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State Snapshots: State-based Information from the National Healthcare Quality Report

AHRQ's State Healthcare Quality Improvement Workshop
December 6, 2007

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Center for Quality Improvement and Patient Safety (CQuIPS)

Outline

- AHRQ Mission and the
 - National Healthcare Quality Report (NHQR)
 - National Healthcare Disparities Report (NHDR)

- NHQR/NHDR – Background



- Translating Data Into Change

- A State-led Model for Action



- State Snapshots 2006

AHRQ Mission and Niche

- Mission: Improve the efficiency, effectiveness, quality, safety, and equity of *health care*
- Niche:
 - Developing knowledge through research
 - Disseminating the evidence
 - Measuring quality
 - **Facilitating change**



Origin of the NHQR / NHDR

Mandated by Congress in Healthcare Research and Quality Act (PL. 106-129)

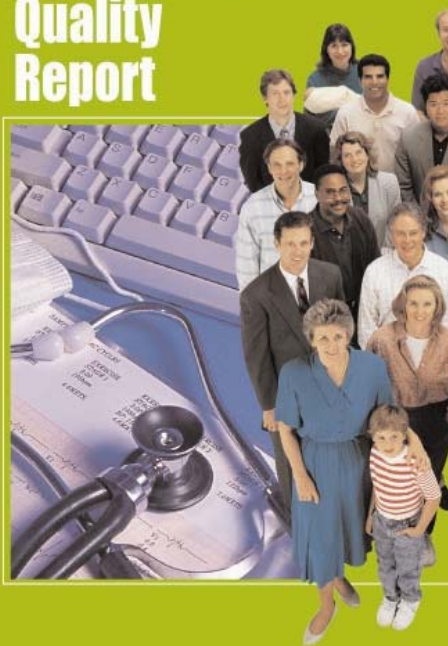
- “Beginning in fiscal year 2003, the Secretary, acting through the Director, shall submit to Congress an annual report on national trends in the quality of health care provided to the American people.”
- To track “prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations”



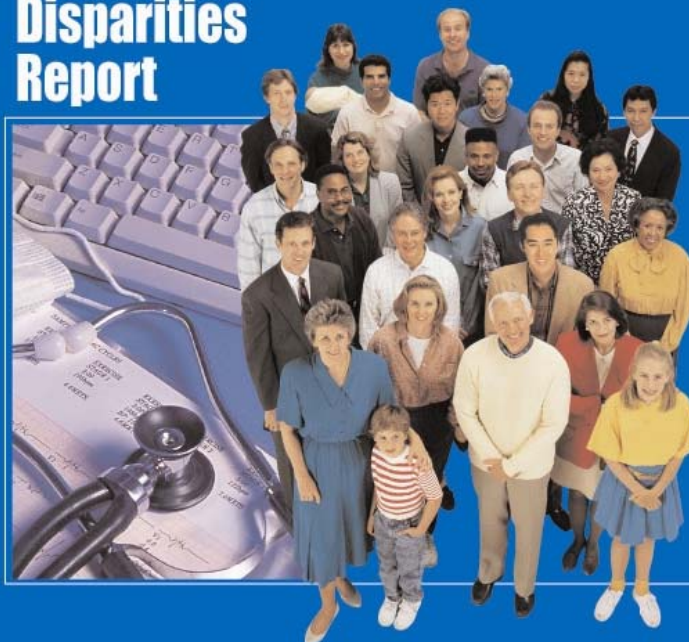


2006 National Healthcare Quality and Disparities Reports

2006 National Healthcare Quality Report



2006 National Healthcare Disparities Report



Released
Jan 11, 2007



Why Are These Reports Useful?

- A national overview of healthcare quality
 - 42 core (211 total) measures of quality in NHQR
 - Reveal “biggest gaps”
- A map with information about healthcare quality in key areas
- A compass on where we are headed
 - National and State trends from 1994 forward
- A beacon for measure alignment across public and private quality initiatives



How the NHQR and NHDR Are Related

NHQR	NHDR
Quality of health care in America	Disparities in health care in America
Quality	Quality + Access
Effectiveness, Patient Safety, Timeliness, Patient Centeredness	...+ Equity
Variation across time & States	Variation across time & populations



Measure Types

2006 NHQR / NHDR

- All Measures (NHQR-211; NHDR- 250)
- Core Measures (NHQR- 42; NHDR- 22)
- Composite Measures (13)
- Alternating Measures
 - e.g., Breast Cancer, 2005 &
 - Colon Cancer, 2006 (screening & mortality)
- Process & Outcome Measures



