New Mexico Health Care

Takes On Diabetes

New Mexico Diabetes Indicators

Data Progress Report

2009-2013

Table of Contents

Table of Contents 2

NMHCTOD Participants 3

Introduction 4

Methodology 5

Types of Data Available 5

Diabetes in New Mexico 7

HEDIS Quality Indicators for Diabetes Care in New Mexico, 2008-2012 8

A1C Testing 8

Poor A1C Control (>9) 8

Good A1C Control (<8) 9

Good A1C Control (<7) 9

Eye Exam 10

LDL-C Screening 10

LDL-C Level 11

Nephropathy Screening Test 11

Blood Pressure Control (<130/80mm Hg) 12

Blood Pressure Control (<140/90mm Hg) 12

Child Overweight and Obesity in New Mexico 13

HEDIS Quality Indicators for Weight Assessment and Counseling for Nutrition and Physical Activity (WCC) for Children/Adolescents in New Mexico, 2010-2012 14

Counseling for Nutrition 16

Counseling for Physical Activity 17

Conclusions 18

Diabetes Care 18

Child Overweight and Obesity (WCC) 18

Summary 19

Acknowledgements 20

Contact Information 20

NMHCTOD Participants

- Albuquerque Area Indian Health Service
- American Diabetes Association
- American Diabetes Association, New Mexico and El Paso Area
- American Heart/American Stroke Association – New Mexico
- Blue Cross and Blue Shield of New Mexico
- *HealthInsight* 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 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), a broad-based collaborative of health plans, government, direct care providers and other organizations, has worked to improve diabetes care in New Mexico through emphasizing 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 available data as reported by participating New Mexico health plans. These data can be found at the National Committee for Quality Assurance (NCQA).[1]

This report includes 10 publicly reported New Mexico diabetes indicators that are derived from the Healthcare Effectiveness Data and Information System (HEDIS®)[2], tracking progress in care provided in calendar years 2008 through 2012. Presented are rates and trends in diabetes care received by New Mexicans covered by leading commercial, Medicare Advantage or Medicaid (SALUD!) health plans.

In the report for 2010, NMHCTOD added a review of newly established HEDIS measures of quality care for children to prevent or treat being overweight or obese. These measures constitute the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents established by the National Committee for Quality Assurance (NCQA) in 2010. The decision to include these additional 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 overweight and obesity, each reported for ages 3 to 11, 12 to 17, and in total, providing nine individual indicators. This report covers care provided to children for calendar years 2010 through 2012.

[1] http://www.ncqa.org/Directories/HealthPlans/StateofHealthCareQuality.aspx

[2] HEDIS is a registered trademark of the National Committee for Quality Assurance.

Methodology

The following pages include data tables of HEDIS performance for 10 diabetes-related measures for 2008 through 2012, and three child obesity-related measures for 2010 through 2012, 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), shown as a percentage.
- The New Mexico average annual rate is shown as the average of rates for all plans across all business lines, regardless of the number of plans reporting by business line. This is a change from previous reports.

In this report rates are designated by calendar year in which services were provided rather than report year, a change from previous reports.

Types of Data Available

HEDIS data are reported yearly by all New Mexico health plans, following the collection and auditing methodology specified by NCQA. 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.

This report also presents for comparison the national average for the respective HEDIS rates, as published in *The State of Health Care Quality 2013*[3]. 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 would be the hybrid rate.

All rates are reported as percentage of cases where the HEDIS standard was met, out of total cases reviewed for that measure. These rates reflect performance in meeting HEDIS guidelines for care and may be influenced by a number of factors including the patient population served, the quality of data available in health records, and programmatic differences among business models employed by health plans. As a tool for quality improvement the performance goal for most measures is 100 percent; for some measures of conditions that should be reduced, the desires rate is zero percent.

[3] www.ncqa.org

Plans offer, and report, varying lines of business with some changes from year to year. Table 1 displays the categories reported for services provided in 2012, representing the new data available in this report. Only one administrative data set was reported, and data quality limitations precluded its use in this report.

