

Report on Health Indicators in Louisiana's Long Term Care System



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Office of Aging and Adult Services
Office for Citizens with Developmental Disabilities

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Health Indicators Report: 2009

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Table of Contents

page

Executive Summary	2
Background for Creating a Health Indicators Report	4
Health Status Quality Measures	6
Data Collection and Review	8
Limitations of Data and Impact on Determining Findings	11
Data Analysis and Considerations	12
A. Avoidable Hospitalizations	12
B. Women's Health Screenings	15
C. Children's Access to Primary Care Practitioners	18
Key Findings	20

List of Tables

1	OAAS Long Term Care Programs and Acronyms	8
2	OCDD Long Term Care Programs and Acronyms	8
3	Hospital Admissions for Dehydration	12
4	Hospital Admissions for Bacterial Pneumonia	14
5	Hospital Admissions for Urinary Tract Infections	15
6	Breast Cancer Screening	16
7	Cervical Cancer Screening	17
8	Children's Access to Primary Care: Ages 1 through 6 Years	19
9	Children's Access to Primary Care: Ages 7 through 19 Years	19

EXECUTIVE SUMMARY

This report is a critical component of the Department of Health and Hospital's quality management and improvement system. Reports like this one allow us to examine areas where we can take pride as well as areas for service improvement. This report is structured to evaluate data indicators of quality health care for people using Louisiana's long term care agencies. Our long term care agencies are the Office for Citizens with Developmental Disabilities (OCDD) and the Office of Aging and Adult Services (OAAS). These agencies provide support to older persons, people with developmental disabilities, and people with physical disabilities.

The focus of this report is: **Individuals are supported to have the best possible health.** To determine whether individuals using OCDD or OAAS (long term care) services are receiving high quality health care, we need markers by which to measure and make judgments. OAAS and OCDD scanned the field and adopted the following measures of health care quality:

- Tracking avoidable hospital admissions: pneumonia, dehydration, and urinary tract infections.
- Tracking health screenings: adult women screened for breast cancer and cervical cancer.
- Tracking children's access to health care: annual visits to primary care practitioners.

This is the first Louisiana report on these measures of quality health care. Data on how Louisiana is doing on these performance measures comes from Medicaid paid claims for services delivered during calendar year 2006 and 2007. All of these measures have a physician or hospital coding for payment under Medicaid. Even though this is the first report, we have important findings to share with the public.

People served in our long term care system:

- Were more likely to be unnecessarily hospitalized for dehydration, bacterial pneumonia and urinary tract infections if they were living in a nursing home facility.
- Females living in institutions for people with developmental disabilities (known as ICF/DD) received the highest rate of cancer screenings.
- Females living in nursing home facilities were far less likely to receive breast cancer and cervical cancer screenings than women living in other types of homes.
- Most children in our long term care system are seen at least annually by primary care practitioners.

- There is no data collected from paid claims on male cancer screenings such as for prostate cancer. Starting in 2010, there will be information on male cancer screenings for individuals receiving services through OCDD from National Core Indicators data.
- Currently, all health screenings are cancer related and do not address other kinds of health screening such as for cholesterol or diabetes.

The publication of annual reports on the quality of services, including this one, represents a commitment to open government and to sharing information about agency performance with the public. This commitment will enhance the ability of stakeholders to be engaged in guiding efforts to improve services and supports provided by the OCDD and OAAS to Louisiana's more vulnerable residents.

BACKGROUND FOR CREATING A HEALTH INDICATORS REPORT

In 2005 the federal Centers for Medicare & Medicaid Services (CMS) awarded Louisiana a Real Choice Systems Transformation Grant. Grant funds are being used to transform the State's long term care system by creating more affordable and accessible housing, developing a quality management program, and creating information technologies that facilitate systems change. Louisiana State agencies that address long term care are the Office of Aging and Adult Services (OAAS) and the Office for Citizens with Developmental Disabilities (OCDD).