Measure Types

2006 NHQR / NHDR (cont'd)

- Setting of Care
 - Hospital
 - Ambulatory
 - Nursing Home/Home Health
- Stages of Care
 - 1. Staying healthy
 - 2. Getting better
 - 3. Living with illness or disability
 - 4. Coping with the end of life



Content and Organization 2006 NHQR/NHDR

- Effectiveness
 - Cancer
 - Diabetes
 - End Stage Renal Disease (ESRD)
 - Heart Disease
 - HIV and AIDS
 - Maternal and Child Health
 - Mental Health and Substance Abuse
 - Nursing Home, Home Health, and Hospice Care
 - Patient Safety
 - Timeliness
 - Patient Centeredness
 - Access to Health Care
 - Priority Populations
- NHQR
- NHDR

Data Sources

Provider/facility sample surveys

CDC,NCHS – NAMCS
CDC,NCHS – NHAMCS
CDC,NCHS – NHDS
CMS – ESRD CPMP
CSHSC – Community Tracking Study Physician Survey

Surveillance and vital statistics

CDC – NPCR
CDC – HIV/AIDS Surveillance System
CDC – TB Surveillance System
CDC,NCHS – NVSS
NIH – SEER



Population sample surveys

AHRQ – MEPS
AHRQ – CAHPS
CDC – BRFSS
CDC,NCHS – National Asthma Survey
CDC,NCHS – NHANES
CDC,NCHS – NHIS
CDC,NCHS – National Immunization Survey
CMS – MCBS
HRSA – Healthy Schools Healthy Communities User Visit Survey
NHPCO – Family Evaluation of Hospice Care
SAMHSA – NSDUH
U.S. Census Bureau – U.S. Census

Organizational data systems

AHRQ – HCUP
CMS – Hospital Compare
CMS – Medicare Patient Safety Monitoring System
CMS – OASIS
CMS – Nursing Home Minimum Data Set
CMS – QIO
HIVRN – 2001-2003
HIS – NPIRS
NCQA – HEDIS
NIH – USRDS
SAMHSA – TEDS

NHQR & NHDR Not Enough

- **Books “on a shelf” do not make change happen**
- “National” policymakers not only audience
- Practice variation across States – important message
- NHQR data for States spread across many tables
 - tedious to access
 - difficult to summarize