Table 1. New Mexico Health Plans Reporting: Adult Diabetes Care and Child Overweight and Obesity Care by Business Line for 2012

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

**Note: All data reported for 2012 are hybrid data, with the exception of that for the commercial PPO for children served by United Healthcare. The child commercial PPO rates from United Healthcare were 2.1 percent or less, indicating that these data are not yet being captured effectively by their billing data system. These United Healthcare results were not used in calculating average rates for commercial PPO services to children.*

While collection of hybrid data entails additional costs to the plan, these data sets currently provide the best measures of HEDIS performance. Plans continue to work to improve capture of HEDIS measures in administrative data, but additional time and effort will be needed before this becomes the data source of choice.

Diabetes in New Mexico

In 2011, 2,919 people with a primary diagnosis of diabetes were hospitalized in New Mexico, for a rate of 14.0 per 10,000 hospitalizations, compared to in 2001, with 2,374 diabetes hospital admissions and a rate of 12.8 per 10,000 hospitalizations. Among people aged 65 or older, the rate was 24.0 per 10,000 hospitalizations in 2011.[4] Total direct medical costs in New Mexico for 2012 were estimated at over $1.2 billion.[5] Adult diabetes prevalence estimates for recent years are presented in Table 2. As can be seen, diabetes prevalence has been rising.

Table 2. Diabetes Prevalence in Adults* in New Mexico

	2007	2008	2009	2010	2011**
Prevalence (% adult population diagnosed)	7.5%	7.9%	8.6%	8.4%	9.9%
Estimated number of adults diagnosed	118,586	120,093	121,173	126,658	154,800
Estimated number of adults diagnosed plus undiagnosed	161,276	163,327	164,795	166,890	197,020

**Adults are defined as individuals 18 years and older.*
*** Sampling methodology changed with 2011 data, limiting comparability with prior years.*

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.*

Importantly, adult onset diabetes is associated with being overweight and obese in childhood and adolescence. Recent findings from the National Longitudinal Study of Adolescent Health indicate that the highest risk for diabetes for women at age 29 was among those with an elevated BMI since age 15 (88 percent greater), and those whose BMI increased significantly in the late adolescent years (98 percent greater). Similarly, among men at age 29, the risk was 135 percent greater if they experienced a large increase in BMI in late adolescence.[6]

According to the Centers for Disease Control and Prevention:

> Children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. One study showed that children who became obese as early as age 2 were more likely to be obese as adults.[7]

---

[4] NMDOH, IBIS-PH. http://ibis.health.state.nm.us/
[5] NMDOH, Diabetes Prevention and Control. http://diabetesnm.org/facts.htm
[6] Attard SM, et al. "Longitudinal trajectories of BMI and cardiovascular disease risk: The national longitudinal study of adolescent health" Obesity 2013; 21: 2180-2188.
[7] http://www.cdc.gov/healthyyouth/obesity/facts.htm, accessed November 19, 2013.

HEDIS Quality Indicators for Diabetes Care in New Mexico, 2008-2012

The following section reviews the 10 HEDIS indicators for diabetes care with data for care provided in the years 2008-2012. The average rate reflects each business line weighted equally. The most recently available national average as reported by NCQA is included 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.

Table 3. New Mexico Rates for A1C Testing, 2008-2012

Business Type	2008	2009	2010	2011	2012	2012 National Average
Commercial HMO	86.7	86.1	86.8	87.0	85.5	90.1
Commercial PPO	82.9	86.0	85.3	87.1	87.1	87.2
Medicaid HMO	84.2	84.5	83.7	84.0	84.8	83.0
Medicare HMO	94.1	94.3	93.2	93.4	93.2	91.4
Medicare PPO	--	91.1	91.4	91.2	89.5	91.1
Average Rate	87.0	88.4	88.1	88.5	88.0	--

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 4. New Mexico Rates for Poor A1C Control (>9), 2008-2012

Business Type	2008	2009	2010	2011	2012	2012 National Average
Commercial HMO	34.1	34.7	31.0	33.8	32.6	28.5
Commercial PPO	42.9	34.8	44.3	34.6	33.8	35.2
Medicaid HMO	50.5	43.5	44.9	42.9	42.3	44.7
Medicare HMO	14.4	13.0	17.9	15.7	20.9	27.1
Medicare PPO	--	26.8	33.0	23.1	27.8	29.3
Average Rate	35.5	30.6	34.2	30.0	31.5	--

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 2008.

