

HCUPnet for State Policymakers - Utah's Use Case



Utah
Department
of Health

Keely Cofrin Allen, Ph.D.

Office of Health Care Statistics

Utah Department of Health

AHRQ State Quality Improvement Workshop

January 17-18, 2008

Acknowledgment

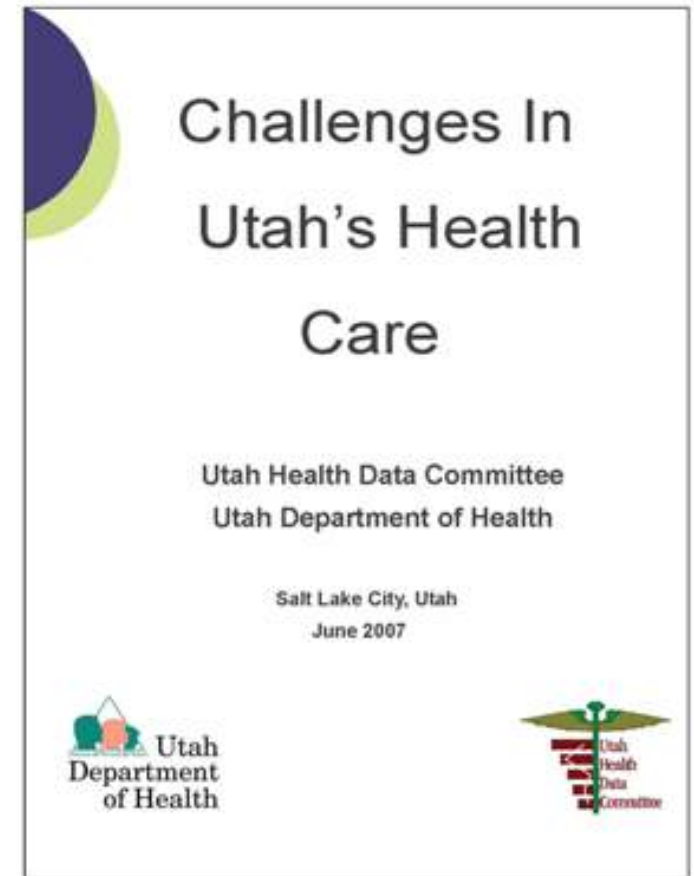
to those who

lead,

guide, or

support

evidence-based
policymaking



LEAD the Evidence-based Policymaking



David Sundwall, MD, Exec Director
Utah Department of Health

- A leader in using health data for evidence-based policymaking
- His leadership principle #2 is science-based practice and policy

Acknowledgment I

GUIDE the Evidence-based Policymaking



- Clark Hinckley, Robert Huefner, Leslie Francis, Stephen Kroes and other members of Utah Health Data Committee for their guidance in vision & policy analysis to transform healthcare system

“We really are at a very exciting point in health care. Several years from now we will look back and see that the health care system that we know today has changed in sort of a revolutionary fashion.”

*-Clark B. Hinckley, Chairman, Health Data Committee
Summary at the HDC Biennial Retreat, July 11, 2006*

STAFF SUPPORT to the Evidence-based Policymaking

- Mike Martin, Lori Brady, Keely Cofrin Allen, Lois Haggard and Barry Nangle in Utah Center for Health Data for their efforts in development and facilitation of discussion and uses of the report

Acknowledgment III



FEDERAL SUPPORT to States' Evidence-based Policymaking

- Support from 3 AHRQ Teams

- The HCUP Team
- The National Healthcare Quality Report team
- The AHRQ Public Affairs Office



Background



Utah Health Data Authority Act



26-33a-104

The purpose of the committee is to direct a statewide effort to *collect, analyze, and distribute* health care data *to facilitate the promotion and accessibility of quality and cost-effective health care* and also to facilitate interaction among those with concern for health care issues.



