



**New Mexico
Health Care**

Takes On Diabetes

**New Mexico Diabetes Indicators
Data Progress Report
2009-2011**

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- American Heart/American Stroke Association – New Mexico
- Blue Cross and Blue Shield of New Mexico
- LCF Research
- Lovelace Health Plan • Lovelace Insurance Company • Lovelace Health System
- Molina Healthcare of New Mexico
- New Mexico Academy of Family Physicians
- New Mexico Academy of Ophthalmology
- New Mexico Association for Home and Hospice Care
- New Mexico Chapter, American College of Physicians
- New Mexico Dental Association
- New Mexico Department of Health
- New Mexico Diabetes Advisory Council
- New Mexico Dietetic Association
- New Mexico Hispanic Medical Association
- New Mexico Hospital Association
- New Mexico Human Services Department, Medical Assistance Division
- New Mexico Medical Review Association
- New Mexico Medical Society
- New Mexico Optometric Association
- New Mexico Podiatric Medical Association
- New Mexico Primary Care Association
- New Mexico Public Health Association
- New Mexico Veterans Administration Health Care System
- Presbyterian Health Care Services • Presbyterian Insurance Company
- UnitedHealthcare New Mexico
- University of New Mexico Health Sciences Center
- Zia New Mexico Association of Diabetes Educators (ZADE)

Introduction

Since 1999, New Mexico Health Care Takes On Diabetes (NMHCTOD) has been the state's unique, broad-based collaborative of health plans, government, direct care providers and other organizations working in a public-private partnership to improve diabetes care in New Mexico through education, prevention, early diagnosis and appropriate treatment of people with diabetes.

As part of its mission, NMHCTOD reviews and reports validated measures that reflect the progress made in New Mexico on key indicators of diabetes care. To accomplish this goal, NMHCTOD aggregates, analyzes and reports the data included in this report.

This report summarizes trends in diabetes care received by New Mexicans covered by commercial, Medicare (Medicare Advantage), or Medicaid (SALUD!) health plans. This report includes 10 publicly reported New Mexico diabetes indicators that are derived from Healthcare Effectiveness Data and Information Set (HEDIS®)¹. The report tracks progress for three years, comparing HEDIS 2009 (measuring care that was delivered in the previous calendar year of 2008) to HEDIS 2010 and 2011.

With this report, NMHCTOD adds a review of newly established HEDIS measures of quality care for children who are overweight or obese. These measures constitute the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) established by the National Committee for Quality Assurance (NCQA) in 2010 (www.ncqa.org/tabid/1402/Default.aspx?q=WCC).

The decision to include these HEDIS indicators reflects an increasing public health concern for children, and for how overweight and obese children are at increased risk to become adults with chronic disease and disability, especially diabetes. There are three specific indicators of health care quality for children related to being overweight and obese, each reported for ages 3-11, 12-17, and in total, providing nine individual indicators. This is the first year of reporting on these indicators.

This year NMHCTOD is collaborating with Envision New Mexico (EnvisionNM.org) to expand reporting with regard to children. Envision New Mexico is a quality improvement program of the University of New Mexico Health Sciences Center Department of Pediatrics, working in partnership with multiple other organizations throughout New Mexico.

¹ HEDIS is a registered trademark of the National Committee for Quality Assurance.

Methodology

The following pages include data tables of rates reported for HEDIS years 2009 through 2011 for 10 diabetes-related measures and nine child obesity-related measures, stratified by business line subgroups (commercial, Medicare, Medicaid, HMO, PPO) and compared to HEDIS national rates where applicable. Table information was derived using the following calculations and assumptions:

- Each subgroup rate is calculated as the number of cases documented as receiving the specific care or service (numerator) divided by the number of cases that should have received that care (denominator).
- The New Mexico overall rate shown for participating plans is the aggregate numerator (all reviewed cases receiving specific care or service) over the aggregate denominator for those plans (all cases reviewed) in New Mexico.

Types of Data Available

Health plans have the option of reporting either administrative data or “hybrid” data. Administrative data consists of data from medical claims or encounters submitted to health plans following a medical visit or service. Administrative data, where reported, would have the advantage of being based on all enrolled patients with specific diagnoses (e.g., diabetes) and typically would involve thousands of patients. Hybrid data uses administrative data to identify a sample of patient visits from which medical record data are obtained by manual review. Review of medical records is required to abstract data for services rendered but that were not yet fully reported to the health plan through claims or encounter data. Hybrid data are based on statistical samples from these larger numbers of patients, with sample sizes typically numbering 400 to 600 patient records.