OAAS and OCDD staff worked diligently with stakeholder groups over the past three years to make decisions about transformation grant goals, outcomes and timelines. The three goals of the quality management track are in the text box to the right. Relevant to this report is goal 2: To develop and disseminate quality management data and reports to stakeholders.

Quality Management System Transformation Goals:

1. Develop and implement a comprehensive quality management system.
2. Develop and disseminate quality management data and reports to stakeholders.
3. Periodically re-evaluate the quality management strategy.

Quality management refers to the continuous process of collecting data, evaluating the data for areas of good performance and areas in need of improvement, implementing strategies to improve weak areas of performance, and then measuring the impact of the change strategies. It is an ongoing cycle of evaluating system performance and improving the quality of services.

This report on Health Indicators is a critical component of the Department's quality management and improvement system. It allows us to examine areas where we can take pride as well as areas where we can direct service improvement efforts. Cross-agency workgroups with stakeholder involvement met and selected measures by which to evaluate the extent to which people in our long term care system receive health services aimed at a healthy life.

This first report is structured around the outcome: *Individuals are supported to have the best possible health*. The cross-agency workgroups analyzed information from Louisiana's Medicaid paid claims data bank on the health status indicators listed below:

- Avoidable hospital admissions: pneumonia, dehydration, and urinary tract infections
- Screening for breast and cervical cancer
- Access to health services: Children and adolescents visits to primary care physician

The Louisiana Office of Aging and Adult Services (OAAS) and the Office for Citizens with Developmental Disabilities (OCDD) are proud of the quality of supports provided each day to thousands of individuals. We are however always striving to improve services and supports. The publication of annual reports on the quality of services, including this one, represents a commitment to open government and to sharing information about agency performance with the public. This commitment will enhance the ability of stakeholders to better guide efforts to improve services and supports provided to older adults and those individuals with physical and intellectual disabilities.

Work to develop a cross agency (OAAS – OCDD) quality management system is already making a difference. As a result of reviewing the information contained in this report and other quality related reports, the Health Indicators Workgroup recommended service improvement areas upon which to focus attention and energy in the next year. OAAS and OCDD leadership adopted the recommendation to improve health care screenings, particularly in nursing facilities.

We appreciate your interest in this report and welcome feedback. It is our intention that this information be reported in an easy to understand format, useful to a broad audience including persons receiving supports and their families, the service provider community, personnel that work in direct services, legislators, and the public at large. Please let us know if you have suggestions for improving the report; call ____ or send written comments to _____. [OAAS to determine contact information.]

HEALTH STATUS QUALITY MEASURES: AHRQ AND HEDIS

OAAS and OCDD used federally recognized measures of health status to collect information for this report.

AHRQ (Agency for Healthcare Research and Quality)

One set of measures Louisiana adopted are measures of the Agency for Healthcare Research and Quality (AHRQ). AHRQ is an agency within the federal Department of Health and Human Services (HHS).¹ AHRQ measures identify areas where improved primary and preventive care will reduce, if not eliminate, the need for a hospital admission. Three AHRQ measures regarding preventable hospital admissions were adopted by Louisiana's System Transformation Grant work groups. These are listed below.

- ✓ Dehydration Admission – Hospital admissions for dehydration.
- ✓ Bacterial Pneumonia Admissions - Hospital admissions for bacterial pneumonia.
- ✓ Urinary Tract Infection Admissions - Hospital admissions for urinary tract infections.

HEDIS (Healthcare Effectiveness Data and Information Set)

Louisiana adopted additional measures of quality related to preventive health care referred to as HEDIS (Healthcare Effectiveness Data and Information Set). HEDIS is a quality tool developed by the National Committee for Quality Assurance (NCQA), a private, not-for-profit organization dedicated to improving health care quality.² Louisiana's long term care agencies adopted the following HEDIS measures related to prevention:

- ✓ Breast Cancer Screening - The percentage of women age 42-69 that had a mammogram within the previous 2 years. A mammogram is an X-ray of the breast in a device that compresses and flattens the breast. Women who have had bilateral mastectomy (may occur on the same or separate dates) are excluded. For this data, 80% of mammograms are covered by Medicare and 20% covered by Medicaid; thus cross over claims are used to capture all of these procedures.)