Health Data Committee

Purchasers/Business

Clark Hinckley - Chair, Zions Bancorporation

Stephen Kroes, Utah Foundation

Marilyn Tang, Certified Handling Systems

Providers

Kim Bateman, M.D. Manti Medical Clinic and *HealthInsight*

Gail McGuill, R.N. Orem Community Hospital

Public Policy

Judy Buffmire, Former Legislator

Robert Huefner – Vice Chair, Univ. of Utah, Political Sciences

Leslie Francis, Univ. of Utah, Health Ethnics

Patients/Consumers

Gary Nordoff, Housing for Low Income People

Terry Haven, Utah Children

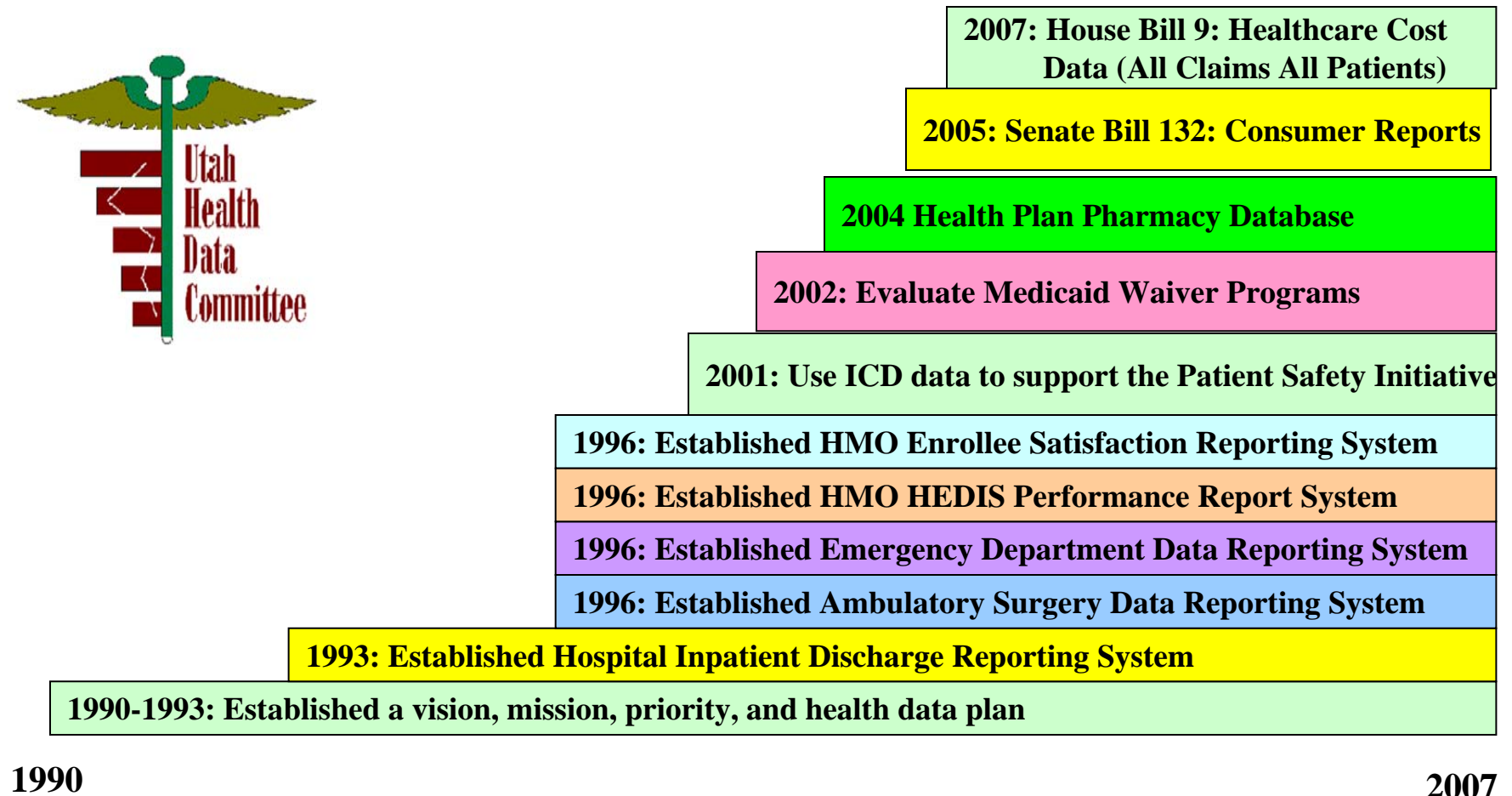
Payers and Health Systems

David Call, Deseret Mutual Benefits Administration

Douglas Hasbrouck, Regence BC/BS of Utah

Greg Poulsen, Intermountain Health Care

Health Data Building Blocks for Policy Analysis, 1990-2007



Useful Data for State Policymakers

- Big pictures from a state to the nation
- Comparative summary indicators
 - State Ranking
 - Trend
- Cover all settings & types of health care
- Tied to state policy priorities
- Identify new issues
- Simple, short, & pictures



