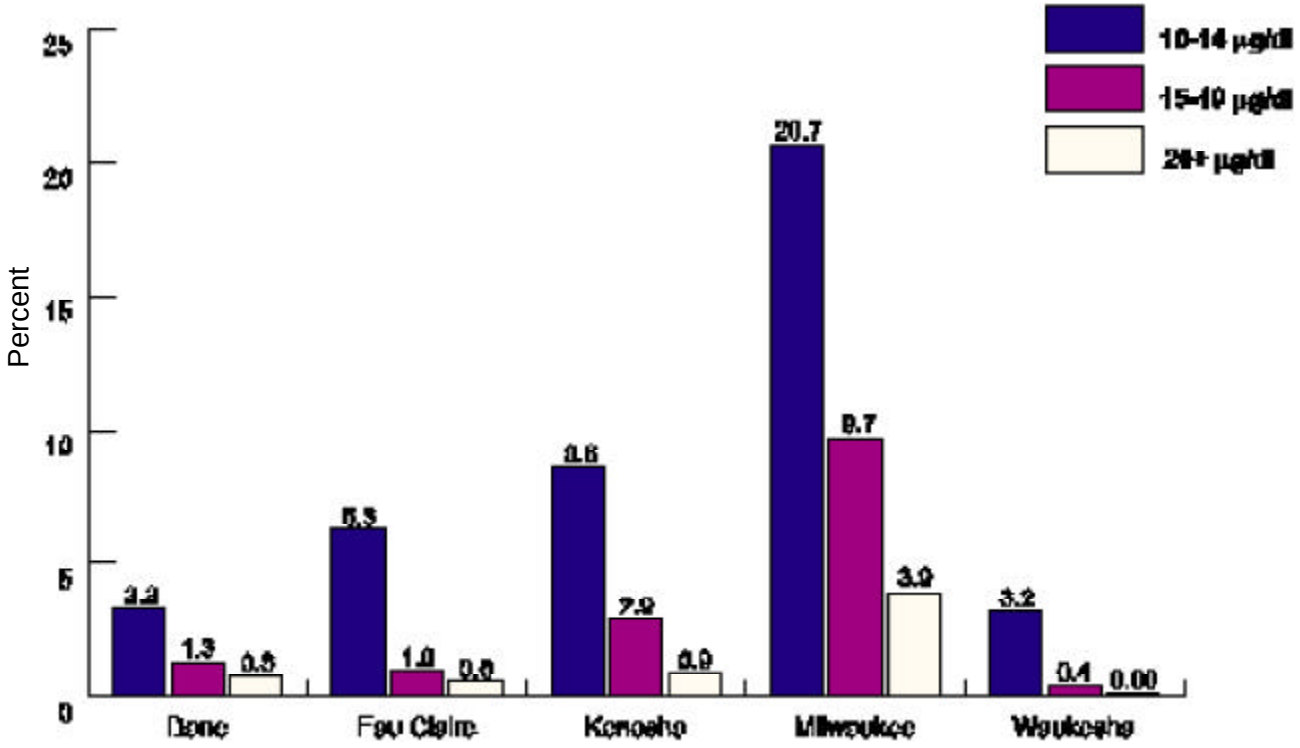