Categories of Health Plans

HEDIS data are collected yearly by all New Mexico health plans, following the collection and auditing methodology specified by NCQA. All HEDIS measures in this report are analyzed by line of business (commercial, Medicare and Medicaid) and organization of business (health maintenance organizations [HMOs] and preferred provider organizations [PPOs]). This report presents rates, where available, for 2009 through 2011 for the categories and health plans in New Mexico in Table 1.

Table 1. Participating New Mexico Health Plans by Business Line

	Lovelace Health Plan	Presbyterian Health Plan	United Healthcare	Blue Cross and Blue Shield of New Mexico	Molina Healthcare
Commercial HMO	X	X	X		
Commercial PPO	X	X		X	
Medicaid HMO	X	X		X	X
Medicare HMO	X	X			
Medicare PPO		X	X		

U. S. Data

This report also presents for comparison the national average for the respective HEDIS rates, as published in *The State of Health Care Quality 2011 Report* (www.ncqa.org). The nationally reported rates do not distinguish whether hybrid or administrative rates were chosen by the reporting plans; however, it may be assumed that any reporting health plan chose the most favorable rates, which in virtually all cases will be the hybrid rate.

Diabetes in New Mexico

To provide a context for this report, diabetes prevalence estimates for recent years are presented in Table 2 below. As can be seen, diabetes prevalence is rising.

Table 2. Diabetes Prevalence in Adults* in New Mexico

	2007	2008	2009
Prevalence (% adult population diagnosed)	7.5%	7.9%	8.6%
Estimated number of adults diagnosed	118,586	120,093	121,173
Estimated number of adults diagnosed plus undiagnosed	161,276	163,327	164,795

*Adults are defined as individuals 18 years and older.

Sources: Diabetes percentages from the New Mexico Behavioral Risk Factor Surveillance System; New Mexico population data from the University of New Mexico Bureau of Business and Economic Research; analysis by New Mexico Department of Health, Diabetes Prevention and Control Program.

Adult diabetes is associated with overweight and obesity. Table 3 below shows that adults with diabetes are more than twice as likely to be obese as adults without diabetes.

Table 3: Weight Classification of NM Adults 18 Years of Age and Over by Diabetes Status

	Without Diabetes	With Diabetes
Obese	19.8%	45.8%
Overweight	39.0%	34.2%
Normal Weight	41.2%	20.0%
Total	100%	100%

Behavioral Risk Factor Surveillance System Data (2005)

In 2008, 26,842 people with a diagnosis of diabetes were hospitalized in New Mexico, for a rate of 130.7 per 10,000 hospitalizations for any diagnosis. Among people aged 65 or older the rate was 514.4/10,000 hospitalizations. (NMDOH, IBIS-PH, <http://ibis.health.state.nm.us/>).

HEDIS Quality Indicators for Diabetes Care in New Mexico, 2009-2011

The following section reviews the 10 HEDIS indicators for diabetes care with updates data for 2011. The most recent available average U. S. results as reported by NCQA are used for comparison.

A1C Testing: This indicator measures the percentage of the diabetes population that had *at least one* A1C (also known as hemoglobin or glycohemoglobin A1C) test performed within the past year. A1C measures blood glucose control over a three-month period. For ease of understanding, most authorities recommend thinking of A1C as a measure of “average blood sugar.”

Table 4. New Mexico Rates for A1C Testing, 2009-2011

Business Type	2009	2010	2011	3-Year Change	2010 National Average
Commercial-HMO	86.7	86.1	86.8	Stable	89.9
Commercial-PPO	82.9	86.0	85.3	Improved	85.2
Medicaid-HMO	84.2	84.5	83.7	Stable	82.0
Medicare-HMO	94.1	94.3	93.2	Stable	90.4
Medicare-PPO	--	91.1	91.4	Stable	90.6
All Combined *	87.4	87.3	88.1	Stable	--

*All combined is the aggregate numerator (all reviewed cases receiving specific care or service) over the aggregate denominator for all participating plans (all cases reviewed).