Use Case Examples

Table of Contents		3
	Page	
Acknowledgements and Contact Information	2	
Health Data Committee and Health Care Transparency	4	
About This Report	5	
Summary of Trends and Challenges in Utah's Health Care	6	
1. Highlights of Quality and Patient Safety	8	
Overall Quality Rating	9	
Quality Variation by Care Type and Setting	10	
Hospital Patient Safety Compared to the Nation	11	
Public Reporting Can Reduce Performance Variations	12	
Challenges in Promotion of Preventive Care	13	
2. Highlights of Accessibility of Health Care	14	
Access Barrier: Lack of Health Insurance	15	
Uninsured and Hospital Care	16	
Access to Primary Care Through Emergent Care	17	
Variation of Access to Ambulatory Care	18	
Getting Needed Care for Special Populations	19	
3. Highlights of Costs of Health Care	20	
Personal Health Care Expenditures	21	
Growth in Personal Health Care Expenditures	22	
Trends of Hospital Charges	23	
Utilization of Facility Health Care	24	
Control Cost of Prescription Drugs	25	
Total Inpatient Charges and Costs	26	

Challenges in Utah's Health Care: 2007



16 summary indicators in 3 areas

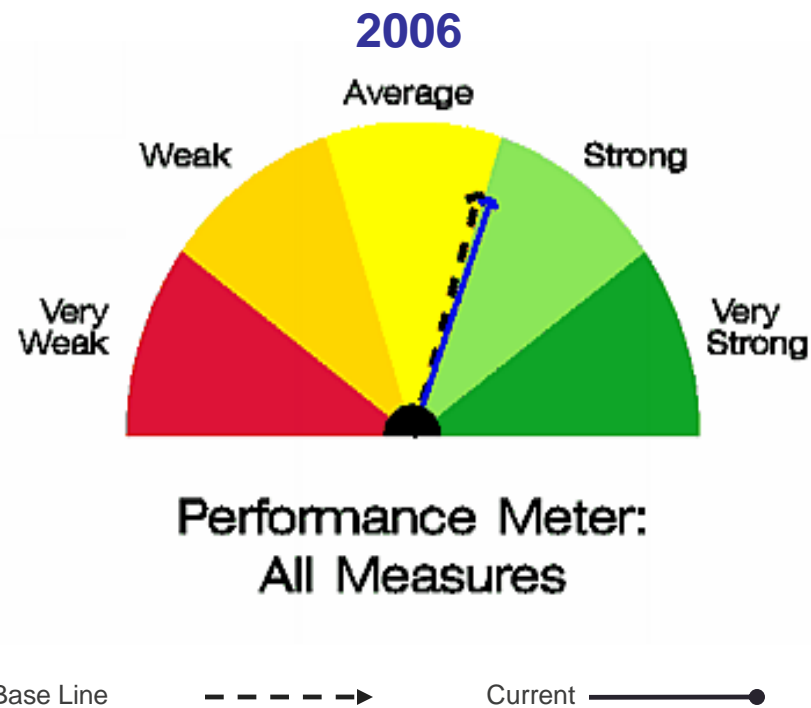
National-Comparative Data are Useful Sources for Policymakers

16 summary indicators in the report:

- 13 used national data or methods
 - 8 – AHRQ
 - 2 - CMS Health Care Expenditure Report
 - 1 - NCHS Hospital Survey
 - 1 - NCQA HEIDS
 - 1 - United Health Foundation
- 2 used Utah data and NYU methods (Access)
- 1 used Utah data and method (Rx data)

NHQR with HCUP Data

Utah's Overall Health Care Quality Performance Compared to All States



Source: Page 9, "Challenges in Utah's Health Care".




Quality Variation by Care Type and Setting

T Y P E S E T T I N G	Preventive Care	★★	On average
	Acute Care	★★	On average
	Chronic Care	★★★	Strong/ above average
	Hospital Care	★★★	Strong/ above average
	Nursing Home Care	★★	On average
	Home Health Care	★★★★	Very strong/ above aver-



Performance Summary of AHRQ Patient Safety Indicators Utah: 2003-2005



Compared to States with Similar Patient Population	Number of Indicators	Indicator Label
 Better than expected	7	Decubitus Ulcer; Failure to Rescue; Selected Infections Due to Medical Care; Postoperative Physiologic & Metabolic Derangement; Obstetric Injuries, 3rd or 4th Degree Lacerations - Vaginal Delivery With Instrument; Obstetric Injuries, 3rd or 4th Degree Lacerations - Vaginal Delivery Without Instrument; Birth Injuries to Newborn
 Same as expected	5	Postoperative Hip Fracture Rate; Postoperative Hemorrhage or Hematoma ; Postoperative Respiratory Failure; Postoperative Sepsis; Postoperative Wound Dehiscence
 Worse than expected	4	Accidental Puncture or Laceration; Complications of Anesthesia; Postoperative Pulmonary Embolism or Deep Vein Thrombosis; Iatrogenic Pneumothorax
Not Applicable (Too few cases)	4	Obstetric Injuries, 3rd or 4th Degree Lacerations Cesarean Delivery; Foreign Body Left During Procedure; Death in Low DRGs ; Transfusion Reaction

Source: Page 11, “Challenges in Utah’s Health Care”.