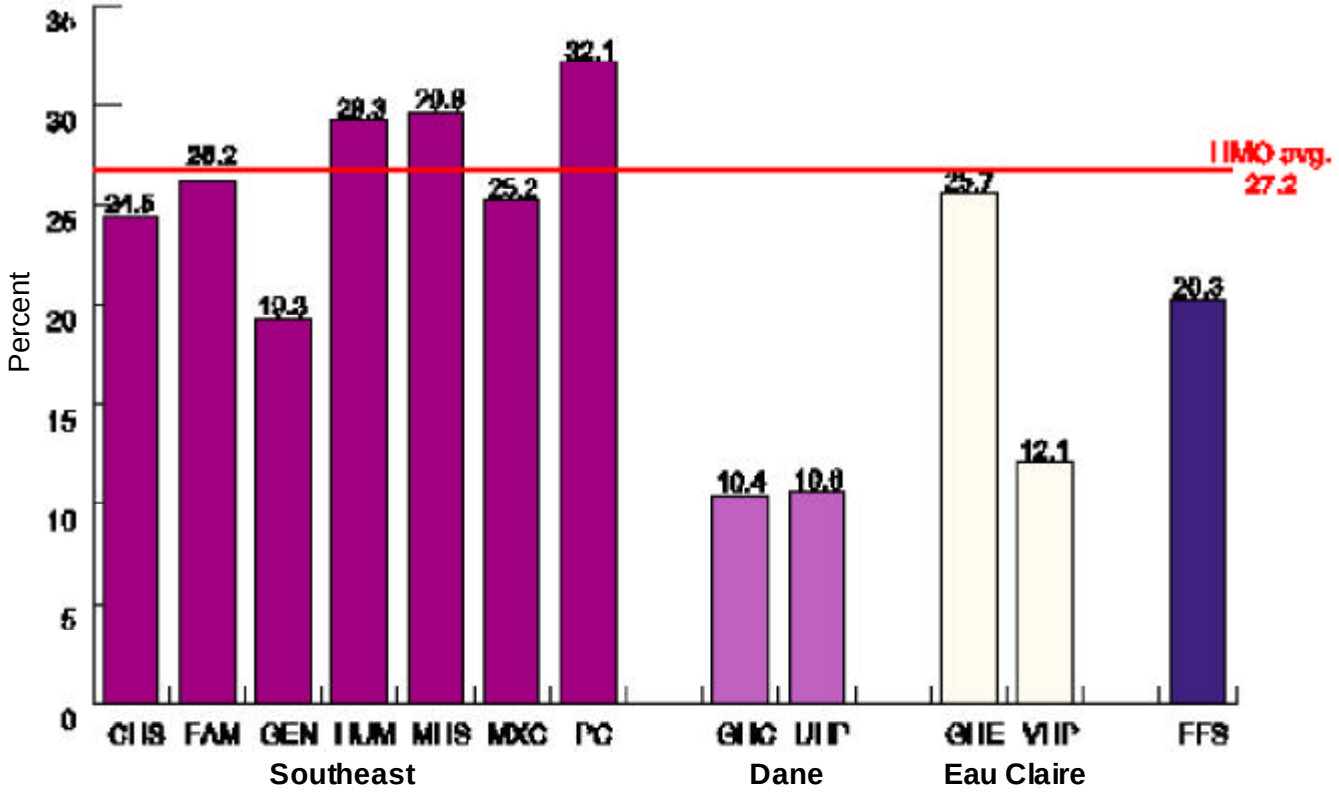
Graph 5.10

