REPORT TO THE LEGISLATURE
Pursuant to P.A. 245 of 2008
Section 811
Quality Assurance Report

The Quality Assurance Office (QAO) of the Michigan Department of Corrections (MDOC) was established in April 2008 to monitor and improve the quality of prisoner health care by implementing a Quality Assurance system that covers the three fundamental areas of a health care system: health services; infrastructure; and credentialing. The health services area covers medical, psychological, and dental services. The infrastructure area covers the structures needed to support quality health services, such as: data systems, adequate staffing, contract monitoring, and policy and procedures. Finally, the area of credentialing covers successful accreditation of facilities, appropriate peer review, and third party review of performance.

The QAO established an approach to meeting its objectives in these three fundamental areas. The first objective is the identification and implementation of Healthcare Effectiveness Data and Information Set (HEDIS) performance measures. These measures developed by the National Committee for Quality Assurance (NCQA), are updated annually, and are widely used throughout the healthcare industry to measure and monitor performance, thereby identifying areas in need of improvement. HEDIS measures represent a data driven approach to quality improvement.

The second objective established by the QAO is monthly Quality Review Meetings with the MDOC Bureau of Health Care Services (BHCS) leadership team. Monthly Quality Review Meetings are opportunities for the QAO to present issues of concern that have been found in the various areas of the health care system the QAO monitors, such as prisoner grievances and mortalities. Quality Reviews represent an event/incident approach to quality improvement.

Monitoring Performance Using HEDIS Measures

HEDIS measures were developed by the NCQA to "ensure that the public has the information it needs to reliably compare performance among [health care] organizations".[1] As this reference to "the public" indicates, HEDIS was not originally developed for use in a Corrections health care context. Instead, the measures were intended to be used by providers of care to the commercial, Medicare, and Medicaid populations. Indeed, HEDIS measures are not widely used at this time in Corrections health care nationally. The MDOC QAO chose to implement HEDIS measures because it makes it possible for the BHCS to compare its performance to benchmarks of health services performance in the community, regardless of the funding source for those services. The application of HEDIS measures to the Corrections setting establishes Michigan as a pioneer and leader nationally in this regard.

HEDIS 2008 includes 70 measures across 8 domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Satisfaction with the Experience of Care
- Use of Services
- Cost of Care

[1] NCQA, 2007, "Volume 1: HEDIS 2008 Narrative", p.12.

- Health Plan Descriptive Information
- Health Plan Stability
- Informed Health Care Choices

As the domains of care suggest, not all measures are directly applicable to a Corrections setting. QAO and BHCS staff met to select the measures most relevant to the MDOC health care system. Each measure is composed of one or more components that must be calculated to obtain a complete picture of performance in the area. For example, the blood pressure control measure has only one component, but the diabetes control measure has nine different components that must be calculated to obtain a complete picture of performance in managing this complex chronic disease.

Five measures composed of 17 components were completed in FY09. These measures rely upon CY2008 data; the most recent benchmarks provided by NCQA for comparison. HEDIS provides very detailed technical specifications for each measure that must be met for valid benchmarking against other populations over the same span of time. As a result, each measure data analysis result of HEDIS measures and components are noted in the table below:

#	Measure & Component	MDOC Score	Commercial Score	Medicare Score	Medicaid Score
9a	Diabetics - Had an HbA1c test	90.2%	88.1	88.1	77.3
9b	Diabetics - Poorly controlled (HbA1c > 9.0)*	15.7%	29.4	29	47.9
9c	Diabetics - Controlled (HbA1c < 7.0)	48.4%	no benchmark	no benchmark	no benchmark
9d	Diabetics - Retinal Eye Exam	no benchmark	55.1	62.7	49.9
9e	Diabetics - LDL-C screening	84.8%	83.9	85.7	70.8
9f	Diabetics -Controlled LDL-C (<100 mg/dL)	47.5%	43.8	46.8	31.3
9g	Diabetics - Blood Pressure <130/80	35.1%	32.1	31.7	29.5
9h	Diabetics - Blood Pressure <140/90	66.6%	63.9	58.9	55.5
9i	Diabetics - Monitored for kidney disease	83.1%	80.6	85.7	74.4
7a	Cholesterol Management for People with Cardiovascular Conditions- had an LDL_C test	87.8%	88.2	87.9	76.3
7b	Cholesterol Management for People with Cardiovascular Conditions- had an LDL_C test <100mg/dL.	53.7%	58.7	55.9	38.3
8	Controlling High Blood Pressure- had a blood pressure reading <140mmHg systolic and <90mmHg diastolic.	65.3%	62.2	57.7	53.4
16a	Access to Preventative/Ambulatory Health Services-ages 20-44 years	92.5%	no benchmark	no benchmark	no benchmark
16b	Access to Preventative/Ambulatory Health Services-ages 45-64 years	95.2%	no benchmark	no benchmark	no benchmark
16c	Access to Preventative/Ambulatory Health Services-ages 65 years and up	96.2%	no benchmark	no benchmark	no benchmark
19a	Prenatal and Postpartum Care- Timeliness of Prenatal Care- the percentage of deliveries that received a prenatal care visit within 42 days of enrollment.	100%	92	N/A	81.4
19b	Prenatal and Postpartum Care- Postpartum Care- percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	94.1%	82	N/A	58.5