Public Reporting Can Reduce Performance Variations



= Hospital performed better than expected than their peer hospitals in the nation that treated similar patients.

**Numbers of Three-Star Hospitals
In the Consumer Reports on Obstetric Safety: 2004 - 2005**

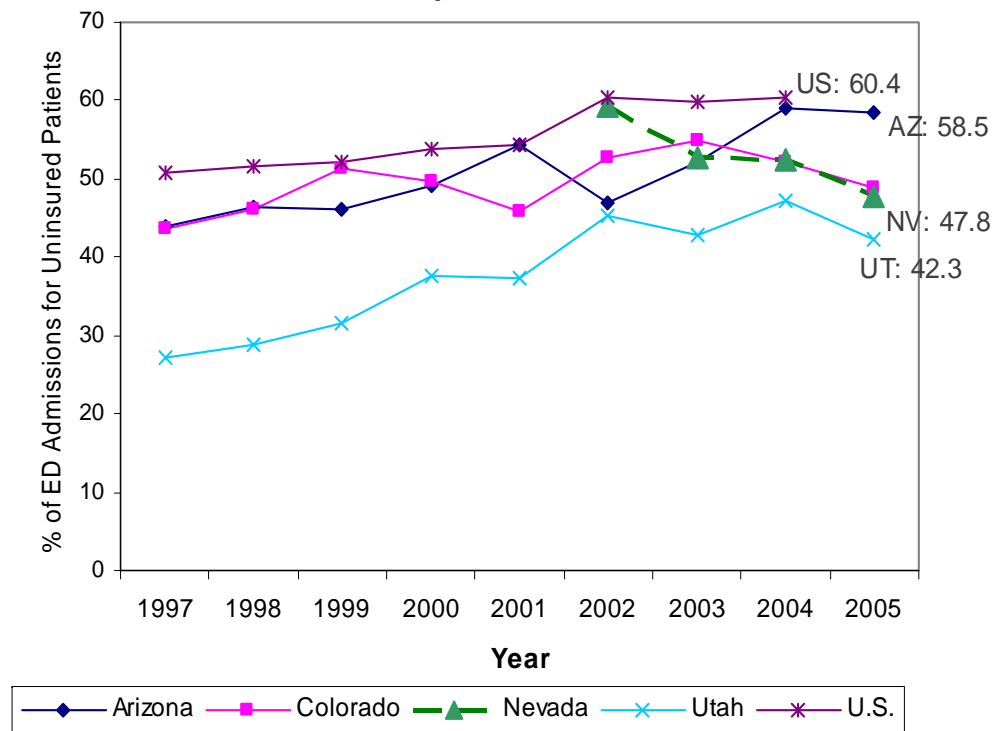
Patient Safety Indicator	2004	2005
Obstetric Injuries, 3 rd or 4 th Degree Lacerations – Vaginal Delivery <u>With</u> Instrument	4 hospitals	6 hospitals
Obstetric Injuries, 3 rd or 4 th Degree Lacerations – Vaginal Delivery <u>Without</u> Instrument	13 hospitals	19 hospitals

Source: Page 12, “Challenges in Utah’s Health Care”.



Increased Hospitalizations by Uninsured Residents in Utah, the U.S. and Selected States, 1997-2005