Poor A1C Control (>9): The HEDIS rate of 9.0 percent is *not* intended as a recommended target, rather as an inarguable level of poor control. This rate attempts to find the percentage of people who are clearly *not* in control. In other words, this rate measures a *poor* outcome, so the *lower* the percentage, the more favorable the rate.

Table 5. New Mexico Rates for Poor A1C Control (>9), 2009-2011

Business Type	2009	2010	2011	3-Year Change	2010 National Average
Commercial-HMO	34.1	34.7	31.0	Improved	27.3
Commercial-PPO	42.9	34.8	44.3	Declined	46.6
Medicaid-HMO	50.5	43.5	44.9	Improved	44.0
Medicare-HMO	14.4	13.0	17.9	Declined	25.9
Medicare-PPO	--	26.8	33.0	Declined	35.2
All Combined *	35.6	33.2	34.2	Improved	--

*All combined is the aggregate numerator (all reviewed cases receiving specific care or service) over the aggregate denominator for all participating plans (all cases reviewed).

Good A1C Control (<8): This measure indicates the percentage of the diabetes population with A1C test results below 8.0 percent. A test result for A1C of less than 8.0 percent suggests a moderate level of blood glucose control. This measure was not reported in 2009.

Table 6. New Mexico Rates for Good A1C Control (<8), 2009-2011

Business Type	2009	2010	2011	2-Year Change	2010 National Average
Commercial-HMO	--	53.8	56.6	Improved	62.3
Commercial-PPO	--	55.4	45.9	Declined	50.2
Medicaid-HMO	--	44.0	43.7	Stable	46.9
Medicare-HMO	--	77.7	75.8	Declined	65.6
Medicare-PPO	--	62.4	58.0	Declined	57.3
All Combined *	--	55.9	56.0	Stable	--

*All combined is the aggregate numerator (all reviewed cases receiving specific care or service) over the aggregate denominator for all participating plans (all cases reviewed).

Good A1C Control (<7): This measure indicates the percentage of the diabetes population with A1C test results below 7.0 percent, which comprises a subset of the 8.0 percent good control population. Because of controversies regarding optimal level of glucose control, this measure was applied only to a subset of persons with diabetes who did not have evidence of coronary artery disease. A test result for A1C of less than 7.0 percent suggests a level of control shown to reduce certain long-term complications of diabetes. This measure was not reported in 2009.

Table 7. New Mexico Rates for Good A1C Control (<7), 2009-2011

Business Type	2009	2010	2011	2-Year Change	2010 National Average
Commercial-HMO	--	35.5	38.8	Improved	42.5
Commercial-PPO	--	40.1	23.7	Declined	28.2
Medicaid-HMO	--	32.5	32.5	Stable	34.7
Medicare-HMO	--	--	--	--	--
Medicare-PPO	--	--	--	--	--
All Combined *	--	36.0	31.6	Declined	--

*All combined is the aggregate numerator (all reviewed cases receiving specific care or service) over the aggregate denominator for all participating plans (all cases reviewed).

Eye Exam: This indicator measures the percentage of people with diabetes who had a recommended dilated retinal eye exam by an eye doctor within the past year (or past two years if exams are normal). This is important because diabetes is the leading cause of blindness and detecting changes in the eye early can prevent blindness.

Table 8. New Mexico Rates for Eye Exam, 2009-2011

Business Type	2009	2010	2011	3-Year Change	2010 National Average
Commercial-HMO	47.5	44.8	49.0	Improved	57.7
Commercial-PPO	27.6	42.5	36.8	Improved	45.5
Medicaid-HMO	53.3	55.4	52.7	Stable	53.1
Medicare-HMO	69.7	69.6	66.0	Declined	64.6
Medicare-PPO	--	59.4	62.1	Improved	62.3
All Combined *	54.0	51.7	53.3	Stable	--

*All combined is the aggregate numerator (all reviewed cases receiving specific care or service) over the aggregate denominator for all participating plans (all cases reviewed).

LDL-C Screening: This indicator measures the percentage of the diabetes population that has had a low-density lipoprotein cholesterol (LDL-C) test performed within the past year. Persons with diabetes are at increased risk for heart disease if their LDL (so-called “bad” cholesterol) is elevated.