¹The Agency for Healthcare Research and Quality's (AHRQ) mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. Information from AHRQ's research helps people make more informed decisions and improve the quality of health care services. <http://www.ahrq.gov/>

² <http://www.ncqa.org/tabid/59/Default.aspx>

- ✓ Cervical Cancer Screening – The percentage of women age 23-64 that had a Pap test within the prior two years. The Pap test (or Pap smear) is an examination of cells collected from the cervix to detect cancer or abnormal cells that may lead to cancer. Pap tests can also find noncancerous conditions, such as infection.³ Women who have had a complete hysterectomy with no residual cervix are excluded.

- ✓ Children’s Access to Primary Health Care - This measure looks at whether children and adolescents had an annual visit with a primary health care practitioner (doctor, nurse, or nurse practitioner). HEDIS separates the measure into two age cohorts:
 - A primary care visit for children aged 1 to 6 years old
 - A primary care visit for children aged 7 to 19 years old

³ <http://www.cancer.gov/cancertopics/factsheet/Detection/Pap-test> U.S. National Institutes of Health, National Cancer Institute

DATA COLLECTION AND REVIEW

Louisiana’s Long Term Care Agencies and Programs

OAAS and OCDD offer services both in the community and in institutions. Community based services include services provided in an individual’s homes such as personal care, and out of home services such as adult day care. Institutional services include intermediate care facilities for those with developmental disabilities and nursing facilities. OCDD provides support to children and adults with intellectual and/or developmental disabilities (I/DD). OAAS provides support with daily living activities to low income elders. OAAS also supports adults with physical disabilities. Tables 1 and 2 below list program acronyms used in this report.

Table 1. OAAS Long Term Care Programs

OAAS Long Term Care Service Program Types	Acronyms in Report
Adult Day Health Care Waiver – A place in the community for elders to gather for socialization, health care, learning, volunteering, etc.	ADHC
Elderly and Disabled Adult Waiver - A program to support elders and adults with disabilities in the community through services such as support coordination, companion care, personal emergency response service and environmental modifications.	EDA
Long Term Personal Care Services – Assistance provided in people’s homes around activities of daily living (bathing, dressing, eating, using the toilet, etc.). This service is available to all Medicaid participants that meet program requirements (including waiver recipients) however, for this report LTPCS will represent the non-waiver population only, as waivers are reported separately.	LTPCS
Nursing Facility – A congregate residential setting where individuals in need of extensive support reside. Typically known as nursing homes.	NF

Table 2. OCDD Long Term Care Service Program Types

OCDD Long Term Care Service Program Types	Acronyms in Report
Children’s Choice Waiver - Support to children with developmental disabilities who currently live at home with their families, or who will leave an institution to return home. Supports include service coordination, family support and training, environment modification, and center-based respite.	CC
Intermediate Care Facilities – A congregate residential setting, also known as	ICF/DD

OCDD Long Term Care Service Program Types	Acronyms in Report
an institution or developmental center, where individuals with intellectual and developmental disabilities live.	
New Opportunities Waiver - Community-based support to children (at least 3 years of age) and adults with developmental disabilities. Supports include service coordination, day habilitation, transportation, supported employment, and skilled nursing services.	NOW
Supports Waiver - Community-based support for individuals with developmental disabilities that want to choose their support coordinator and service provider(s). Support funds are limited to \$26,000.	SW

Data Collection and Review

Data collected and analyzed for this report came from Medicaid paid claims for calendar years 2006 and 2007. Claims data in this report include all Medicaid-covered services provided to individuals served by OAAS and OCDD.