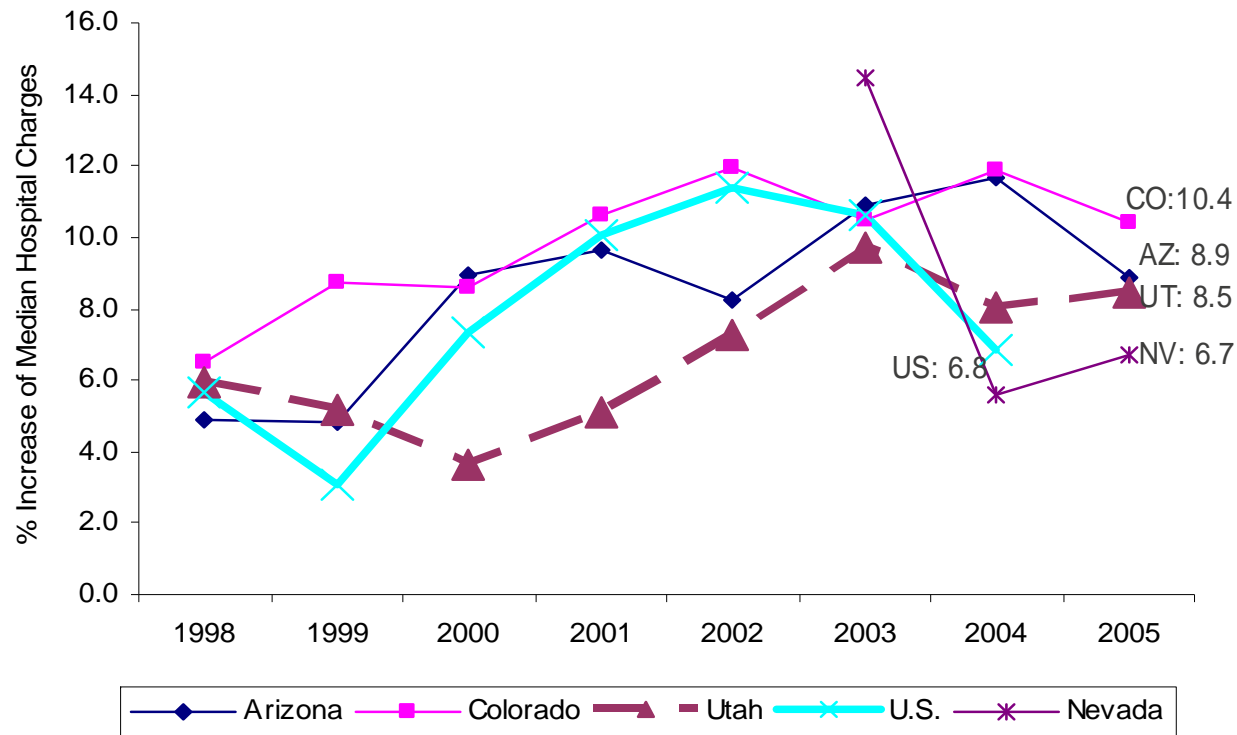
Percentage of Emergency Department Admissions for Uninsured Hospitalized Patients





Trends of Hospital Charges

Percentage of Annual Increases in
Median Charges for Hospital Admission
Utah, Arizona, Colorado, Nevada & U.S.: 1998-2005



Home

HCUPnet HomeLay or researcherSelect type of querySelect yearOutcomes and measuresPatient and hospital characteristicsResults

Select outcomes and measures for which you want statistics

Check one or more

☒ Number of discharges

☐ Length of stay, mean

☐ Length of stay, median

☐ Hospital charges, mean

☐ Hospital charges, median

☐ Aggregate charges (the "national bill")

☐ Hospital costs, mean

☐ Hospital costs, median

☐ Aggregate costs

☐ Percent died in the hospital

☐ Discharge status

☐ Percent admitted from emergency department

☐ Percent admitted from another hospital

☐ Percent admitted from long term care facility

COST

>> Next >>

Definitions

The unit of analysis for HCUP data is the hospital **discharge** (i.e., the hospital stay), not a person or patient. [>more>](#)

Length of stay is the number of nights the patient remained in the hospital for this stay. [>more>](#)

Hospital charges is the amount the hospital charged for the entire hospital stay. It does not include professional (MD) fees. [>more>](#)

Aggregate charges or the "national bill" is the sum of all charges for all hospital stays in the U.S. [>more>](#)

Costs Total charges were converted to costs using cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services (CMS). [>more>](#)

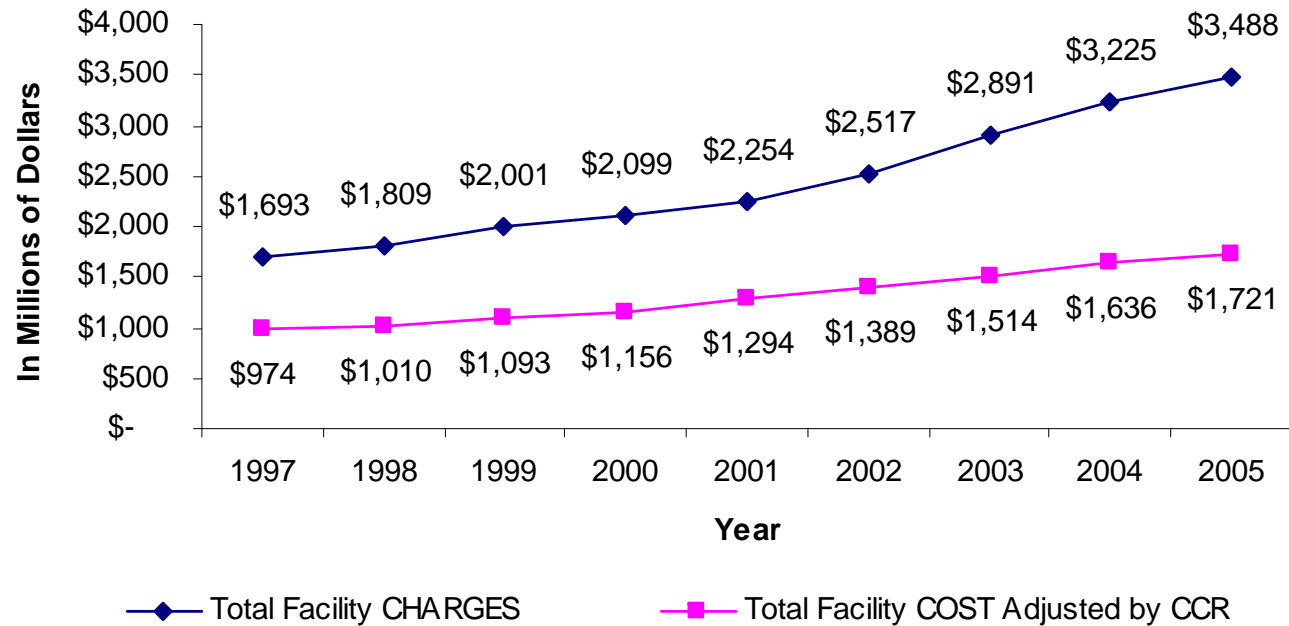
Aggregate costs are the sum of all costs for all hospital stays. See **Costs** and **Aggregate charges** for details.