Table 9. New Mexico Rates for LDL-C Screening, 2009-2011

Business Type	2009	2010	2011	3-Year Change	2010 National Average
Commercial-HMO	79.1	78.8	78.2	Stable	85.6
Commercial-PPO	74.1	78.8	76.0	Improved	79.9
Medicaid-HMO	73.1	72.9	71.1	Declined	74.7
Medicare-HMO	87.7	87.6	87.3	Stable	87.8
Medicare-PPO	--	86.1	80.6	Declined	86.3
All Combined *	78.8	79.2	78.7	Stable	--

*All combined is the aggregate numerator (all reviewed cases receiving specific care or service) over the aggregate denominator for all participating plans (all cases reviewed).

LDL-C Level: This indicator measures the percentage of the diabetes population whose most recent LDL-C results was less than 100 mg/dL, a level that has been shown to reduce risk for development of heart disease and other complications.

Table 10. New Mexico Rates for LDL-C Level, 2009-2011

Business Type	2009	2010	2011	3-Year Change	2010 National Average
Commercial-HMO	40.6	38.6	41.4	Stable	47.7
Commercial-PPO	30.6	39.2	32.7	Improved	37.3
Medicaid-HMO	29.9	31.2	33.0	Improved	34.6
Medicare-HMO	59.2	58.6	59.3	Stable	52.1
Medicare-PPO	--	49.6	43.4	Declined	45.9
All Combined *	40.8	40.7	42.0	Improved	--

*All combined is the aggregate numerator (all reviewed cases receiving specific care or service) over the aggregate denominator for all participating plans (all cases reviewed).

Nephropathy Screening Test: This indicator measures the percentage of people screened for small amounts of protein in the urine (microalbuminuria) to detect early diabetic kidney damage. It also measures whether people with established diabetic kidney disease are being treated. Kidney disease is a common medical complication of poorly controlled diabetes.

Table 11. New Mexico Rates for Nephropathy Screening Test

Business Type	2009	2010	2011	3-Year Change	2010 National Average
Commercial-HMO	77.8	74.2	76.8	Declined	83.6
Commercial-PPO	72.9	71.1	74.0	Improved	74.3
Medicaid-HMO	78.3	73.8	73.8	Declined	77.7
Medicare-HMO	90.9	91.4	90.8	Stable	89.2
Medicare-PPO	--	88.3	85.6	Declined	87.3
All Combined *	80.9	76.8	80.2	Stable	--

*All combined is the aggregate numerator (all reviewed cases receiving specific care or service) over the aggregate denominator for all participating plans (all cases reviewed).

Blood Pressure Control (<130/80): This measure estimates the percentage of the diabetes population whose blood pressure was less than 130/80mm Hg. High blood pressure (hypertension) is an important risk factor for a number of health complications related to diabetes, including diabetic eye disease and kidney disease. This measure was not reported in 2009.

Table 12. New Mexico Rates for Blood Pressure Control (<130/80)

Business Type	2009	2010	2011	2-Year Change	2009 National Average
Commercial-HMO	--	32.3	36.7	Improved	33.9
Commercial-PPO	--	38.0	41.1	Improved	23.6
Medicaid-HMO	--	35.0	39.6	Improved	32.2
Medicare-HMO	--	39.7	51.7	Improved	33.3
Medicare-PPO	--	36.3	48.4	Improved	26.7
All Combined *	--	35.9	43.5	Improved	--

*All combined is the aggregate numerator (all reviewed cases receiving specific care or service) over the aggregate denominator for all participating plans (all cases reviewed).

Blood Pressure Control (<140/90): This measure estimates the percentage of the diabetes population whose blood pressure was less than 140/90mm Hg, representing moderate level of control of blood pressure and some reduction of risks.

Table 13. New Mexico Rates for Blood Pressure Control (<140/80), 2009-2011

Business Type	2009	2010	2011	2-Year Change	2010 National Average
Commercial-HMO	--	60.8	64.0	Improved	65.7
Commercial-PPO	--	64.9	52.6	Declined	51.1
Medicaid-HMO	--	58.1	57.0	Declined	60.4
Medicare-HMO	--	66.4	65.5	Stable	62.3
Medicare-PPO	--	49.0	63.4	Improved	55.6
All Combined *	--	61.9	60.5	Declined	--

*All combined is the aggregate numerator (all reviewed cases receiving specific care or service) over the aggregate denominator for all participating plans (all cases reviewed).