Percent of Medicaid children, ages 0-6, tested for lead in fiscal year 1995/1996, who had elevated blood lead levels, by HMO county and blood lead level (Fg/dl)



Graph 5.11

Percent of Medicaid children, ages 0-6, tested for blood-lead per eligible-year, by HMO and fee-for-service, 1996

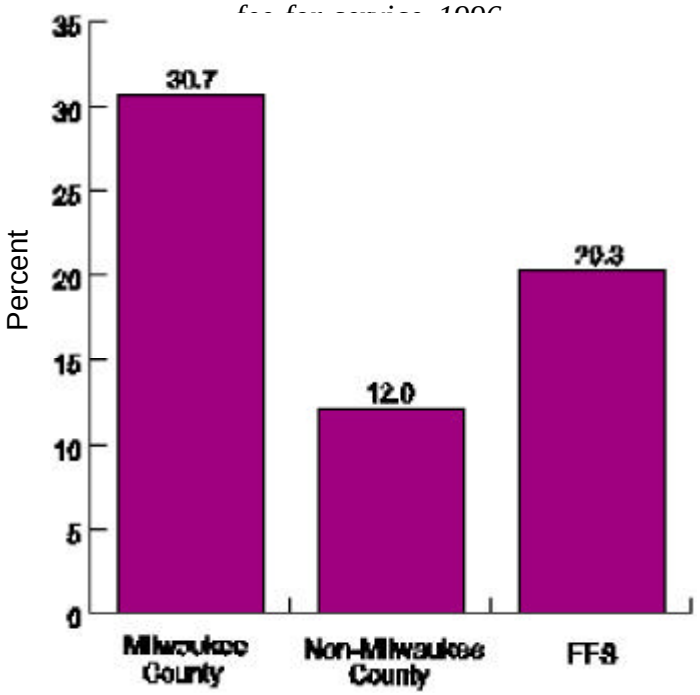


Milwaukee County HMOs had much higher blood lead testing rates for children ages 0-6 than did HMOs in other counties. The testing rate of statewide fee-for-service recipients was higher than that of non-Milwaukee County HMO enrollees, but much lower than Milwaukee County Medicaid HMO enrollees (see Graph 5.12).

The number of children tested for lead by HMOs is a significant percent of all children tested in some of the five counties with Medicaid HMO recipients. In Milwaukee County, more than 17,000 children were tested for lead in state fiscal year 1995-1996.[17] Medicaid HMOs reported testing 75 percent of those children. [18]

Graph 5.12

Percent of Medicaid children, ages 0-6, tested for lead per eligible-year, Milwaukee County HMOs, non-Milwaukee County HMOs, and fee-for-service, 1996



Endnotes

1 Data from Wisconsin Medicaid eligibility files for 1996 and Wisconsin Department of Administration's 1995 census sstimates.

2 Strategic business plan: Department of Health and Family Services, 1996-2001. 1996 September.

3 Community health profiles: children. 1996. Center for Health Statistics, Wisconsin Department of Health and Family Services. (Reports for counties: Dane, Eau Claire, Kenosha, Milwaukee, Waukesha.)

4 Data extracted from the 1996 Wisconsin family health survey. Center for Health Statistics, Wisconsin Department of Health and Family Services; 1997 December.

5 Strategic business plan: Wisconsin Department of Health and Family Services, 1996-2001. 1996 September.

6 Guide to preventive services. U.S. Preventive Services Task Force; Williams and Wilkens; 1990: 359.

7 Rubella and congenital rubella syndrom—United States, 1994-1997. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Public Health Service. Morbidity and Mortality Weekly Report. 1997 April; 46(16): 350.

8 Guide to preventive services. U.S. Preventive Services Task Force; Williams and Wilkens; 1990: 359.

9 Status report on the Childhood Immunization Initiative: reported cases of selected vaccine-preventable diseases-United States, 1996. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Public Health Service. Morbidity and Mortality Weekly Report. 1997 July; 46(29): 665-671.

10 The expected number of MMRs used to calculate this percentage was derived by counting the number of eligible months associated with children who were enrolled in an HMO or fee-for-service and were 8-24 months old.

11 Status report on the Childhood Immunization Initiative: national, state and urban vaccination coverage levels among children aged 19-35 months—United States, 1996.Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Public Health Service. Morbidity and Mortality Weekly Report. 1997 July 25; 46(29): 661.

12 Bellinger, David. Longitudinal analyses of prenatal and postnatal lead exposure and early cognitive development. New England Journal of Medicine. 1987 April 23; 316(17): 1037-1043.

13 Pirkle, J.L.; Brody, D.J.; Gunter, E.W.; et al. The decline in blood lead levels in the United States: the National Health and Nutrition Examination Survey (NHANES). JAMA. 1994; 272: 284-291.

14 Childhood lead poisoning prevention activities. Wisconsin Lead Poisoning Prevention Program, Bureau of Public Health, Wisconsin Department of Health and Family Services. 1997 March.

15 U.S. Census Bureau, 1990.

16 Childhood lead poisoning prevention activities. Wisconsin Lead Poisoning Prevention Program, Bureau of Public Health, Wisconsin Department of Health and Family Services. 1997 March.