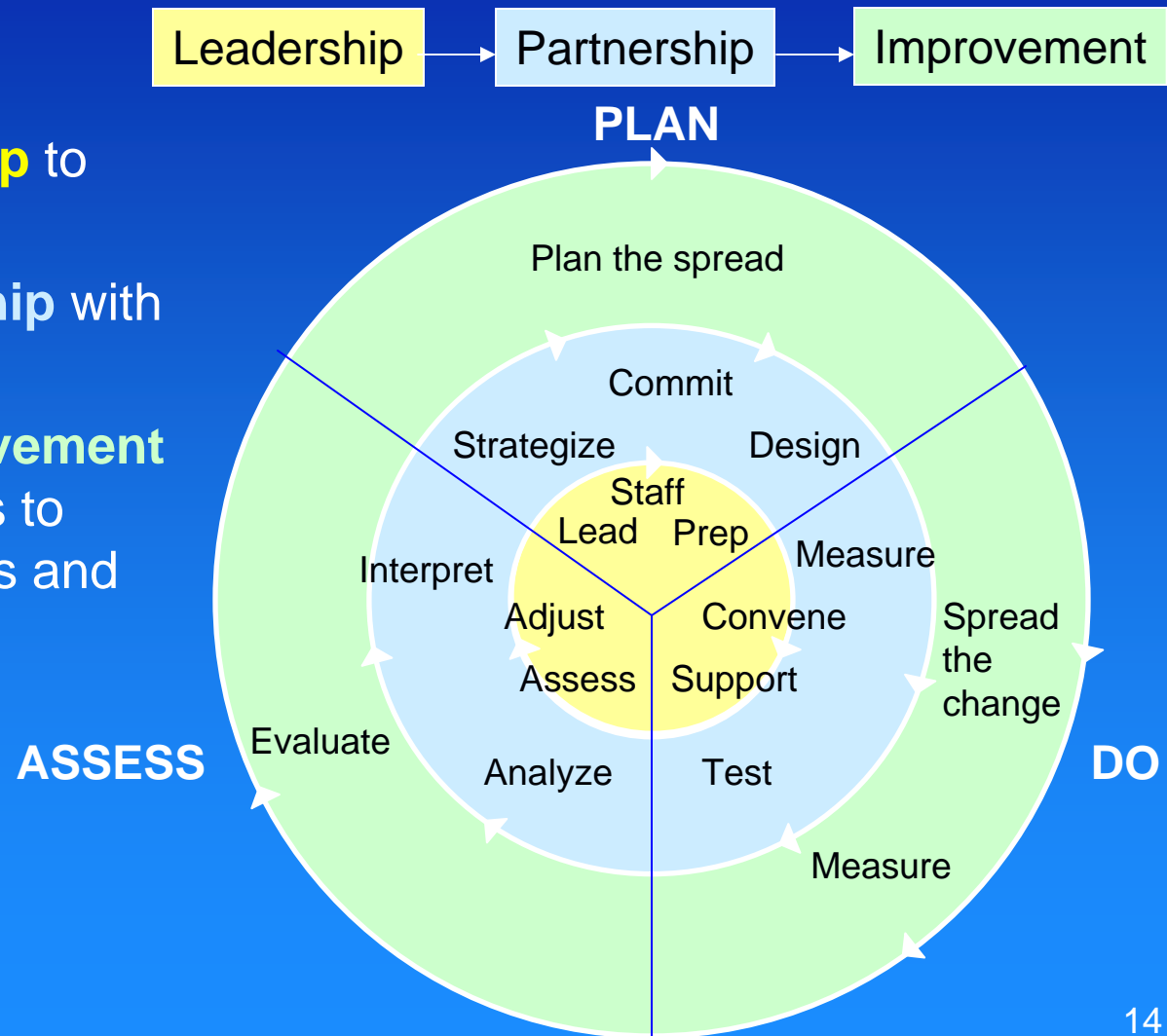


A State-led Framework for Quality Improvement: Why?

- States *can* play a strategic role -- designing, leading, and assessing
- Existing models focus on *providers*
- A state-focused model lays out:
 - A leadership role
 - Steps } for State action

The State-led Framework

- **Provide leadership** to create a vision
- **Work in partnership** with key stakeholders
- **Implement improvement** by leading partners to create interventions and assess impact

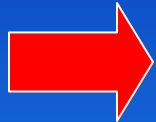




NHQR/DR Derivative Products for State-led Quality Improvement

■ **State Snapshots** from the:

- 2004 NHQR – print-format on Web for each State
- 2005 NHQR – interactive-format on Web for each State
- 2006 NHQR/NHDR** – refinements (e.g., full content PDF)
- <http://statesnapshots.ahrq.gov>