*Lower percentages are better for these measures.

Discussion of HEDIS Measures Results

The Diabetes measure contains nine different components. One of the diabetes measure components also had no benchmarks included in the CY2008 NCQA report. This measure was calculated anyway so we can later use it as our own benchmark against which to compare our

CY2009 results. In the seven remaining components MDOC health care performed better than providers serving the Commercial, Medicare and Medicaid national populations. The results clearly indicate that in CY2008 MDOC exceeded the community standard for managing and controlling diabetes in inmates diagnosed with the disease.

The cholesterol management in people with cardiovascular conditions is composed of two components. The first component measures the percentage of people known to have heart disease by virtue of an acute cardiovascular event or diagnosis of ischemic vascular disease that have had an LDL screening. 87.8% of the inmate population included in this measure had an LDL screening in CY2008, while 88.2% of the Commercial, 87.9% of the Medicare, and 76.3% of the Medicaid populations had an LDL screening over the same time period. On this measure, the MDOC is performing only 0.4% below the highest standard set by the Commercial providers, performing as well as Medicare, and significantly better than Medicaid providers.

The effectiveness at controlling high blood pressure has only one component; the percentage of adults 18-85 years of age diagnosed with hypertension that had a blood pressure reading that is <140 mm Hg systolic and <90 mm Hg diastolic during the measurement year. As the table illustrates, 65.3% of inmates diagnosed with hypertension had a controlled blood pressure reading below 140/90. This is significantly better than the Commercial, Medicare and Medicaid providers whose percentages were 62.2%, 57.7%, and 53.4% respectively.

The HEDIS measure to assess preventative and ambulatory health services during the measurement year contained no benchmarks included for the CY2008 NCQA report. QAO staff calculated the measure anyway so as to establish an internal benchmark against which to compare performance in CY2009 data for future reporting. This measure is composed of three components representing three age groups. The results show that between 92.5% and 96.2% of prisoner's accessed preventative and/or ambulatory care in CY2008, with the proportion accessing the system increasing with age group.

The final measure assesses timeliness of prenatal and postpartum care for incarcerated women in Michigan. This measure is composed of two components. The MDOC obtained a perfect score on the first component, as 100% of women who were pregnant when incarcerated began prenatal care during the first 13 weeks of pregnancy, or within 42 days of incarceration. In comparison, 92% of pregnant women in the Commercial population began prenatal care in the first 13 weeks and only 58.5% of the Medicaid population.

Summary of MDOC Health System Performance against the Community Standard of Care

Although the QAO was only able to complete calculation of a limited number of HEDIS measures in FY09, the results of these measures are very encouraging. The MDOC is meeting or exceeding the community standard of care as demonstrated by benchmarks in the Commercial, Medicare, and Medicaid populations nearly across the board. On the few measure components where MDOC performance did not exceed or meet those of the benchmark populations, the QAO now has an excellent tool to help look in the right places for possible process improvements. The NCQA CY08 report clearly shows that the Medicaid standard of care is often much lower across the board than the Commercial and Medicare standards of care. On the limited number of measures generated thus far, MDOC performance far exceeds that of Medicaid providers. Over the coming years, HEDIS measures will afford us the opportunity to track improvements in patient outcomes that are a direct result of MDOC's quality improvement efforts.