17 Ibid.

18 From data submitted by HMOs for this report.

Women's Health Care

In 1996, two-thirds of AFDC/Healthy Start recipients age 15-20 and 86 percent of AFDC recipients age 21 and above were females. Only 1.5 percent of AFDC females were over age 60. Nearly a quarter of all Wisconsin births were funded by Wisconsin Medicaid. This section of the report deals with an assessment of the quality of care provided to these women from the perspective of the utilization of C-Sections, vaginal births after C-Sections (VBACS), mammograms, and cervical Pap tests. (Current utilization reporting is not readily amenable to quality assessment of prenatal, immediate postnatal and neonatal care. To this end Wisconsin Medicaid contracts with an external review body to perform case-by-case medical chart reviews annually. Such reviews have only rarely identified problems with poor quality of care.) With respect to the utilization data presented in this section: The HMO C-Section average was better than both the Healthy People 2000 goal, the Medicaid fee-for-service rate, and the national average.

With respect to mammography, the small number of Medicaid AFDC women over age 50 makes it difficult to draw conclusions regarding specific HMO performance. However, 28 percent of female HMO enrollees age 50 and older received a mammogram during 1996 compared with 22 percent in fee-for-service. As for Pap testing, because females in general should receive a Pap test every three years, the HMO average of 42.5 percent for the age group 21 and over may not be adequate for the Medicaid high-risk population. HMOs provided Pap tests to the 15-20 age group at a rate quite similar to the 21 and older age group. The HMO Pap test rate was fairly constant for the years 1992-1994 and 1996 but substantially higher in 1995 when thousands of Medicaid recipients were newly enrolled in HMOs and assigned "new" providers. Under these circumstances, generally accepted practice dictates that a complete examination and Pap test be performed. The fee-for-service Pap rate is somewhat higher than the HMO Pap test rate for unknown reasons.

Selected Findings:

- The HMO C-Section average rate, 13.5 percent, was better than both the Healthy People 2000 goal of 15 percent and the Medicaid fee-for-service rate of 17.3 percent.
- The Milwaukee County HMO average C-Section rate, 12.7 percent, was better than the non-Milwaukee County HMO average of 16.7 percent, and the fee-for-service rate of 17.3 percent.
- Women in Medicaid HMOs, age 50 and older, had a 28 percent mammography rate compared to 22 percent in fee-for-service.
- Pap testing rates in those ages 15-20 were comparable to Pap testing rates among those 21 and older.

Medicaid Adults and Teens are Predominantly Female

Eighty-six percent of all AFDC/Healthy Start Medicaid recipients ages 21 and over in Wisconsin in 1996 were female (see Graph 6.1). For HMO enrollees, that proportion was slightly higher at 89 percent; two-thirds of adolescents, ages 15-20, were female (see Graph 6.2).

The AFDC/Healthy Start population is younger in age than the Wisconsin female population as a whole. Of the total adult female Medicaid population, only 1.6 percent were 50 or over.

Age and Women's Health Issues

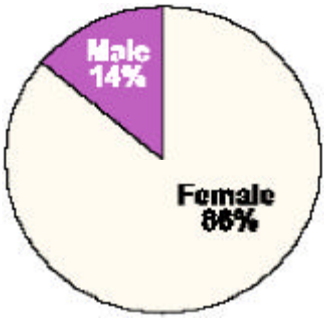
Most Wisconsin females of childbearing age say they are in excellent, very good, or good health. In 1995, 7 percent of all Wisconsin women 18-44 years of age said they were in fair or poor health.[1] However, twice that number of low income women reported being in fair or poor health.[2]

Age- and sex-appropriate health concerns for the AFDC/Healthy Start Medicaid population include pregnancy and childbirth, the prevention and/or early detection of cancers and infections that affect younger women, and mental health and/or substance abuse problems. Most chronic diseases and cancers occur in women older than AFDC/Healthy Start Medicaid recipients.[3]

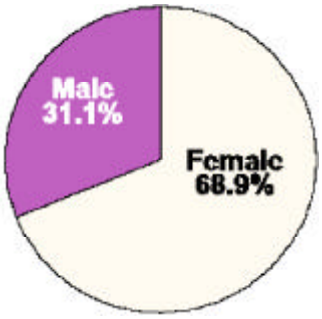
Pregnancy and Birth Outcomes Are an Important Medicaid Priority