The Medicaid Claims Data Warehouse is maintained by Louisiana’s Medicaid contractor, UNISYS. Medicaid claims data are collected continuously and updated weekly to the data warehouse. Data on the Department’s selected quality measures are analyzed on an annual basis by OAAS staff with support from the University of Louisiana-Monroe and the Health Indicators Workgroup.

Where available, health care services paid for by Medicare were included in this analysis. The inclusion of Medicare data is important as some people are dually eligible for Medicaid and Medicare. There is a high potential that additional data from Medicare exists on health measures this report is evaluating. However, Medicare data is not as quickly retrievable as is Medicaid. Our data set is therefore expected to under-report services paid by Medicare.

When data is analyzed, there is typically information provided on the data set called demographic data. Demographic refers to the characteristics of a population being studied such as age, gender, residence, income, marital status, and diagnosis. From the 2006 and 2007 paid claims data set we found the following demographic information:

- Females make up the majority of service participants for ADHC, EDA, LTPCS and NF programs.

- Males make up the majority of those supported in ICF/DD institutions. Males also made up the majority of those using community based services in the CC, NOW, and SW programs.
- The vast majority of individuals receiving long term care services are adults between the ages of 21 and 64 years old, regardless of program type.
- Those individuals who are dually eligible for both Medicaid and Medicare (dually eligible) are more likely to be receiving services through the ADHC, EDA or NF programs.

LIMITATIONS OF DATA AND IMPACT ON DETERMINING FINDINGS

As with most data sets, there are limitations and gaps in the information available and presented in this report. When you review this report it is important to keep in mind what information is *not* contained within this data set. The source of information for this report is Medicaid paid claims for selected health care services used by OAAS and OCDD clients in 2006 and 2007. Below are important limitations of the data set.

- This data set may under-report services people received because some people have claims paid under both the Medicaid and Medicare programs. However, Medicare data are usually not available as quickly as Medicaid data. Thus the data available for this report may not fully show claims paid for by the Medicare program.
- Data regarding access to primary care were collected only on children aged 1 to 19 years of age. This means that we did not report on access to primary care for children less than 1 year old or for people over age 19.
- Our health screenings measures tell us only about women's health. And only women's health as it relates to screening for two types of cancer (breast and cervical cancer). Health screening for males, such as for prostate cancer, were not selected as health care information to evaluate for this initial report.
- For the HEDIS and AHRQ measures (explained in the Data Collection section) there are restrictions placed on length of Medicaid eligibility. Only people that had Medicaid coverage for at least 11 of the 12 months in a calendar year are in this data set. Thus our report excludes those enrolled in Medicaid less than 11 months of a calendar year.
- Individuals may be counted in more than one program because people can move from one program to another, or use more than one service within a year. This is particularly true for individuals using OAAS programs.

DATA ANALYSIS AND CONSIDERATIONS

A. Avoidable Hospitalizations: Dehydration, Pneumonia, Urinary Tract Infections

Hospital Admissions for Dehydration

Dehydration is a preventable condition. It occurs when you lose more fluid than you take in. Your body doesn't have enough water and other fluids to carry out its normal functions. If you don't replenish lost fluids, you may suffer serious consequences⁴.

Common causes of dehydration include diarrhea, vomiting, excessive sweating, or an inadequate intake of water during hot weather or exercise. Although anyone may become dehydrated, young children, older adults and people with chronic illnesses are most at risk. Health care practitioners urge people to monitor fluid loss during hot weather, illness or exercise, and drink enough liquids to replace what you lose. Many people supported by OCDD and OAAS need assistance from others to maintain adequate fluid intake.

Table 3 below has information about individuals in our long term care system hospitalized for dehydration in 2006 and 2007. Table columns show the number of all hospital admissions for individual served by each program, the number of hospital admissions due to dehydration, and the percentage of dehydration admissions to total admissions. Individuals using the Supports Waiver (SW row) in 2006 had less than 10 hospital admissions for dehydration. When low frequencies occur (less than 10 cases), the actual number is not reported because it is too small to use for statistical analysis.

