



Employers and consumers are able to use the Health Care Effectiveness Data and Information Set (HEDIS) in reviewing the performance and quality of health plans and their health provider networks. Under New Hampshire statute and rules, health plans in New Hampshire that collect HEDIS data must submit it annually to the state. In mid-2007, CIGNA, Anthem, and Harvard Pilgrim submitted data based on services delivered in 2006 and prior years as specified by each measure. Excerpted below is information from a report that details information from 62 separate performance and utilization measures organized into six health topic areas.

Results for New Hampshire privately insured enrollees/members are compared against benchmarks for the nation, the 6-state New England region, and the combined Maine and Vermont region. Multiple regions were chosen for comparison to allow for the broadest understanding of New Hampshire's results.

In addition, this report includes a summary of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey results for 2007.

Overall Findings

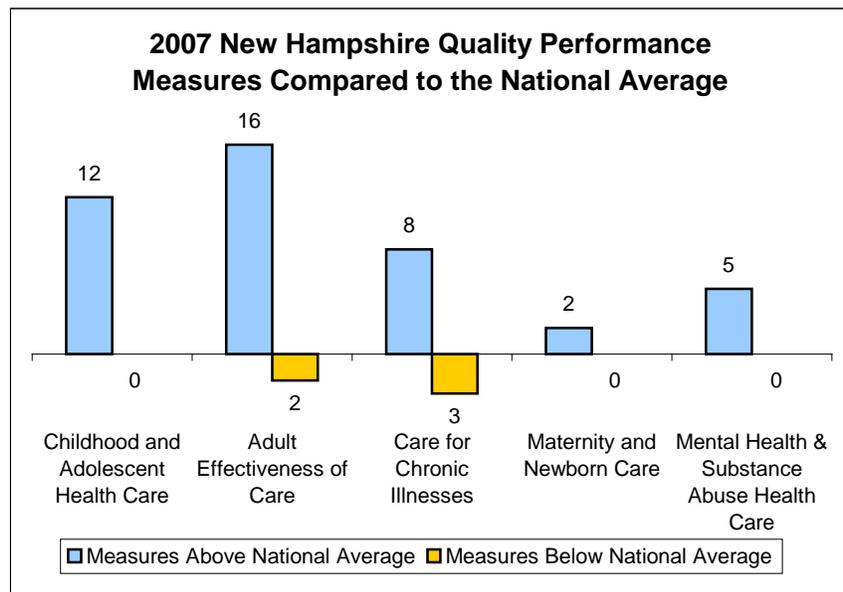
New Hampshire continues to demonstrate favorable results, exceeding 2007 national benchmarks for 43 out of 48 quality performance measures. Of these 43 measures, 41 were significantly above the average. The less favorable measures were Use of Appropriate Medications for People with Asthma, Spirometry Testing for COPD, and Inappropriate Antibiotic Treatment of Bronchitis. New Hampshire's utilization rates were similar to the benchmarks in most categories. In addition, New Hampshire results were generally similar to or more favorable than the two regional benchmarks, with the exception of Adolescent Well Care, Upper Respiratory Infection Treatment, Chlamydia Screening, Low Back Pain Imaging Studies, Monitoring for Diabetic Nephropathy, and Use of Appropriate Medications for People with Asthma.

Childhood and Adolescent Health Care

New Hampshire results were higher than national benchmarks on all 12 measures, and similar to or better than both regional benchmarks, except for Proper Treatment of an Upper Respiratory Infection and Adolescent Well Care. Categories where the state performed particularly well included Access to Primary Care Practitioners and Well-Child Visits.

Adult Effectiveness of Care

New Hampshire results were more favorable than national benchmarks on 16 out of 18 performance measures. Both categories where rates were less favorable were new HEDIS measures: Inappropriate Antibiotic Treatment of Adults with Acute Bronchitis and the Use



of Spirometry Testing in the Assessment and Diagnosis of COPD. Regionally, New Hampshire's breast cancer screening rate was similar to the New England and the Vermont and Maine combined rates, while the state's cervical screening results were significantly higher than both benchmarks. However, the measures involving spirometry testing, imaging studies for people with low back pain, and antibiotic treatment for bronchitis were less favorable than both regional benchmarks, while chlamydia screening was less favorable than the New England average.

Care for Chronic Illnesses

New Hampshire results were higher than national benchmarks on 8 out of 11 measures, with lower rates for Use of Appropriate Medications for People with Asthma. Diabetics in the state had better blood sugar and cholesterol levels than New England and the combined Maine and Vermont region, but less favorable results than Maine and Vermont for kidney disease monitoring and appropriate medications for asthma.

Maternity and Newborn Care

New Hampshire results were similar to the two regional benchmarks and more favorable than national averages for Timeliness of Prenatal and Postpartum Care. New Hampshire's Delivery and Newborn Average Length of Stay (ALOS) utilization rates were generally similar to all three benchmarks. In contrast with previous years, the ALOS for complex newborns was lower than the national and regional benchmarks.

Mental Health and Substance Abuse Health Care

New Hampshire results were significantly higher than national benchmarks on all 5 performance measures in this health topic area. New Hampshire results overall were similar to both regional benchmarks. Utilization rates were similar to all three benchmarks, except for an inpatient ALOS that was nearly 1.5 days shorter than the New England regional rate.

CAHPS Health Plan Survey

Most New Hampshire residents were satisfied with their health plan. They rated their physicians highly in overall care, access to immediate care, ease in scheduling appointments, and communication. Health plans received high scores in the areas of telephonic customer service, ease of completing health forms and claims processing. Opportunities for improvement exist in the areas of education by physicians about preventing illness, counseling on smoking cessation and written communications from health plans to members.

Trending 2005-2007

New Hampshire's overall rates for a majority of the performance measures have significantly improved since the first HEDIS Summary Report in 2005. Most noteworthy are Adolescent Immunizations and Monitoring for Diabetic Nephropathy. In 2005, just over half of the state's adolescents were adequately immunized. Two years later, that figure has jumped to 80%. Similarly, 56% of diabetics in New Hampshire were monitored for nephropathy in 2005. In 2007, 81% of this population received such monitoring. Other measures where a significant positive trend is apparent include Well-Child Visits (Ages 0-15 months), Adolescent Well-Care, and Chlamydia Screening.

Many other measures showed small improvements or remained level over the past two years. A few performance rates declined, but some of those variances may be due to changes to certain measure definitions.

Limitations and Next Steps

Although this data provides useful information for assessing the state of health in New Hampshire's population, a more comprehensive picture would include data on Medicaid, Medicare, populations from health plans that do not have HEDIS data, and people with no health insurance coverage. Future reporting will continue to address these limitations.

New Hampshire continues to demonstrate overall high performance and incremental measure improvements. The measures with the greatest opportunity for improvements in subsequent re-measures are Adolescent Well-Care, Antidepressant Medication Management, Chlamydia Screening, Antibiotic Treatment of Bronchitis, and Spirometry Testing for COPD.

About the New Hampshire Comprehensive Health Care Information System

The New Hampshire Comprehensive Health Care Information System (NH CHIS) is a joint project between the New Hampshire Department of Health and Human Services (NH DHHS) and the New Hampshire Insurance Department (NHID). The NH CHIS was created by state statute (RSA 420-G:11-a) to make health care data "available as a resource for insurers, employers, providers, purchasers of health care, and state agencies to continuously review health care utilization, expenditures, and performance in New Hampshire and to enhance the ability of New Hampshire consumers and employers to make informed and cost-effective health care choices." For more information about the CHIS please visit www.nhchis.org or www.nh.gov/nhchis.