In the U.S., one-third of all births between 1991 and 1995 were to women enrolled in Medicaid for at least part of their pregnancy.[4] In Wisconsin in 1996, almost one-quarter of all births in the state were to AFDC/Healthy Start women enrolled in Medicaid (see Graph 6.3)

Graph 6.1
Percent of AFDC/Healthy Start Medicaid recipients, ages 21 and over, by sex, 1996



Graph 6.2
Percent of AFDC/Healthy Start Medicaid recipients, ages 15-20, by sex, 1996



Caesarean section rates

Compared to vaginal deliveries, Caesarean sections (C-sections) have been associated with greater mortality, morbidity, and longer lengths of hospital stays. The national C-section rate (i.e., the percentage of C-section deliveries compared to all deliveries) was 21 percent in 1995,[5] and Wisconsin ranked as one of the states with the lowest C-section rate (15.7 per 100 deliveries).[6] The Healthy People 2000 goal for the year 2000 is to reduce the C-section rate to no more than 15 per 100 deliveries.[7]

With regard to Wisconsin Medicaid in 1996, Milwaukee County recipients enrolled in HMOs had a statistically significantly lower C-section rate than fee-for-service (12.7 percent versus 17.3 percent) (see Graph 6.4). The rate of C-section for Medicaid recipients in non-Milwaukee County HMOs was close to the fee-for-service rate in Wisconsin (16.7 versus 17.3 percent).

The C-section rate among HMOs varied. However, most HMOs achieved the Healthy People 2000 goal (see Graph 6.5).

Vaginal Births After C-Section (VBACS)

In recent years, vaginal births after a previous C-section delivery have been considered a safe option for many women. Graph 6.6 shows that the rate of VBACS performed for Medicaid AFDC/Healthy Start recipients (expressed as a percent of all deliveries) was greater for recipients enrolled in HMOs in counties outside Milwaukee County than for those residing in Milwaukee County. The rate also was greater in non-Milwaukee County HMOs and Milwaukee County HMOs than in fee-for-service.

Preventable Cancer Deaths in Women

The rate of breast cancer begins to increase in the late thirties, and accounts for between one- quarter and one-third of all cancers in women.[8] Fifty percent of all women who died from breast cancer in Wisconsin were less than 65 years old (see Graph 6.7, page 37).

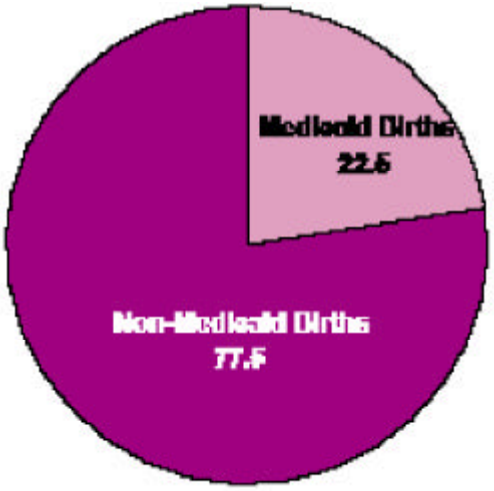
Cervical cancer generally occurs in women at a younger age than most other cancers. Over half of all cervical cancer patients are under 35 years of age when the cancer is diagnosed.[9] Fifty-seven percent of women who died from cervical cancer in Wisconsin were less than 65 years old (see Graph 6.7, page 37).

Race has a much smaller impact on cancer incidence than does age. However, in African-American women, cervical cancer made up a larger portion (12 percent versus 7 percent for white women) of all diagnosed cancers in women in 1994 (see Graph 6.8, page 37).

