



# Coming Together for Better Care:

## The Wisconsin Collaborative Diabetes Quality Improvement Project

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The Wisconsin Collaborative  
COLLABORATION  
Diabetes Quality Improvement Project  
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### Background

The Wisconsin Collaborative Diabetes Quality Improvement Project is a collaborative effort involving:

- Wisconsin Diabetes Prevention and Control Program (DPCP)
- Division of Health Care Financing
- Wisconsin Diabetes Advisory Group
- University of Wisconsin Population Health Institute (UW PHI)
- Health Maintenance Organizations and health systems

The collaborative was established as a forum to:

- Evaluate implementation of the *Wisconsin Essential Diabetes Mellitus Care Guidelines*
- Share resources, strategies, and best practices
- Improve diabetes care through collaborative quality improvement initiatives

### Methods

Progress is tracked using Health Plan Employer Data and Information Set (HEDIS®) measures, developed by the National Committee for Quality Assurance (NCQA). The collaborative collects all Comprehensive Diabetes Care measures as well as selected cardiovascular care, cancer screening, and asthma care measures. UW PHI provides confidential data analysis and reporting. Aspects of the data that are reported include:

- Trends in collective performance over time
- Trends in participating organizations' performance over time, reported confidentially to each organization
- Collaborative, regional, and national performance comparisons

### Contact Information and References

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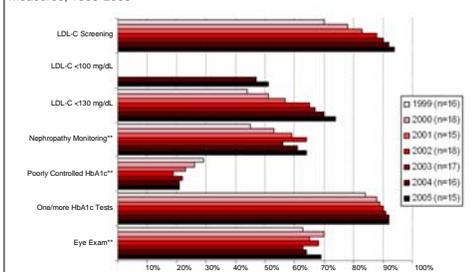
A list of references is available upon request.

### Results

Performance on all HEDIS® Comprehensive Diabetes Care measures has improved since the project began in 1999, and variation between plans has decreased.

- **LDL-C Screening** improved from 70% to 94% since 1999
- **LDL-C <130 mg/dL** improved from 44% to 74% since 1999
- **LDL-C <100 mg/dL** improved from 47% to 51% since 2004
- **Nephropathy Monitoring** improved from 45% to 64% since 1999
- **Poorly Controlled A1c** improved from 29% to 21% since 1999 (lower value desired)
- **One/more A1c Tests** improved from 84% to 92% since 1999
- **Eye Exam** improved from 63% to 69% since 1999

Figure 1: Percent of Patients Receiving HEDIS® Comprehensive Diabetes Care Measures, 1999-2005\*



\*For all plans that submitted data in a given year. Similar trends exist for the 12 continuously participating plans.  
\*\*The "Poorly Controlled A1c" measure changed from >9.5% to >9.0% in 2003. The "Nephropathy Monitoring" and "Eye Exam" measures also changed in 2003.

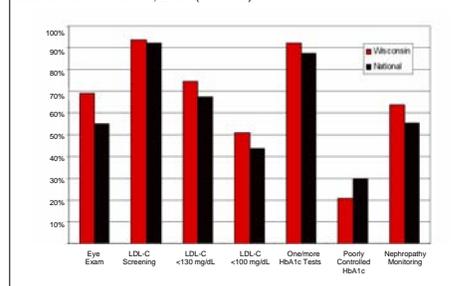
In 2005, Wisconsin was the **top-performing state** for three of the seven HEDIS® Comprehensive Diabetes Care measures:

- **LDL-C <130 mg/dL**
- **LDL-C <100 mg/dL**
- **Poorly Controlled A1c**

### Results

Wisconsin consistently performs **above the national average** on all HEDIS® Comprehensive Diabetes Care measures.

Figure 2: Wisconsin vs. National Performance on HEDIS® Comprehensive Diabetes Care Measures, 2005 (All Plans)



#### Collaborative initiatives:

- Initial eye exam initiative
- Cardiovascular risk reduction initiative
- Refreshed eye exam initiative

#### Participating organization initiatives:

- Use of the *Wisconsin Essential Diabetes Mellitus Guidelines*
- Diabetes patient registries
- Targeted communication with members and providers
- Improved educational materials for patients and providers
- Educational mailings to patients and providers
- Conferences and continuing education opportunities
- Diabetes care wallet cards for patients
- Diabetes flowsheets and provider communication forms
- Diabetes Disease Management Programs
- Risk-stratification of patients for targeted interventions
- Distribution of glucometers and home A1c test kits
- Diabetes education programs and classes for members
- Expanded benefits coverage of diabetic education
- Promotion of foot and eye exams
- Scheduling of eye exams without the need for referrals
- Performance monitoring with feedback to providers

### Discussion

• The Wisconsin Collaborative Diabetes Quality Improvement Project has been successful at improving diabetes care.

• Discussion of performance on the HEDIS® measures helps focus initiatives. Collaborators can:

- Assess whether change is occurring
- Determine where further work is needed

• The non-competitive atmosphere encourages sharing of strategies.

• The goal is to improve the quality of diabetes care for all.

### Limitations

• HEDIS® specifications sometimes change, which can limit ability to track trends. Significant changes are noted on graphs.

• Over time, some plans have merged, dissolved, or stopped participating. Other plans have joined the collaborative.

- To address this, averages are calculated two ways: average of all plans and average of continuously participating plans.

### Conclusions

• The Wisconsin Collaborative Diabetes Quality Improvement Project shows **continued improvement in performance** for all HEDIS® Comprehensive Diabetes Care measures.

• Wisconsin's performance **exceeds national averages** for all HEDIS® Comprehensive Diabetes Care measures.

• Wisconsin was the **top-performing state** for three of the seven diabetes measures (LDL-C <130 mg/dL, LDL-C <100 mg/dL, and Poorly Controlled A1c).

• Diabetes **quality improvement initiatives** have been undertaken, both by the collaborative and by participating organizations.

### Future Directions

The collaborative meets quarterly. Year nine data collection will begin in the summer of 2007. The group recently completed an eye exam initiative and is planning the next initiative.