Percent: Percentage (%) is the number of dehydration admissions divided by the number of *all* hospitalizations for each service program. Percents allow us to quickly compare information across groups of different sizes.

Table 3. Hospital Admissions for Dehydration 2006-2007

	2006			2007		
	All Hospital Admissions	Dehydration Admissions	Percent	All Hospital Admissions	Dehydration Admissions	Percent
ADHC	596	20	3%	694	20	3%
EDA	2,433	99	4%	2,750	103	4%
ICF/DD	4,929	62	1%	4,871	53	1%
LTPCS	3,262	145	4%	5,349	161	3%
NF	18,034	995	6%	19,706	817	4%
NOW	3,872	34	1%	4,402	53	1%
SW	1,225	↓	<1%	1,746	11	1%

'<' means less than; '↓' means too few cases to analyze

⁴ <http://www.mayoclinic.com/health/dehydration/DS00561>

Table 3 reveals several groups of Louisiana’s long term care clients (rows highlighted in blue) at greater risk of being hospitalized for dehydration:

- People living in nursing facilities
- People receiving services from the Elderly/Disabled waiver living in community settings
- People using Long Term Personal Care Services (LTPCS) in community settings.

Dehydration Measure Consideration: We may want to know more about whether our system has policies and practices that assist people to maintain adequate fluid intake. We may want to know what more can be done to prevent dehydration hospitalizations particularly in nursing home settings.

Hospital Admissions for Bacterial Pneumonia

Bacterial pneumonia is caused by numerous kinds of bacteria or viruses. Without treatment the mortality rate (death rate) is estimated to be up to 30%⁵. People who are of advanced age, young children, and those who have compromised health are at greater risk -- both of getting the disease and of dying.

Vaccines are available that protect against certain types of pneumonia. Every year vaccines are updated to attempt to protect against new strains. But because there are so many bacteria that cause pneumonia, vaccination is not a guarantee against the disease. Even so, vaccination is strongly recommended by the U.S. Center for Disease Control and Prevention (www.cdc.gov) for people who are 65 years of age and older, those with serious health problems such as heart or liver failure, and those with lowered immune systems such as individuals undergoing chemotherapy treatment.

Table 4 below shows that across most of OAAS and OCDD programs, very few people were hospitalized in 2006 and 2007 for bacterial pneumonia. However, people living in nursing facilities (row highlighted in blue) had a far greater rate of these admissions. What this data does not tell us is whether people admitted to the hospital for pneumonia received preventive care such as vaccination.

⁵ <http://emedicine.medscape.com/article/807707-overview>

Table 4. Hospital Admissions for Bacterial Pneumonia 2006-2007

	2006			2007		
	All Hospital Admits	Pneumonia Admits	Percent	All Hospital Admits	Pneumonia Admits	Percent
ADHC	596	0	0%	694	↓	<1%
CC	97	0	0%	95	↓	<2%
EDA	2,433	↓	<1%	2,750	↓	<1%
ICF/DD	4,929	↓	<1%	4,871	↓	<1%
LTPCS	3,262	↓	<1%	5,349	16	<1%
NF	18,034	61	0%	19,706	70	<1%
NOW	3,872	↓	1%	4,402	↓	<1%
SW	1,225	↓	<1%	1,746	0	0%

'<' means less than; '↓' means too few cases to analyze

Admission data also does not tell us is how well people fared once admitted. How many recovered? How many died either directly from the pneumonia or due to complications of the illness? Were best practice treatment modalities applied to treat all the cases?

Pneumonia Measure Consideration: We may want to know more about why hospitalizations for pneumonia appear to be rising in our long term care services and if those hospitalized received appropriate vaccinations.

Hospital Admissions for Urinary Tract Infections

A urinary tract infection (UTI) is an infection that begins in the urinary system. Women are more at risk for UTIs because of the proximity of the anus to the urethra and the shorter length of the urethra to the bladder. As women age their risk for UTIs increases because tissues thin and become more fragile due to the loss of estrogen. Men also experience UTIs; prolonged use of catheters is one cause. Prevention of UTIs includes drinking sufficient liquid, wiping from front to back after urination or bowel movements (to keep bacteria away from the vagina and urethra), and urinating after intercourse.⁶

⁶ <http://www.mayoclinic.com/health/urinary-tract-infection/DS00286/DSECTION=risk-factors>

Table 5. Hospital Admissions for Urinary Tract Infections 2006-2007

	2006			2007		
	All Hospital Admits	UTI Admits	Percent	All Hospital Admits	UTI Admits	Percent
ADHC	596	0	0%	694	0	0%
CC	97	0	0%	95	0	0%
EDA	2,433	↓	<1%	2,750	↓	<1%
ICF/DD	4,929	↓	<1%	4,871	↓	<1%
LTPCS	3,262	↓	<1%	5,349	↓	<1%
NF	18,034	26	<1%	19,706	28	<1%
NOW	3,872	0	0%	4,402	↓	<1%
SW	1,225	0	0%	1,746	0	0%

'<' means less than; '↓' means too few cases to analyze

As Table 5 shows, less than 1 percent of hospital admissions in each service population are for treatment of a UTI. But people living in nursing facilities are more likely to be admitted for treatment of a UTI than people living in other types of settings (row highlighted in blue) because there are so many more people receiving nursing facility care. It is useful to remember that if the number of admissions is large (as with those in nursing facilities) even 1 percent can mean large numbers of people hospitalized.

Urinary Tract Infection (UTI) Measure Consideration: We may want to know more about what preventative care can be directed at reducing urinary tract infections, particularly in our nursing home facilities.

B. Women's Health Screenings

Breast Cancer Screening

According to the CDC, breast cancer screening means checking a woman's breasts for cancer before there are signs or symptoms of the disease. Three main tests are used to screen the breasts for cancer: mammogram, clinical breast exam by a doctor or nurse who uses his or her hands to feel lumps, and a breast self exam where a woman checks her own breast for lumps or changes.

Mammograms are x-rays and considered the best method to detect breast cancer early. Having regular mammograms can lower the risk of dying from breast cancer. Women age 40 years or

older are recommended to have mammogram screenings every one to two years⁷. The HEDIS quality measure adopted for this report is the percentage of women age 42-69 that had a mammogram within the previous 2 years. Paid claims data on this measure are available from both Medicaid and Medicare (80% mammograms are paid by Medicare and 20% by Medicaid).

When we review the tables on cancer screenings, the higher the percentage the better. High percents mean that more women received the recommended preventative care.

Table 6. Breast Cancer Screenings 2006-2007

	2006			2007		
	Women in Program	Mammo Screen	Percent	Women in Program	Mammo Screen	Percent
ADHC	105	41	39%	120	45	38%
EDA	463	184	40%	469	166	40%
ICF/DD	1,297	1,022	79%	1,300	1062	82%
LTCPCS	--	--	--	1,780	654	37%
NF	2,364	544	23%	2,461	561	23%
NOW	696	337	48%	781	356	46%
SW	247	90	36%	308	120	39%

Table 6 tells us that women living in ICF/DD institutions were *most* likely to have received a mammogram screening within the past 2 years. In 2006, 79 percent of women aged 42 to 69 were screened in ICF/DD institutions, and the rate increased further to 82 percent in 2007. But receiving a mammogram due to living in an institutional setting does not appear to be a safeguard, because women living in nursing home facilities had the *lowest* likelihood of receiving a mammogram screening (23 percent in both 2006 and 2007). Nursing facility breast cancer screening data are highlighted in blue.

For breast cancer screening, national Medicaid data are available so we can also compare Louisiana's performance to the national average. In 2008, 54 percent, slightly over half of women across the country using Medicaid, received recommended mammogram screening. Medicaid data for Louisiana across all programs from the prior year (2007) shows that 42% of Louisiana's Medicaid users (including those in long term care) received the recommended screening. Although this information is not exactly from the same year we can tell that there is a long way to go, both nationally and in Louisiana, to ensure that women using long term care services receive routine breast cancer screens.

⁷ http://www.cdc.gov/cancer/breast/basic_info/screening.htm

Breast Cancer Screening Measure Consideration: We may want to know more about why so many women in our long term care services do not receive mammograms as recommended.

Cervical Cancer Screening

According to the Centers for Disease Control and Protection (CDC), women should start getting regular Pap tests at age 21 or within 3 years of their first sexual intercourse -- whichever happens first. The Pap test is considered one of the most reliable and effective cancer screening tests available.⁸ Women age 30 or older with a history of normal Pap tests have a lower chance of getting cervical cancer, so screening is recommended every 3 years -- even if a woman is no longer sexually active or too old to have a child. Women older than 65 with histories of normal Pap test results for several years, or those who have had a hysterectomy, may be advised by their doctor that it is okay to stop getting regular Pap tests.

This measure is the percentage of women age 23-64 that had a Pap test within the prior 2 years; data shows Medicaid paid claims for Pap tests and does not include any Pap tests that may have been paid by Medicare.

Table 7. Cervical Cancer Screenings 2006-2007

	2006			2007		
	Women in Program	Pap Screens	Percent	Women in Program	Pap Screens	Percent
ADHC	34	↓	21%	45	12	27%
EDA	213	42	20%	228	64	28%
ICF/DD	1,125	567	50%	1,116	611	55%
LTCPCS	--	--	--	1,160	315	27%
NF	1,195	210	18%	1,238	259	21%
NOW	823	245	30%	933	297	32%
SW	247	81	36%	308	118	39%

↓ means too few cases to analyze

Table 7 above illustrates that, as with breast cancer screening, women living in ICF/DD institutions were *more* likely than women in other service programs to receive cervical cancer

⁸ http://www.cdc.gov/cancer/cervical/basic_info/screening/

screenings. Also as found with breast cancer screening, the group of women *least* likely to have received Pap screens are those living in nursing facilities (highlighted in blue). However, all programs show low performance in assisting women to receive this important preventive health care. On the positive side however, Pap screening appears to have increased across the board between 2006 and 2007 so we may want to know more about why compliance is rising and how to continue this trend.

National Medicaid data are also available to compare Louisiana's performance on cervical cancer screenings. In 2008, 65 percent of women across the country using Medicaid received recommended screenings. Across Louisiana's Medicaid programs in 2007, 55 percent of women received the recommended screening. Keep in mind that attaining the average is not the ultimate goal. The goal is to routinely screen all women regardless of service setting or program for these important health screenings. But an interim goal could be to reach the national average.

Cervical Cancer Screening Measure Consideration: We may want to know more about why so many women in our long term care services do not receive Pap smears as recommended. Do we know why more women in 2007 were screened? How can we continue this movement in the right direction?

C. Children's Access to Primary Care Practitioners

Access to primary health care is considered a threshold measure of quality because it involves the widest range of care, including preventive care and continuity of care for chronic conditions. For this measure access to primary care is evaluated as at least one visit to a primary care practitioner in a calendar year. The data examines access for young children (age 1 through 6) and older children through adolescence (age 7 through 19).

Table 8 below shows that almost all the young children living in ICF/DDs and nursing facilities received at least one visit per year to a primary care practitioner. The number of very young children living in these institutional settings is low, presumably because children this young are supported in community based homes rather than institutional settings.

Table 8. Children’s Access to Primary Care for Ages 1 – 6

		2006			2007		
		Children in Program	Children with a Visit	Percent	Children in Program	Children with a Visit	Percent
ICF/DD		10	10	100%	14	13	93%
NF		12	11	92%	↓	↓	--

‘↓’ means too few cases to analyze

What we can tell from Table 9 is that most children age 7 to 19 received at least an annual visit with a primary care practitioner. In future reports we plan to look carefully at children living in nursing home facilities. Although too few children were residing in nursing facilities in 2006 and 2007 to be analyzed statistically, we want to make sure that they have access to primary care, particularly because when a child is placed in a nursing facility it is assumed the child needs intensive health care supports.