Child Overweight and Obesity in New Mexico

A recent assessment of body mass index (BMI) among kindergarten and 3rd grade students across New Mexico found that 13.2 percent of kindergartners and 22.6 percent of 3rd graders were obese (≥ 95 % for age and sex). This compares to 19.6 percent obesity among 6-11 year olds nationally. Obesity is even more prevalent among American Indian children (25.5%) and Hispanic children (12.9%) compared to White non-Hispanic children (8.8%) in New Mexico. Combined, overweight and obese children were 30.3 percent of kindergartners and 38.7 percent of 3rd graders (<http://nmhealth.org/plans/BMISurveillance.pdf>).

Overweight and obesity are associated with increased rates of chronic disease, including diabetes, cardiovascular disease, asthma, arthritis, some cancers, and poor health status (U. S. Department of Health and Human Services, 2001). Six out of every 10 deaths in New Mexico can be attributed to chronic diseases, including diabetes (New Mexico Vital Records and Health Statistics, April 2004). Overweight children are more likely to grow up to be overweight as adults, to exhibit chronic disease risk factors and to suffer discrimination from their peers (Dietz, 1998). An estimated 84,000 adults in New Mexico are currently diagnosed with diabetes, and 80 percent of them are overweight or obese. Type 2 diabetes, long associated with excess weight and considered an adult disease, is increasingly occurring in children and can no longer be referred to as “adult-onset diabetes” (www.health.state.nm.us/erd/healthdata/Obesity/3_nm_ob_ow.pdf).

These and other data support the conclusion that reduction of obesity-related diabetes among adults must begin with efforts to address overweight and obesity among children in New Mexico. In recognition of this connection, NMHCTOD has begun to include weight assessment and counseling for children (WCC) indicators in this data report.

HEDIS Quality Indicators for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) in New Mexico, 2011

The following section reviews the three HEDIS indicators for WCC for 2011. This was the first year of reporting on these measures in Table 14 below shows the categories of participating plans and the type of data they chose to report in 2011.

Table 14. Number of Health Plans Reporting Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Measures, Hybrid and Administrative, by Business Type in New Mexico, 2011

Business Type	Hybrid	Administrative
Commercial HMO	1	1
Commercial PPO	0	3
Medicaid HMO	3	0

HEDIS indicators for weight assessment and counseling are new, and most physician offices do not report the data administratively through CPT II codes. For 2011, administrative rates are considered unreliable indicators of the care delivered in New Mexico. These rates will be incorporated in future reports as improvements are made in coding and reporting of these data. Therefore, results for commercial PPOs in New Mexico are not included in this report because all data were collected administratively.

The following section reviews the three HEDIS indicators for WCC for 2011. The 2011 average national results as reported by NCQA are used for comparison. Only hybrid data are shown. Since two plan types are represented, combined average results were not computed.

Body Mass Index (BMI): A statistical measure of the weight of a person scaled according to height.

BMI Percentile: The percentile ranking based on the Centers for Disease Control and Prevention’s (CDC’s) BMI-for-age growth charts, which indicate the relative position of the patient’s BMI number among those of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below.

- Underweight:** Less than the 5th percentile
- Healthy weight:** 5th percentile to less than the 85th percentile
- Overweight:** 85th to less than the 95th percentile
- Obese:** Equal to or greater than the 95th percentile

Table 15. New Mexico Rates for BMI Percentile Recorded

	2011 Hybrid	2010 National Average
Ages 3-11		
Commercial HMO	24.8	--
Commercial PPO	--	--
Medicaid HMO	24.7	--
Ages 12-17		
Commercial HMO	21.8	--
Commercial PPO	--	--
Medicaid HMO	21.0	--
All Ages		
Commercial HMO	23.4	35.2
Commercial PPO	--	10.9
Medicaid HMO	23.5	37.3

Counseling for Nutrition: Involves engagement in discussion of current nutrition behaviors (e.g., eating habits, dieting behavior), counseling or referral for nutrition education, providing educational materials on nutrition, and anticipatory guidance for nutrition behaviors. Interventions to curb unhealthy (eating) habits leading to obesity in children can improve long-term health.