Mammography in Women Fifty and Over

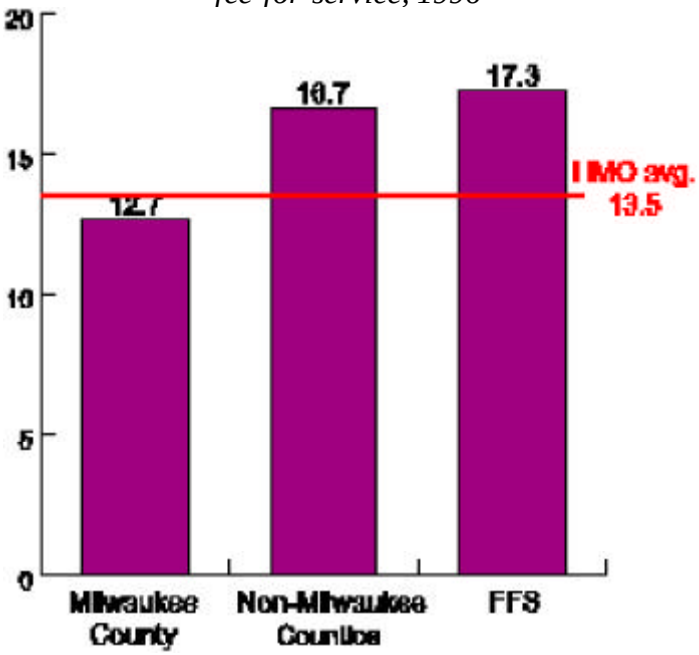
Less than 2 percent of all female AFDC/ Healthy Start Medicaid recipients are over

Graph 6.3
Births to AFDC/Healthy Start Medicaid recipients as a percent of all Wisconsin births, 1996