Died generally indicates in-hospital mortality. Some unknown number of cases may have died outside the hospital, but still be included in



Use Statewide Cost-to-Charge Ratio to Estimate Total Costs

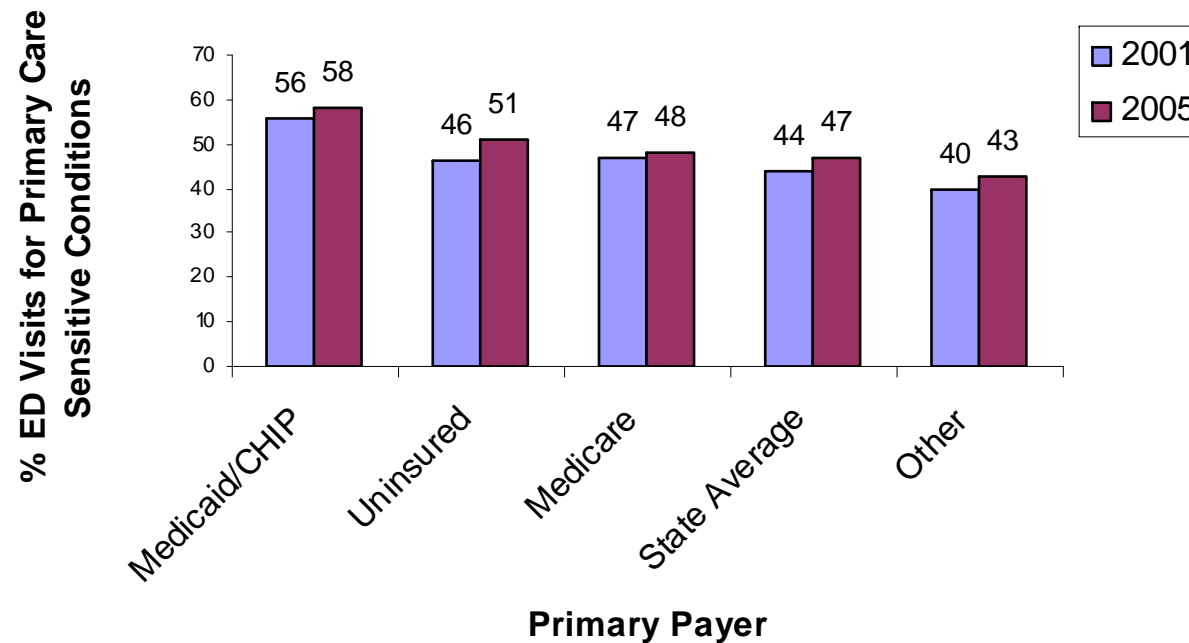
Increased Inpatient Total Facility Charges and Costs Adjusted by Cost-to-Charge Ratio (CCR) Utah, 1997-2005



**Need From
HCUPnet**

New York University's Method: Measuring Access to Primary Care Through Emergent Care

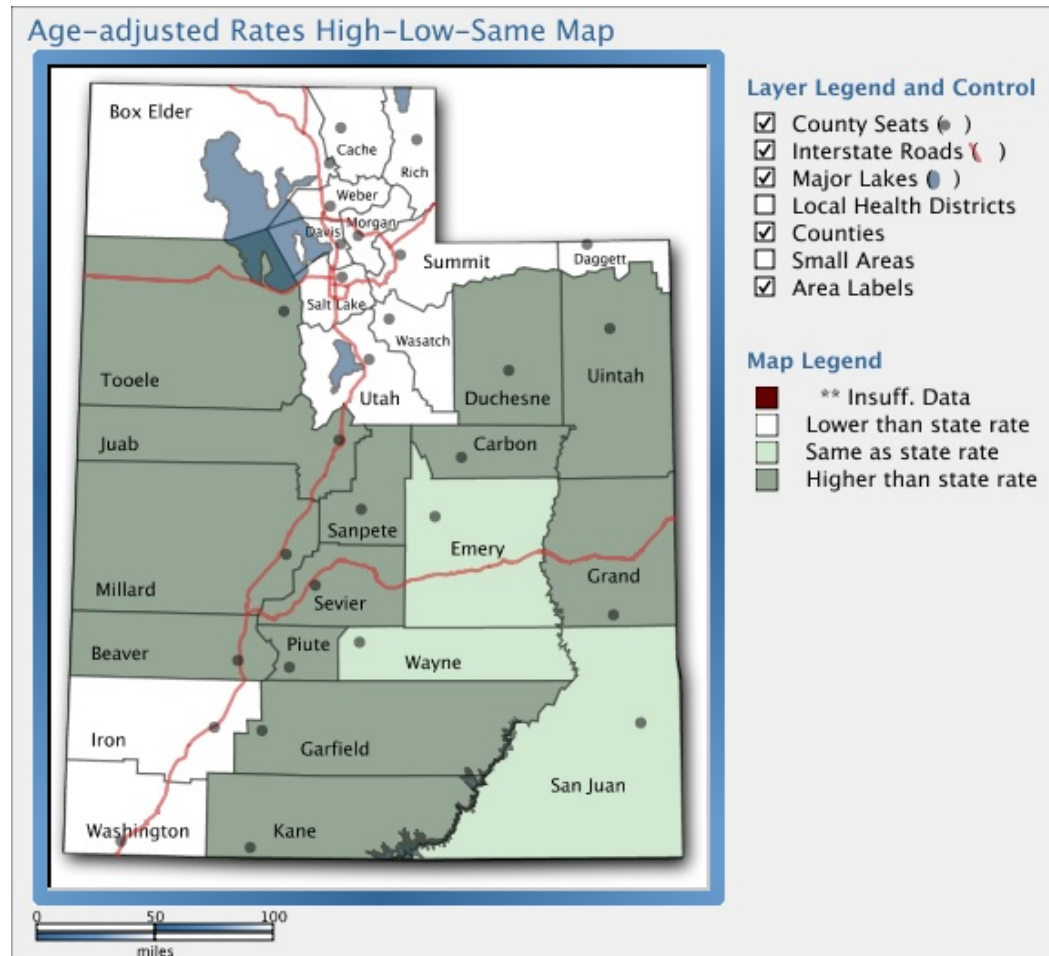
Percentage of Outpatient Emergency Department Visits for
Primary Care Sensitive Conditions: Utah, 2001-2005



**Need From
HCUPnet**

New York University's Classification

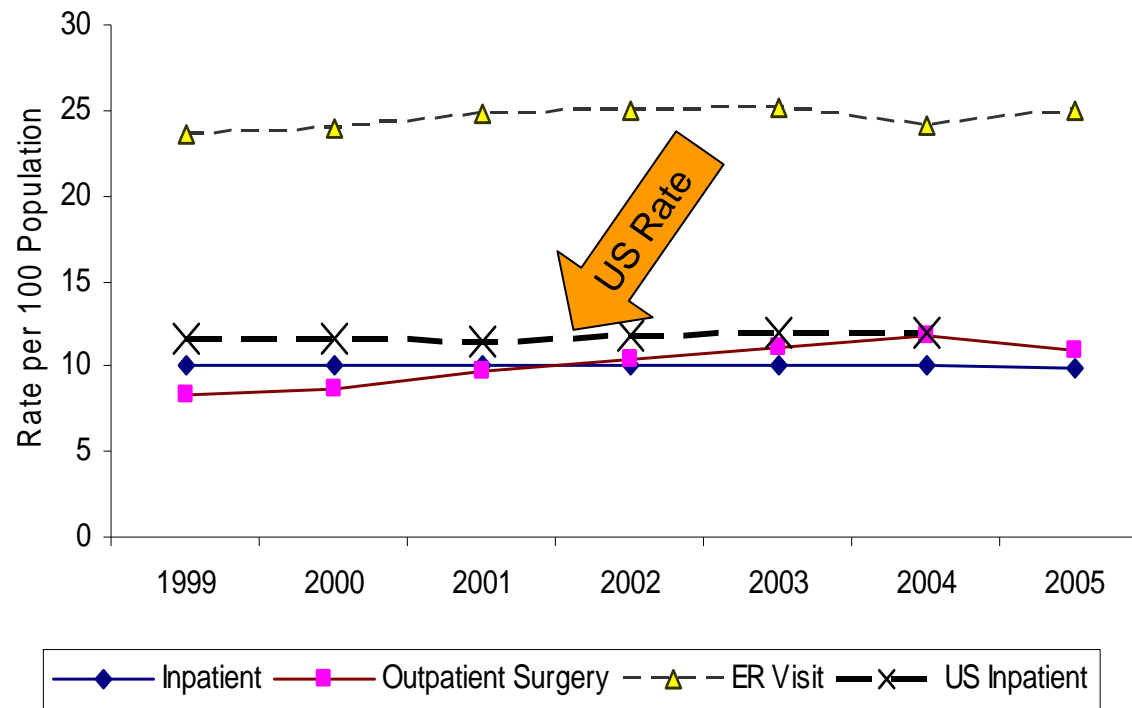
Hospitalization Rates for Ambulatory Care Sensitive Conditions by County,
Utah: 1996-2005