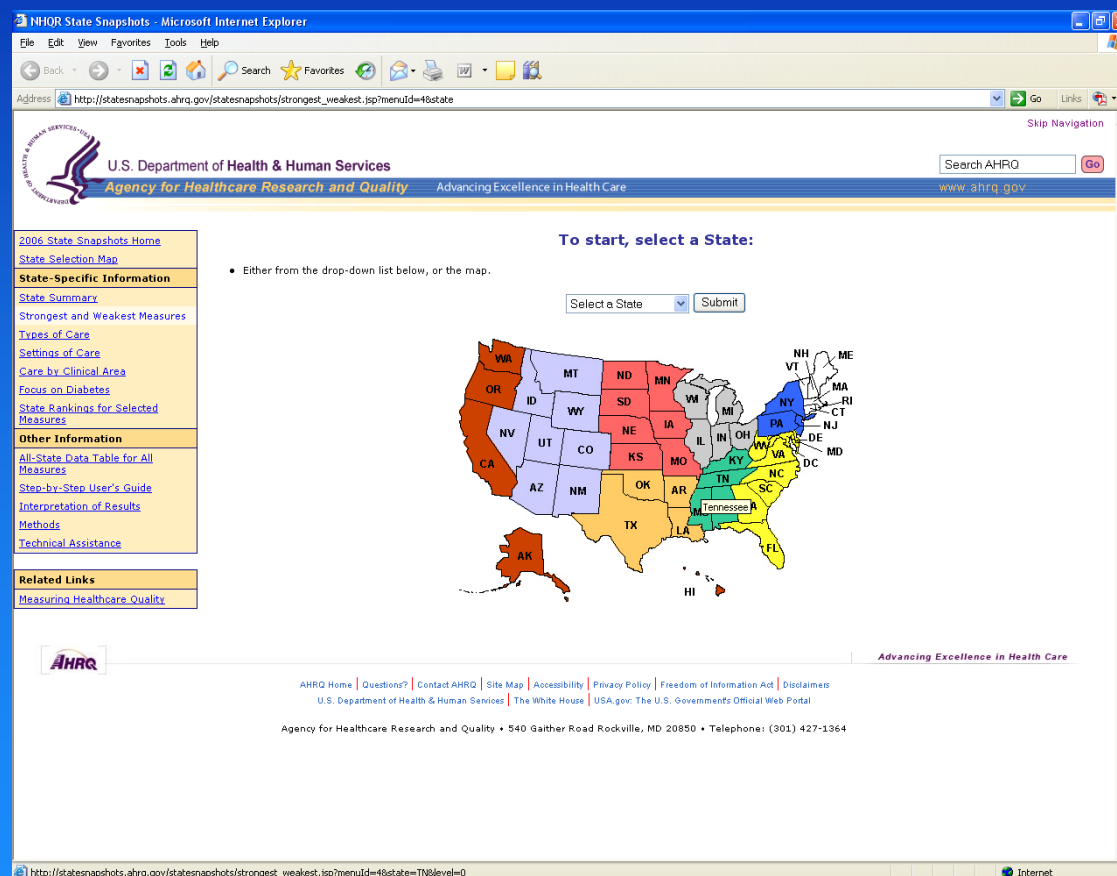


- Diabetes Care Quality Improvement: Guide & Workbook
 - <http://www.ahrq.gov/qual/diabqualoc.htm>
- Asthma Care Quality Improvement: Guide & Workbook
 - <http://www.ahrq.gov/qual/asthmaqual.htm>
- Asthma Care Return on Investment Calculator
 - Ask Jeff Brady (AHRQ) or Ginger Carls (TH)

The State Snapshots

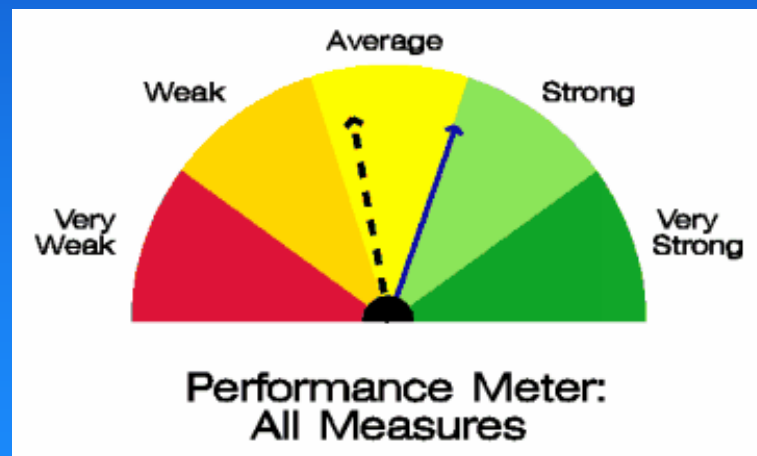
■ Online State-by-State data from the NHQR and NHDR:

- Composite measures
- Individual measures
- Focus on managing diabetes

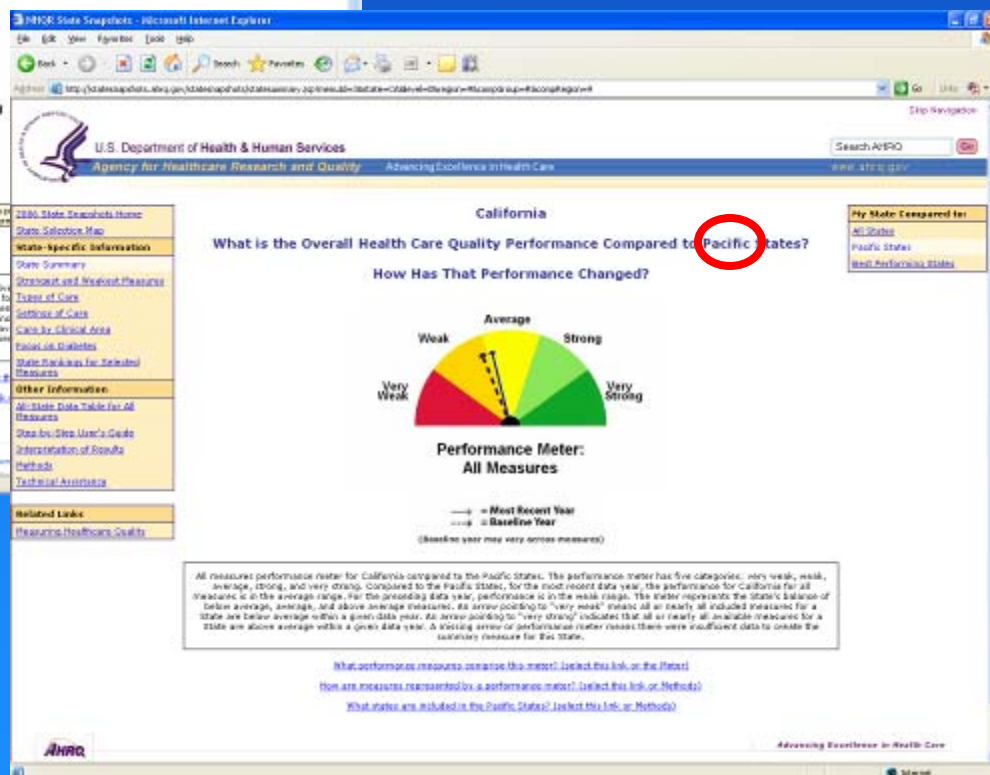
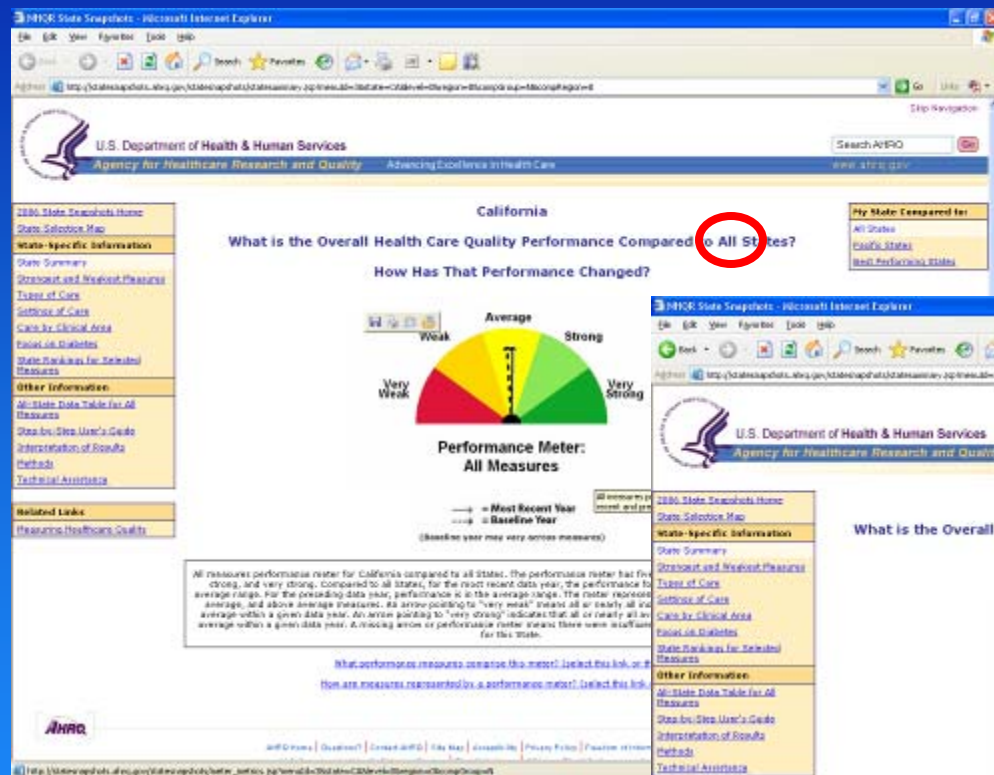


State Snapshots: Composite Measures

- **Summary measures – a State's performance compared to their region and the nation for:**
 - All Available Measures
 - Types of Care
 - Preventive
 - Acute
 - Chronic
 - Settings of Care
 - Hospital
 - Ambulatory
 - Nursing Home
 - Home Health



Composite Measures: State compared to Region or Nation





State Snapshots: Individual Measures

- **Five Strongest and Weakest Measures for a State compared to all States reporting**
- **State Rankings for 15 Measures**
 - Ordinal rank on individual measures of each State's performance out of 51 (States + DC)
- **Table of all measures for a State and all measures for all States**

State Snapshots: 5 Strongest & Weakest Measures

NHQR State Snapshots - Microsoft Internet Explorer

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Address http://statesnapshots.ahrq.gov/statesnapshots/strongest_weakest.jsp?menuId=4&state=CA

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California

Strongest and Weakest Measures

California's Strongest Measures

Strongest Measures are those in which the State performed above the all-State average and are strongest among their measures relative to all reporting States. This State may be leading the way in quality in these measures.

Note: The best result for each measure can be either the highest or lowest value. The direction representing best is noted in the "Best" column.

Measure Short Name	Measure Long Name	Best
Medicare home health care -- improved pain management	Percent of home health care Medicare patients who have less pain when moving around	highest
Medicare home health care -- improved bathing	Percent of home health care Medicare patients who get better at bathing	highest
Nursing home residents -- with increased need for ADL help	Chronic care: Percent of nursing home residents whose need for help with daily activities has increased	lowest
Nursing home short-stay residents -- with delirium	Post acute care: Percent of short-stay nursing home residents with delirium	lowest
Medicare home health care -- plus urgent care	Percent of home health care Medicare patients receiving emergency care	lowest

California's Weakest Measures

Weakest Measures are those in which the State performed below the all-State average and are weakest among their measures relative to all reporting States. These measures highlight some of the opportunities for improvement.

