly for children ages 0-3. They can identify children at risk for oral health problems; assess exposure to fluoride; provide anticipatory guidance and parent education; provide preventive services such as fluoride varnish application where appropriate; and make timely referrals to a dental home.”

Wellness Report

Molina Healthcare uses Healthcare Effectiveness Data and Information Set (HEDIS®) rates to monitor the percentage of members 2-21 years of age who had at least one annual dental visit in the calendar year

HEDIS® Measure	2008 Rate	2009 Rate	Goal
Annual Dental Visits – 2-21 years	43.84%	45.06%	51.30%

* National NCQA 75th percentile for Medicaid HMO plans.

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Questions?

If you have any questions, please call Molina Healthcare’s Provider Services Department at 1-800-642-4168 (TTY: 1-800-750-0750 or 711). Representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday.