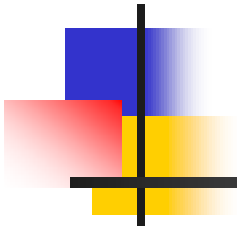


The HEDIS measure of colorectal cancer screening and the policies of Pennsylvania Insurers



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Background on Colorectal Cancer

- 2nd leading cause of cancer mortality
- Preventable
- Screening is highly effective:
 - Reduces incidence
 - Reduces mortality/morbidity
- A priority preventive service
 - National Commission on Preventive Priorities- one of the 4 highest



Background: CRC Screening

Five screening tests are recommended:

- SBT q1 yr,
- Flexible sigmoidoscopy (FS) q5 yr
- Combination
- Colonoscopy q10 yr
- Double contrast barium enema (DCBE)
- Screening begins at age 50; earlier if increased risk
- Screening rates are low (<60%),
 - Up by 10% between 2002-2006 (BRFSS)



Background: Health Services Research

- National survey of health plans '99-'00 found deficiencies in coverage:
 - >1/2 no coverage for key tests;
 - <25% patient reminder systems
 - Few tracking systems
- Strong evidence on lack of insurance/barrier
- Strong evidence on utility of patient reminder systems and tracking and feedback

*Klabunde, et. al.. Am J Mged Care. 2002



Background: Quality

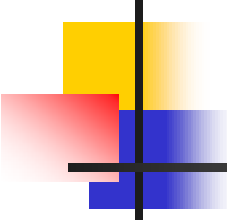
- National Committee for Quality Assurance (NCQA)
 - Promotes quality
 - Measurement
 - Transparency
- Reports the Health Employer Data Information Set (HEDIS measures)
 - Voluntary
 - Used by nation's employers to choose health plans
- In 2003, NCQA added CRC screening to the HEDIS measures
 - For public report in 2006



Purpose of Research

- Track the outcome of this natural experiment in state of Pennsylvania
- Explore policies of PA insurers and health plans on CRC screening
- Report to the PA General Assembly that was considering a mandate on insurers
 - 20 State & DC have mandates CRC screening

Methods

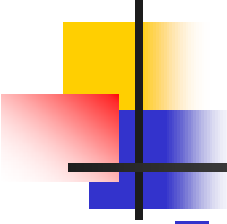
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- We surveyed PA insurance companies to determine their screening policies
 - A questionnaire was adapted from one utilized by the NIH for a national survey (1999-2000) that was updated in 2004
 - We created hard copy & web-based surveys
 - The web-based used *surveymonkey.com*

Methods, continued



- Insurance Co.'s identified in the *Directory of Health Plans* (AIS, Inc.)
- Criteria for selection - commercial plans >25,000 enrollees in PA
- Data analyzed with descriptive statistics

Results

- 
- 13 companies with 37 plans met inclusion criteria
 - 1 plan from each co.
 - >25% of enrolled pop
 - Include all plan types
 - All participated, all responded about the plan designated by researchers:
 - 2 about their HMO's
 - 6 about their PPO plans
 - 2 about ther FFS plans
 - 3 about POS plans (HMO/PPO+indemnity)



Results

- Median enrollment = 350,000
- Combined enrollment = 8.3 million
- Distribution of population across the 13 plans
 - PPO's = 71%
 - HMO'S = 10%
 - POS's = 9%
 - FFS = 10%



Insurer Response to HEDIS

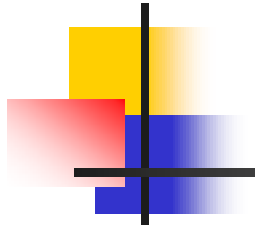
- 9/13 (69%) revised Guidelines in response to HEDIS
 - 10 (77%) now have guidelines
- 8 (62%) now measure the HEDIS rates
 - 7 (54%) started measurement >2003
 - 3 (23%) planned to begin in next year



Reminders

- 9 plans (69%) now provided reminders to enrollees
 - Regular mail was most common
- 2 plans also use
 - verbal prompts
 - Emails
 - Phone calls
 - Personalized web pages
- 2 (15%) provide reminders to doctors

Tracking: Lists of Unscreened to Providers



Yes

No

Missing

N

%

N

%

N

CRC Screening

4

36%

7

64%

2

Mammography

7

64%

4

36%

2



Plan Provides Financial Incentives?

	Yes		No	
CRC screening	1	11%	8	89%
Mammography	4	44%	5	56%



Other Activities in Response to HEDIS

- 3 (23%) covered more screening tests
- 1 (8%) lowered out of pocket charges
- 6 (46%) new or updated reminder systems
- 3 (23%) added quality improvement
 - 2 new reminders
 - 1 annual barrier analysis
 - 1 quality focus on members >age 65



Conclusions

- These results differ from '99-'00 survey

	<u>1999</u>	<u>2007</u>
Provided guidelines	65%	77%
Measure rates	few	69%
Reminders to patients	25%	46%
Remind providers	few	few



Conclusions

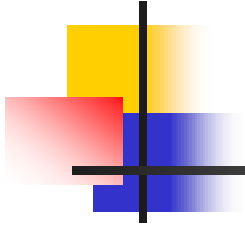
- Insurers in PA responded to 2003 changes in the voluntary HEDIS measures of NCQA
- They responded whether formal members or not
 - Only 2 plans surveyed were HMO's; in 2006, PPO's were not part of the NCQA reporting system.
- As the result of change set in motion by HEDIS, there was an increase in the number of plans that provided practice guidelines to their doctors, reminders to their patients, and measured actual screening rates of their members.

Limitations



- This study measures changes in health plan policies, not plan screening rates
- Based on report of the medical directors and only as accurate as their report
- Commercial insurers only, not Medicare or Medicaid
- Other changes occurred during this time frame: new guidelines, national awareness
- Nothing in this study suggests improved care for the uninsured

The End



- Thank You!

- Questions?