Note: The best result for each measure can be either the highest or lowest value. The direction representing best is noted in the "Best" column.

Measure Short Name	Measure Long Name	Best
Diabetes foot exams	Percent of adults age 18 and over with diabetes who had a foot examination in the past year	highest
Beta blocker prescribed at discharge for heart attack -- Medicare	Percent of Medicare AMI patients with beta blocker prescribed at discharge	highest
Smoking cessation advice during hospital stay for heart attack -- Medicare	Percent of Medicare AMI patients given smoking cessation counseling while hospitalized	highest
Recommended hospital care for heart attack -- Medicare	Percent of Medicare heart attack patients who received recommended hospital care	highest
Nursing home short-stay residents -- with pressure sores	Post acute care: Percent of short-stay nursing home residents with pressure sores	lowest
Nursing home residents -- physically restrained	Chronic care: Percent of nursing home residents who were physically restrained	lowest

States' specific performances on each of these measures are available in the [All-State Data Table for All Measures](#).

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State Snapshots: Individual Measures

NHQR State Snapshots - Microsoft Internet Explorer

Address: http://statesnapshots.ahrq.gov/statesnapshots/staterankings.jsp?menuId=29&state=CA

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California

2006 National Healthcare Quality Report

Ranking on Selected Measures

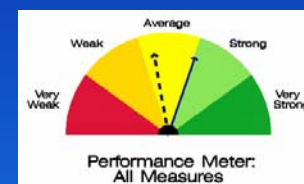
The following ranking shows how well this State is performing among all the States on 15 important measures of health care quality from the 2006 National Healthcare Quality Report, selected to represent a broad range of many common diseases.

Measure ¹	Definition	All-State Average ²	State Rate	State Rank
Cancer				
Breast cancer deaths	Cancer deaths per 100,000 female population per year for breast cancer	25.2	23.6	13
Colorectal cancer deaths	Cancer deaths per 100,000 population per year for colorectal cancer	18.9	17	5
Diabetes				
Diabetes flu shots	Percent of noninstitutionalized high-risk adults age 18-64 with diabetes who had an influenza immunization in the past year	42.3	37	37
End stage renal disease				
Dialysis and good urea reduction -- Medicare	Percent of Medicare hemodialysis patients with urea reduction ratio 65 percent or higher	93.2	90.6	43
Heart Disease				
Beta blocker prescribed at discharge for heart attack -- Medicare	Percent of Medicare AMI patients with beta blocker prescribed at discharge	90.8	80.2	51
ACE inhibitor prescribed at discharge for heart attack with dysfunction -- Medicare	Percent of Medicare AMI patients with left ventricular systolic dysfunction prescribed ACE inhibitor at discharge	69.7	56.9	49
Maternal and child health				
Prenatal care	Percent of pregnant women receiving prenatal care in first trimester	84.2	87.3	11
Children fully vaccinated	Percent of children age 19-35 months who received all recommended vaccines (4:3:1:3:3)	82.0	81.3	30
Mental health				
Suicide deaths	Suicide deaths per 100,000 population	10.2	9.8	11
Respiratory diseases				
Pneumonia vaccinations -- age 65 plus	Percent of adults age 65 and over who ever received a pneumococcal vaccination	64.9	63.4	34
Nursing home and home health care				
Nursing home residents -- physically restrained	Chronic care: Percent of nursing home residents who were physically restrained	5.3	14.6	48
Nursing home residents -- with pressure sores in low-risk cases	Chronic care: Percent of low-risk nursing home residents who have pressure sores	2.6	2.3	7
Medicare home health care -- improved mobility	Percent of home health care Medicare patients who get better at walking or moving around	36.9	37.9	18
Getting appointments for care				
Always get appointment for care -- Medicare, fee for service	Percent of adults age 18 and over on Medicare fee for service who reported that they can always get care for illness/injury as soon as they wanted	74.7	71.4	42
Patient experience of care				
High satisfaction overall with providers --	Percent of adults age 18 and over on Medicare fee for service whose health providers always listened	77.6	77	45

Done Internet

State Snapshots: Focus on Diabetes

- Process of care measures
- Outcome of care measures
- Disparities (by income & race/ethnicity)
- Saving costs (for State government employees)



Snapshot Focus on Diabetes: Disparities

NHQR State Snapshots - Microsoft Internet Explorer

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Address <http://statesnapshots.ahrq.gov/statesnapshots/diabetes.jsp?menuId=25&state=CA&level=12> Go Links

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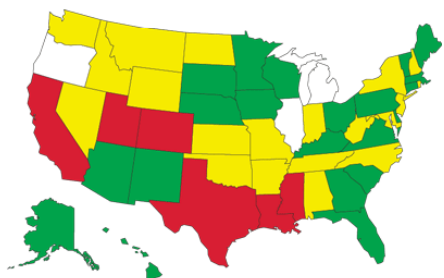
California

Focus on Diabetes:

Disparities in Treatment: By Income

The map below shows whether the gap in the rate of HbA1c testing between people with diabetes with low income compared to high income within a State is worse than, similar to, or better than the gap that exists across all States with data.