Table 9. Children’s Access to Primary Care for Ages 7-19

		2006			2007		
		Children in Program	Children with a Visit	Percent	Children in Program	Children with a Visit	Percent
CC		768	678	88%	869	770	89%
ICF/DD		299	286	96%	341	329	96%
NF		14	↓	64%	↓	↓	--
NOW		855	757	89%	810	713	88%
SW		0	0	--	11	10	91%

‘↓’ means too few cases to analyze

Children’s Access to Primary Care Consideration: Annual primary care is an important health indicator, but a single primary care visit per year may be inadequate for children with high needs for care and support.

KEY FINDINGS

While creating this first report on selected health indicators, we established baseline information by which to judge our long term care system on health related performance measures. We collected data across all of our long term care programs and can begin to evaluate change over time. In addition, OAAS and OCDD now have information that identifies areas for program improvement. Our key findings on Louisiana's performance on the selected health measures are noted below.

Areas of Stronger Performance

- OAAS and OCDD created cross-agency workgroups with stakeholder representatives and selected health quality measures to collect information on system performance.
- The Department of Health and Hospitals is moving to a more open system, one in which information is shared with the public. This report on Health Indicators publically reports our analysis and considerations.
- OAAS and OCDD workgroups with stakeholder representatives reviewed the data in this report and select areas to prioritize for system improvement.

Areas for Improvement

- People living in nursing facilities were much more likely than those in other long term care residences or programs to be hospitalized for preventive conditions: dehydration, urinary tract infections and bacterial pneumonia.
- Women living in nursing facilities were less likely to receive breast and cervical cancer screenings than women living in other types of residences.

Considerations for Future Health Indicators Data Collection

1. Data collected for this initial report on health indicators came from Louisiana's Medicaid paid claims. As many persons enrolled in OAAS and OCDD use Medicare as their primary payer of health care are so are not included in this analysis. To better understand how well the system is supporting the health of long term care participants, data from both Medicare and Medicaid are required. The Department of Health and Hospitals may want to pursue collecting the same information from Medicare paid claims in the future. Medicare data, however, are usually not available as quickly as Medicaid data. There is typically a 2 to 4

year lag time for retrieving paid claims data for Medicare. But if Medicare and Medicaid paid claims data were combined we would have a more complete picture of health care service delivery to our long term care population.

2. Consider additional HEDIS measures of cancer prevention applicable to males, such as adding prostate cancer screening. Also, cancer screening applicable to both genders could be collected such as colorectal cancer screenings for individuals between the ages of 50 and 80 years.
3. Numerous HEDIS measures preventative measures not related to cancer screening are available for states to adopt, for example, annual medication reviews for adults on standing prescriptions over 180 days, cholesterol, and diabetes screening. However, other data sets such as the National Core Indicators (NCI)⁹ contain health questions that cover access to health care and screenings for males and females with intellectual and/or developmental disabilities. It is possible that future Health Indicators reports can combine data from NCI with Medicaid claims data to evaluate system change.
4. Some of these findings may suggest interventions beyond the scope or authority of any one waiver program to address. Even so, these reports provide critical information to Medicaid about how the overall program to improve outcomes whether it be through actions of the state's primary care case management system, mental health system, waivers, or other Medicaid-sponsored programs.

For Questions or Comments on this Report

The Department of Health and Hospitals, Office of Aging and Adult Services and Office of Citizens with Developmental Disabilities, welcomes comments or questions on this report. To send us a comment or question, call _____ or email _____.

⁹ National Core Indicators is a collaboration among participating National Association of State Directors of Developmental Disability Services (NASDDDS) member state agencies and the Human Services Research Institute (HSRI), with the goal of developing a systematic approach to performance and outcome measurement. [<http://www.nationalcoreindicators.org>]