Table 5. New Mexico Rates for Good A1C Control (<8), 2008-2012

Business Type	2008	2009	2010	2011	2012	2012 National Average
Commercial HMO	--	53.8	56.6	58.9	57.4	61.3
Commercial PPO	--	55.4	45.9	56.7	57.4	54.5
Medicaid HMO	--	44.0	43.7	47.4	47.8	46.5
Medicare HMO	--	77.7	75.8	74.2	67.7	64.3
Medicare PPO	--	62.4	58.0	66.4	64.7	62.8
Average Rate	--	58.7	56.0	60.7	59.0	--

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 2008.

Table 6. New Mexico Rates for Good A1C Control (<7), 2008-2012

Business Type	2008	2009	2010	2011	2012	2012 National Average
Commercial HMO	--	35.5	38.8	40.5	41.0	43.2
Commercial PPO	--	40.1	23.7	35.2	42.4	36.0
Medicaid HMO	--	32.5	32.5	37.6	33.7	34.0
Medicare HMO	--	--	--	--	--	--
Medicare PPO	--	--	--	--	--	--
Average Rate	--	36.0	31.7	37.8	39.0	--

Note: Results shown are based upon one commercial HMO plan reporting, two commercial PPO plans reporting, and one Medicaid plan reporting.

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 7. New Mexico Rates for Eye Exam, 2008-2012

Business Type	2008	2009	2010	2011	2012	2012 National Average
Commercial HMO	47.5	44.8	49.0	45.5	46.3	56.8
Commercial PPO	27.6	42.5	36.8	40.6	42.1	48.8
Medicaid HMO	53.3	55.4	52.7	51.4	51.2	53.2
Medicare HMO	69.7	69.6	66.0	67.5	70.9	66.8
Medicare PPO	--	62.0	62.1	62.5	65.9	64.6
Average Rate	49.5	54.9	53.3	53.5	55.3	--

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 8. New Mexico Rates for LDL-C Screening, 2008-2012

Business Type	2008	2009	2010	2011	2012	2012 National Average
Commercial HMO	79.1	78.8	78.2	78.9	77.4	85.4
Commercial PPO	74.1	78.8	76.0	79.1	79.4	81.7
Medicaid HMO	73.1	72.9	71.1	71.5	72.7	75.5
Medicare HMO	87.7	87.6	87.3	86.5	87.7	88.0
Medicare PPO	--	86.1	80.6	86.9	81.5	86.6
Average Rate	78.5	80.8	78.6	80.6	79.7	--

LDL-C Level

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

Table 9. New Mexico Rates for LDL-C Level, 2008-2012

Business Type	2008	2009	2010	2011	2012	2012 National Average
Commercial HMO	40.6	38.6	41.4	41.8	40.0	48.4
Commercial PPO	30.6	39.2	32.7	40.0	38.7	41.7
Medicaid HMO	29.9	31.2	33.0	33.8	36.9	33.9
Medicare HMO	59.2	58.6	59.3	59.4	54.8	51.5
Medicare PPO	--	49.6	43.4	54.0	43.9	49.6
Average Rate	40.1	43.4	42.0	45.8	42.9	--

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 10. New Mexico Rates for Nephropathy Screening Test, 2008-2012

Business Type	2008	2009	2010	2011	2012	2012 National Average
Commercial HMO	77.8	74.2	76.8	77.9	78.0	84.3
Commercial PPO	72.9	71.1	74.0	74.8	75.8	78.6
Medicaid HMO	78.3	73.8	73.8	74.5	77.0	78.4
Medicare HMO	90.9	91.4	90.8	90.9	88.6	90.0
Medicare PPO	--	88.3	85.6	86.6	87.1	88.3
Average Rate	80.9	79.8	80.2	80.9	81.3	--

Blood Pressure Control (<130/80mm Hg)

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 2008.