For 2002-2004, the gap in HbA1c testing for people with diabetes for people with low income (under \$15,000) compared to high income (\$50,000 or more).



HbA1c monitoring uses a blood test that indicates to a health care provider how well a patient's diabetes has been controlled. It is an important test that helps providers monitor and guide patients to minimize and avoid serious complications. In the map above:

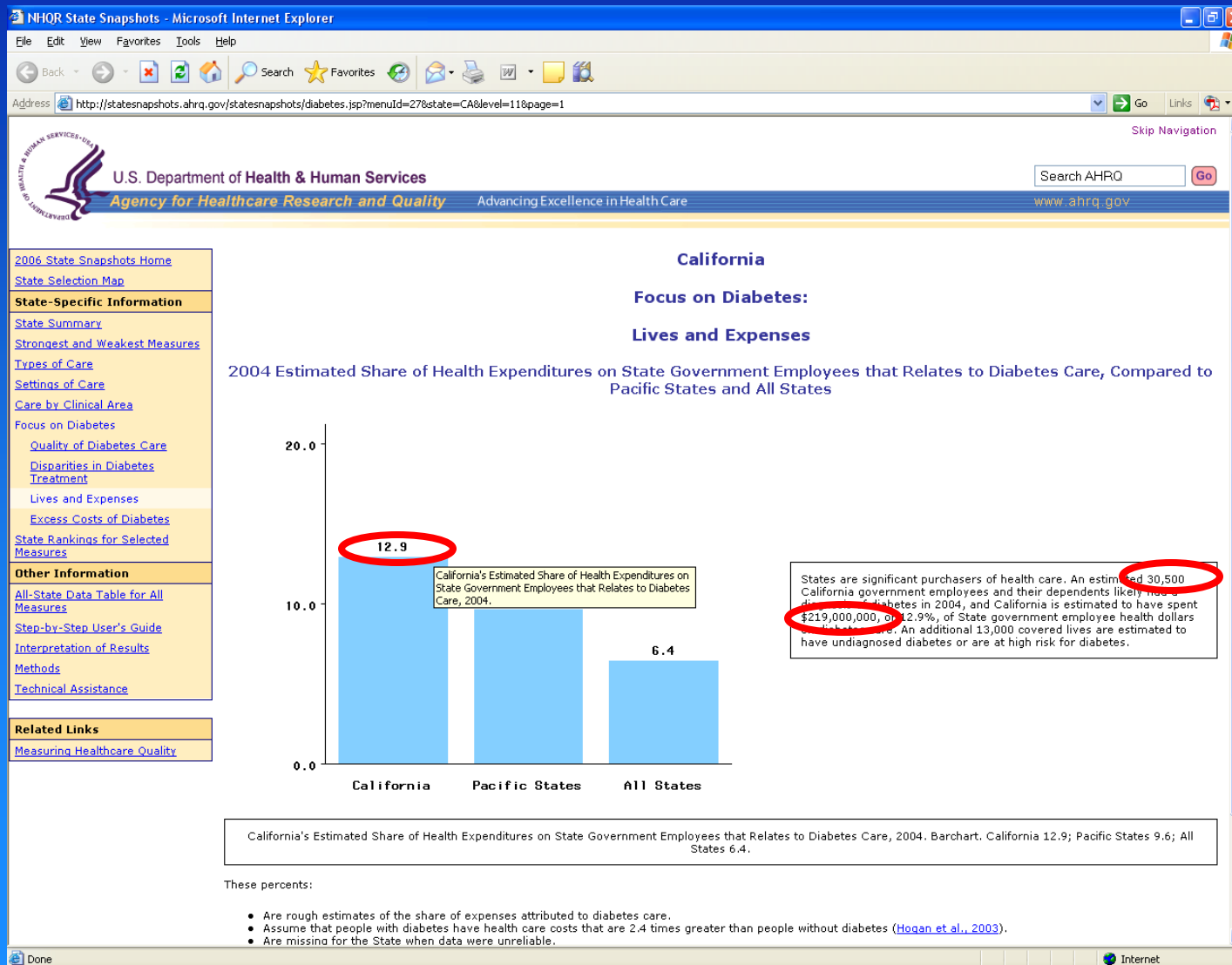
- **Worse than the all-State gap** means the gap in HbA1c testing between people with diabetes at low-income levels and people with diabetes at high-income levels is worse than the gap between these groups across all States with data.
- **Similar to the all-State gap** means the gap in HbA1c testing between people with diabetes at low-income levels and people with diabetes at high-income levels is similar to the gap between these groups across all States with data.
- **Better than the all-State gap** means the gap in HbA1c testing between people with diabetes at low-income levels and people with diabetes at high-income levels is better than the gap between these groups across all States with data.
- **Unknown/data insufficient** means a measure for the State could not be made.