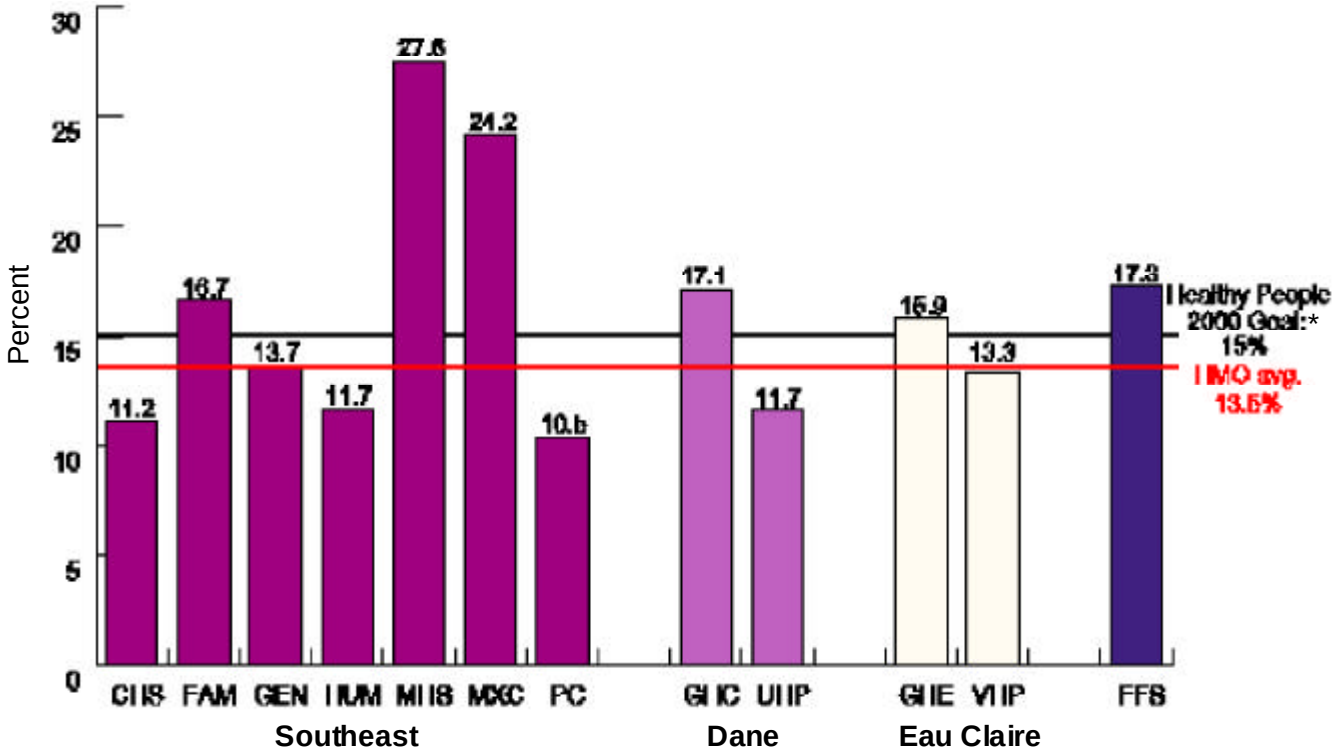


Source: Wisconsin Center for Health Statistics: Births in Wisconsin, 1996 (and from Wisconsin Medicaid files and HMO self-reported data.)

Graph 6.4
C-section rates for Medicaid recipients in Milwaukee County HMOs, non-Milwaukee county HMOs, and in fee-for-service, 1996



Graph 6.5
C-sections as a percentage of deliveries by HMO and fee-for-service, 1996



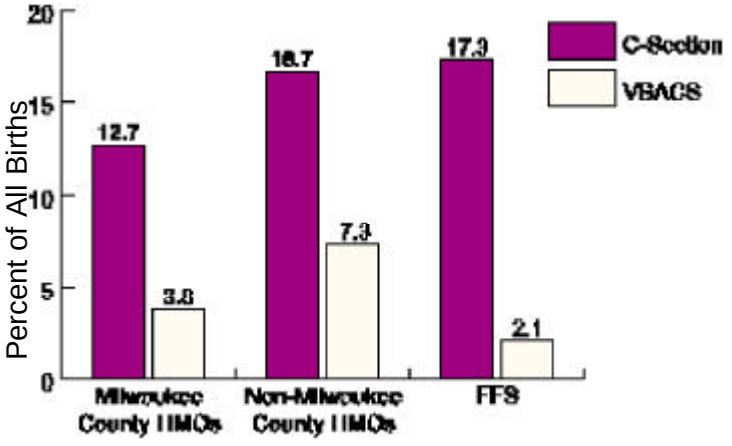
* Healthy People 2000 goal is 15 percent of all deliveries or less.

50. Nevertheless, since breast cancer is the most common cancer affecting women, mammography rates for those 50 and older are included in this report.

Mammography cannot prevent breast cancer, but it can detect it early, when it is still localized. When detected in these earlier stages, survival rates are much higher. Five year survival rates for breast cancer are over 90 percent if the cancer is detected while it is still confined to the breast.[10]

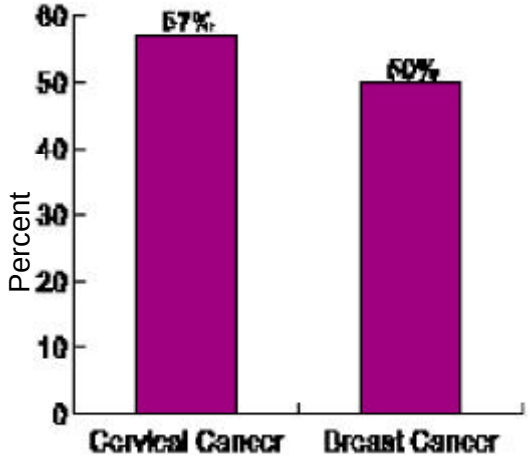
The *U.S. Healthy People Year 2000* goal is that 60 percent of all women over the age of 50 will have had a mammogram in the preceding one to two years. In *Healthy People 2000 Midcourse Review*, it was reported that 50

Graph 6.6
C-Section and VBACS rates for Medicaid enrollees in Milwaukee County HMOs and non-Milwaukee County HMOs, and in fee-for-service, 1996