Table 16. New Mexico Rates for Counseling for Nutrition

	2011 Hybrid	2010 National Average
Ages 3-11		
Commercial HMO	44.5	--
Commercial PPO	--	--
Medicaid HMO	43.0	--
Ages 12-17		
Commercial HMO	37.3	--
Commercial PPO	--	--
Medicaid HMO	30.8	--
All Ages		
Commercial HMO	41.1	37.4
Commercial PPO	--	11.8
Medicaid HMO	39.1	45.6

Counseling for Physical Activity: Includes engagement in discussion of current physical activity behaviors (e.g., exercise routine, participation in sports, recent exam for sports participation), counseling or referral for physical activity, educational materials on physical activity, and anticipatory guidance to improve physical activity in the future.

Table 17. New Mexico Rates for Counseling for Physical Activity

	2011 Hybrid	2010 National Average
Ages 3-11		
Commercial HMO	32.6	--
Commercial PPO	--	--
Medicaid HMO	29.8	--
Ages 12-17		
Commercial HMO	34.7	--
Commercial PPO	--	--
Medicaid HMO	29.8	--
All Ages		
Commercial HMO	33.6	35.3
Commercial PPO	--	10.5
Medicaid HMO	29.8	36.7

Conclusions

Trends

This report reflects changes from HEDIS 2009 to HEDIS 2011. NMHCTOD has collected aggregated HEDIS data since 2001. As metric definitions have changed, and as health plan models have evolved and combined, showing trend reports that extend beyond three years may obscure the importance of the more actionable trends of the last three years. However, commentary will be made below when long-term trends are meaningful.

The **commercially insured population** includes members who are covered under either HMO or PPO plans. When compared to initial measurements reported in HEDIS 2001 and 2002, there has been substantial and sustained improvement in most measures for which trending data are available. Recognizing there are slight differences between HMO and PPO populations, in general it can be concluded that, over this approximately 10-year period:

- A1C testing improved from 60 percent to about 88 percent
- Those in “poor control” (A1C>9) improved (decreased) from 48 percent to 34 percent
- Eye exam rates rose from 34 percent to 53 percent
- Testing for LDL cholesterol rose from 60 percent to 79 percent

Certain measures are relatively new, such as the measures to estimate the percentage of persons with diabetes whose average blood sugar is in control. Approximately 56 percent of persons with diabetes have A1C less than 8 percent. This is actually somewhat better than the national average of about 50 percent.

HEDIS rates for the **Medicaid managed care population (SALUD!)** continued to fluctuate as they have for several measurement years, but reflect the same trend toward improvement when trended over several years, and, in most cases, the New Mexico Salud! rates are above national averages.

As noted in previous years and following the pattern seen nationally, the **Medicare Advantage population** continues to demonstrate higher rates for any given measure than commercial and Medicaid populations. The rates for this population in New Mexico are higher than national averages.

Summary

Diabetes continues to rise as a health crisis in New Mexico. Recognizing that obesity and its precursors (low activity level and excess calories and carbohydrates) help fuel this epidemic, especially in children, NMHCTOD has increased its focus on the precursor states (often called “pre-diabetes.”) This year NMHCTOD is pleased to have collaborated with Envision New Mexico (envisionnm.org) to produce this first reporting of new HEDIS data regarding childhood obesity management in physician offices. We anticipate the data to become more reliable in this area over time.

Without question, there are still opportunities to improve the extent to which New Mexicans with diabetes receive basic diabetes care as reflected in HEDIS rates. Yet, it is clear that overall, New Mexico's diabetes care providers, working collaboratively with the ever-increasing number of persons with diabetes, have fostered a meaningful trend toward yearly improvement. Differences between populations mostly reflect differences in the socioeconomic contexts in which enrollees live. Many factors beyond the diabetes care delivery system per se contribute to the likelihood of a given person receiving care, including financial, transportation, lifestyle and time constraint barriers. Finally, it is noteworthy that despite the endemic poverty in New Mexico, New Mexicans with diabetes who are enrolled in Medicare and Medicaid managed care organizations tend to receive recommended care at a rate better than the national average for similar populations.

This first year of reporting on the HEDIS measures for childhood obesity is an important beginning. The data reflect the degree to which providers are assessing their patients' weight status and engaging patients and their families in a discussion about healthy nutrition and physical activity. This is an important part of the national effort to combat childhood obesity. Reducing the rate of childhood obesity will mean fewer adults with diabetes and a healthier population for our country overall. Children who are overweight and inactive are at risk for diabetes and a host of other medical conditions. The best cure is to prevent this situation from occurring in the first place. NMHCTOD understands that medical providers have an important role to play in the prevention of childhood obesity and that is why these data have been included in this report.

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