Table 11. New Mexico Rates for Blood Pressure Control (<140/80), 2008-2012

Business Type	2008	2009	2010	2011	2012	2012 National Average
Commercial HMO	--	32.3	36.7	41.7	43.2	44.3
Commercial PPO	--	38.0	41.1	41.3	42.1	37.5
Medicaid HMO	--	35.0	39.6	44.2	47.1	37.8
Medicare HMO	--	39.7	51.7	53.9	55.8	48.4
Medicare PPO	--	36.3	48.4	55.0	50.8	47.3
Average Rate	--	36.3	43.5	47.2	47.8	--

Blood Pressure Control (<140/90mm Hg)

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 12. New Mexico Rates for Blood Pressure Control (<140/90), 2008-2012

Business Type	2008	2009	2010	2011	2012	2012 National Average
Commercial HMO	--	60.8	64.0	65.9	64.7	66.5
Commercial PPO	--	64.9	52.6	62.9	63.1	58.3
Medicaid HMO	--	58.1	57.0	65.4	68.1	58.9
Medicare HMO	--	66.4	65.5	69.6	71.1	63.3
Medicare PPO	--	59.3	63.4	68.9	66.3	61.2
Average Rate	--	61.9	60.5	66.5	66.7	--

Child Overweight and Obesity in New Mexico

A recent assessment of BMI among kindergarten and third grade students across New Mexico found that 13.2 percent of kindergartners and 22.6 percent of third graders were obese (>=95 percent for age and sex). This compares to 19.6 percent obesity among 6 to 11-year olds nationally. Obesity is even more prevalent among American Indian children (25.5 percent) and Hispanic children (12.9 percent) compared to White non-Hispanic children (8.8 percent) in New Mexico. Combined overweight and obese children were 30.3 percent of kindergartners and 38.7 percent of third graders.[8]

Being overweight and obese are associated with increased rates of chronic disease, including diabetes, cardiovascular disease, asthma, arthritis, some cancers, and poor health status.[9] Six of every 10 deaths in New Mexico can be attributed to chronic diseases, including diabetes.[10] 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.[11] 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”.[12]

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.

---

[8] http://nmhealth.org/plans/BMISurveillance.pdf
[9] U.S. DHHS, 2001.
[10] New Mexico Vital Records and Health Statistics, April 2004.
[11] Dietz, 1998.
[12] http://www.health.state.nm.us/erd/healthdata/Obesity/3_nm_ob_ow.pdf

HEDIS Quality Indicators for Weight Assessment and Counseling for Nutrition and Physical Activity (WCC) for Children/Adolescents in New Mexico, 2010-2012

The following section reviews the three HEDIS indicators for WCC for 2012. These practices are recommended for all children, thus the goal is 100 percent in each instance. This was the third year of reporting on these measures in New Mexico. New Mexico data are presented separately for children ages 3 to 11 years, 12 to 17 years, and for all ages combined.

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

BMI Percentile: The ranking based on the CDC's BMI-for-age growth charts, which indicates 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 in the following table. (CDC)

Table 13. BMI-for-Weight Status Categories and Corresponding Percentiles

Weight Status Category	Percentile Range
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 14. New Mexico Rates for BMI Percentile Recorded, 2010-2012

	2010	2011	2012	2012 National Average
Ages 3-11				
Commercial HMO	24.8	25.8	27.6	--
Commercial PPO	--	21.3	29.6	--
Medicaid HMO	24.7	30.4	41.8	--
Ages 12-17				
Commercial HMO	21.8	33.0	31.2	--
Commercial PPO	--	29.7	34.8	--
Medicaid HMO	21.0	34.1	43.7	--
All Ages				
Commercial HMO	23.4	29.0	29.5	51.6
Commercial PPO	--	24.8	31.8	31.2
Medicaid HMO	23.5	31.6	42.4	51.8

Counseling for Nutrition

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 15. New Mexico Rates for Counseling for Nutrition, 2010-2012

	2010	2011	2012	2012 National Average
Ages 3-11				
Commercial HMO	44.5	48.9	42.5	--
Commercial PPO	--	49.0	40.3	--
Medicaid HMO	43.0	50.1	46.0	--
Ages 12-17				
Commercial HMO	37.3	37.4	35.6	--
Commercial PPO	--	43.0	37.7	--
Medicaid HMO	30.8	39.9	36.4	--
All Ages				
Commercial HMO	41.1	43.8	39.2	54.3
Commercial PPO	--	46.5	39.2	35.4
Medicaid HMO	39.1	46.8	42.9	55.0