**Need From
HCUPnet**




CDC NCHS National Estimates From the Hospital Discharge Surveys

Utilization Rates of Hospital Inpatients, Outpatient Surgeries, or Emergency Room
Visits, per 100 Population: Utah and U.S., 1999-2005



Source: Page 24, "Challenges in Utah's Health Care".

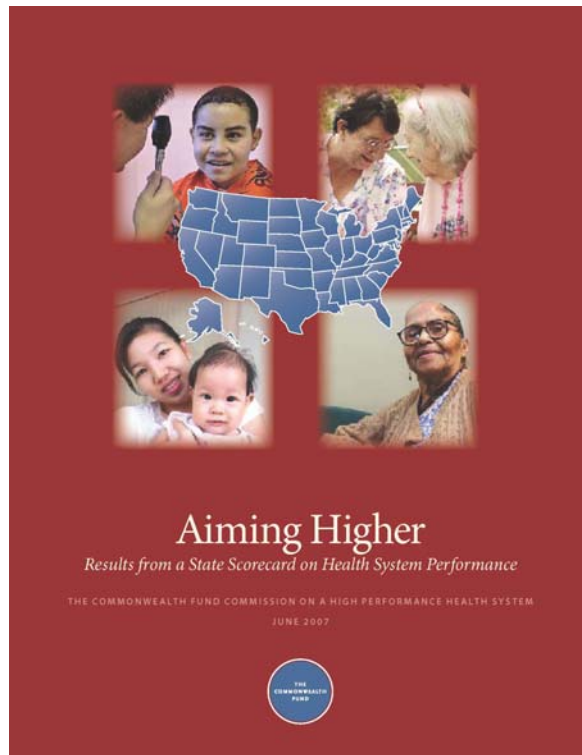
Utah's Self Rating on Trends of Quality and Patient Safety

Trend	Highlights	Page
	Utah's overall health care quality was ranked as "Strong" in the 2006 National Healthcare Quality Report.	9
	Significant quality variations existed among types of care and care settings. Utah's nursing home care quality was weaker than hospital or home health care.	10
	Baseline measures of hospital patient safety are established.	11
	Public reporting on quality and safety can reduce performance variations among hospitals.	12
	Utah faces huge challenges in promotion of preventive care .	13

UDOH
released the
report on the
same day
when AHRQ
released the
National
Quality
Report.

State Ranking Dynamics

- Commonwealth Fund Health System Report Card (2007), released 06/13/07



Rank	Access	Quality	Avoidable hospital use & cost	Equity	Healthy lives
Utah	38	48	1	42	1

Ranking Dynamics (cont.)

- Dr. Sundwall, Exec. Director led the investigation
 - Are the indicators comparable?
 - Are the methods comparable?
 - Are the data comparable?
 - What can we learn from the Commonwealth Fund report?
- The Utah Medical Ethics Committee (UMEC) had a rich discussion on August 28, 2007



UMEC Summary



- The distinction between outcome measures and process measures was evident in the various ranking schemes.
- The nation seems to be at a point where our measure definitions are standardized but the validity of each specific measure can't be taken for granted.

Take Home Message:

- Interaction between policymakers and analysts is the starting point for evidence-based policymaking
- “Play” with HCUPnet to explore answers for your policy questions
- Ask HCUP for technical assistance, if HCUPnet doesn’t have the data you need.

Thank you.

Questions?

Keely Cofrin Allen
kcofrinallen@utah.gov