Graph 6.7

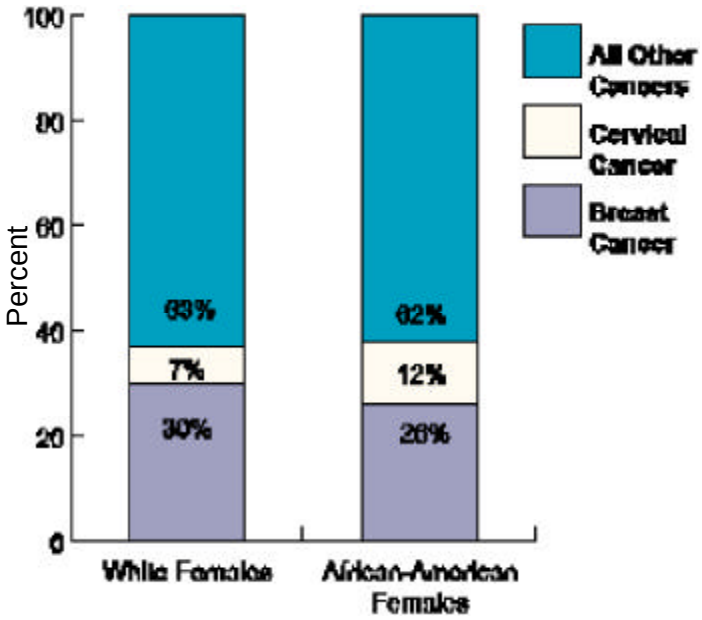
Percent of Wisconsin women dying under age 65 as a result of their cervical or breast cancer, 1993



Source: Cancer in Wisconsin, 1993. Center for Health Statistics, Wisconsin Department of Health and Social Services.

Graph 6.8

Breast and cervical cancer as a percent of all cancers in white and African-American women (cases diagnosed in Wisconsin, 1994)



Source: Cancer in Wisconsin, 1993. Center for Health Statistics, Wisconsin Department of Health and Social Services.

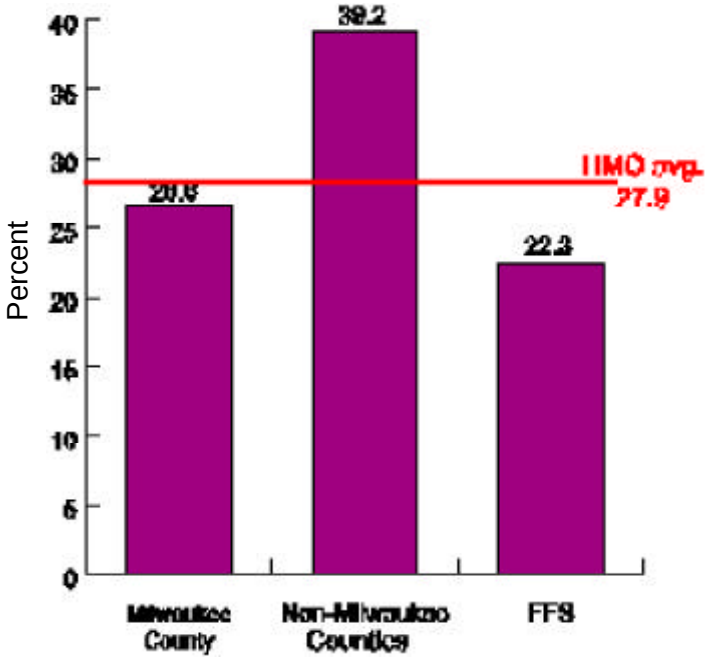
percent of all U.S. women age 50 and older had a mammogram within that time period.[11] During the past year, recommendations regarding the timing and frequency of mammograms have changed. The National Cancer Institute now recommends routine mammograms for women starting at age 40.

Medicaid HMO Mammography Testing Rates

Twenty-eight percent of female Medicaid recipients in HMOs, 50 and older, received a mammogram during 1996, compared to 22 percent in fee-for-service. Within HMOs, the mammogram rate was higher outside of Milwaukee County (see Graph 6.9). The small number of women over age 50 in the HMOs makes it difficult to draw conclusions at the specific HMO level.

Pap Testing for Cervical Cancer

Pap tests can detect cervical cancer in its pre-

Graph 6.9

Mammography percentages per eligible-year in women age 50 and older in Milwaukee County HMOs, non-Milwaukee County HMOs, and fee-for-service, 1996