Counseling for Physical Activity

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 16. New Mexico Rates for Counseling for Physical Activity, 2010-2012

	2010	2011	2012	2012 National Average
Ages 3-11				
Commercial HMO	32.6	38.9	37.3	--
Commercial PPO	--	34.3	31.9	--
Medicaid HMO	29.8	39.0	33.3	--
Ages 12-17				
Commercial HMO	34.7	40.7	39.3	--
Commercial PPO	--	45.9	38.8	--
Medicaid HMO	29.8	38.8	33.9	--
All Ages				
Commercial HMO	33.6	39.7	38.2	50.4
Commercial PPO	--	39.2	34.8	32.6
Medicaid HMO	29.8	38.9	33.4	44.2

Conclusions

The central purpose of HEDIS is to assess performance in providing standards-based quality care, and to show if the quality of care is improving or declining. Overall levels of quality can be compared to the averages for the nation as shown in the data tables included in this report. All of the measures presented are based on hybrid data, relatively small statistical samples of medical records for people treated for diabetes, and are subject to statistical variation inherent in sample data. In particular, year-to-year variation may not be meaningful. However, measures that tend to improve steadily over time may indicate that efforts to improve care are paying off.

The lists below call attention to some measures that may be indicative of meaningful change over the time period of this report, 2008-2012.

Diabetes Care

1. A1C Testing: Data indicate improvement among services provided by commercial PPO plans.
2. Poor A1C Control: Rates for poor control appear to have gone down (improved) for commercial HMO and PPO patients and for Medicaid HMO patients. Rates have gone up (poorer control) for patients served by Medicare HMOs.
3. Good A1C Control (<8): Rates have increased for commercial and Medicaid HMOs, but have gone down among patients in Medicare HMOs.
4. Good A1C Control (<7): The rate appears to have improved over time for patients in commercial HMOs (one plan reporting in New Mexico).
5. LDL-C Level (<100 mg/dl): This measure has improved for Medicaid HMO plans.
6. Neuropathy Screening: Screening rates have increased for patients in commercial PPOs.
7. Blood Pressure Control (<140/80): Rates have increased for commercial HMOs and PPOs and Medicaid and Medicare HMOs.
8. Blood Pressure Control (<140/90): Rates have improved among Medicaid and Medicare HMOs and Medicare PPOs.

Child Overweight and Obesity (WCC)

1. BMI rates have increased for Commercial and Medicaid HMOs among patients age 3-11 years, and in Medicaid HMOs for patients age 12-17.

In a number of areas New Mexico rates in 2012 are comparable with those for the nation as a whole. For diabetes care New Mexico providers compare favorably with generally lower (and improving) rates for poor A1C control (>9), and higher rates for good A1C control, and blood pressure control (<140/80 and 140/90, both improving). Medicaid and Medicare programs compare favorably for A1C testing, eye exams, and control of LDL-C levels. Overall, measures for child overweight and obesity do not compare well with national averages.

Summary

These data indicate that New Mexico's diabetes care providers are providing care that compares well with national rates in a number of areas and that quality of care shows improvement on many measures. The data also point to remaining opportunities to improve the extent to which New Mexicans with diabetes receive basic diabetes care as reflected in HEDIS rates. Important 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.

Diabetes continues to rise as a personal and public health problem in New Mexico. Obesity and its precursors (low activity level and excess calories and carbohydrates) help fuel this epidemic, especially in children. The health care practices reflected in the HEDIS® measures for child overweight and obesity represent basic standards of care necessary to begin addressing this problem in children and reducing the future burden of diabetes among New Mexicans. These 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. Improvements are evident in assessing BMI, but less so for vital nutritional and physical activity counseling that can help young patients and their families adopt behaviors that reduce the risk for diabetes and many other medical conditions.

Acknowledgements

The following individuals contributed to the production of this report:

John M. Booker, PhD, UNM Health Sciences Center
Charm Lindblad, MHA, New Mexico Health Care Takes On Diabetes

NMHCTOD expresses thanks to John Booker, PhD, for contributing his time and expertise to this data report.

Contact Information

Questions regarding this report may be directed to:

Charm Lindblad, MHA
Executive Director
New Mexico Health Care Takes On Diabetes
Phone: (505) 796-9121
E-mail: clind48535@aol.com