For 2002-2004, the gap in HbA1c testing for people with diabetes for people with low income (under \$15,000) compared to high income (\$50,000 or more). The gap is worse than the all-State gap in the following States: California, Colorado, Louisiana, Mississippi, Texas, and Utah. The gap is similar to the all-State gap in the following States: Alabama, Arkansas, Idaho, Indiana, Kansas, Maryland, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Rhode Island, South Carolina, South Dakota, Virginia, West Virginia, and Wisconsin.

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Unknown Zone

Snapshots Focus on Diabetes: Lives & \$s – State Govt Employees





Snapshots Focus on Diabetes: Excess \$\$ – State Govt Employees

NHQR State Snapshots - Microsoft Internet Explorer

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Address http://statesnapshots.ahrq.gov/statesnapshots/diabetes.jsp?menuId=28&state=CA&level=11&page=2

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Related Links

Measuring Healthcare Quality

California

Focus on Diabetes:

Excess Costs Associated with Diabetes for State Government Employees

2004 Estimated Share of Health Expenditures on State Government Employees That Relates to Diabetes Care, Compared to the Pacific States and All States

HbA1c is a marker of blood glucose levels and is used as an indicator of the quality of diabetes care. Diabetes quality improvement programs have produced reductions in HbA1c on average of 0.5% across a population of participants. The best results, reductions of 1%, occur when intensive disease management programs coordinate assessment, treatment, and referral with primary care.

Average Results
California employees' and dependents' HbA1c levels were reduced by 0.5%, then spending on diabetes care of State government employees might be reduced by about **\$3,600,000** per year.

Best Results
California employees' and dependents' HbA1c levels were reduced by 1.0%, then spending on diabetes care of State government employees might be reduced by about **\$8,200,000** per year.

Note—These savings:

- May not be realized for years.
- Do not include the cost of quality improvement programs that would be needed to achieve a 0.5% or 1.0% reduction, respectively. Depending on intensity, a diabetes disease management program costs between \$20 and \$60 per participant per month.
- Are most likely for a State that has not yet instituted a quality improvement or disease management program for its State government employees.
- Include only medical costs and exclude gains from lower absenteeism and higher productivity from fewer illness episodes related to diabetes.

Other things to consider:

- While a quality improvement or disease management program should reduce the use of the most expensive services (e.g., emergency rooms and inpatient stays), doctor visits and prescription drug costs would probably increase. The calculation above does account for such changes.
- Serious consequences of diabetes—risk of heart attack, stroke, and amputations—can be reduced with excellent blood glucose control. The calculation above may not fully account for long-term savings associated with avoiding these serious complications.
- States with higher rates of emergency room use and inpatient stays are more likely to reduce diabetes care costs with a quality improvement or disease management program. Other factors to consider include patient education on how to maintain blood glucose control, patient adherence, and access to care.
- Quality improvement programs should be designed to deal with all problems associated with diabetes (including potential heart attack and stroke):
 - Test and control HbA1c levels
 - Conduct physical exams for retina and feet
 - Test and control blood pressure
 - Test and control cholesterol
 - Vaccinate for influenza
- For more information on diabetes quality of care and how States can establish and lead a quality improvement program on diabetes care State-wide, go to [Diabetes Care Quality Improvement: A Resource Guide for State Action](#)

Methods—The calculations above are based on:

- A review of the clinical literature demonstrating the effects of diabetes quality improvement programs on average HbA1c levels (Shojania et al. 2004)

Internet



AHRQ State Snapshots & Commonwealth Fund State Scorecard

AHRQ State Snapshots

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 - Chronic
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 - Diabetes
 - Heart Disease
 - Maternal and Child Health
 - Respiratory Diseases
- Focus on Diabetes

CF State Scorecard

- Overall
- Access
- Quality
 - Preventive Care (age 50+)
- Avoidable Hospital Use & Costs
- Equity
- Healthy Lives

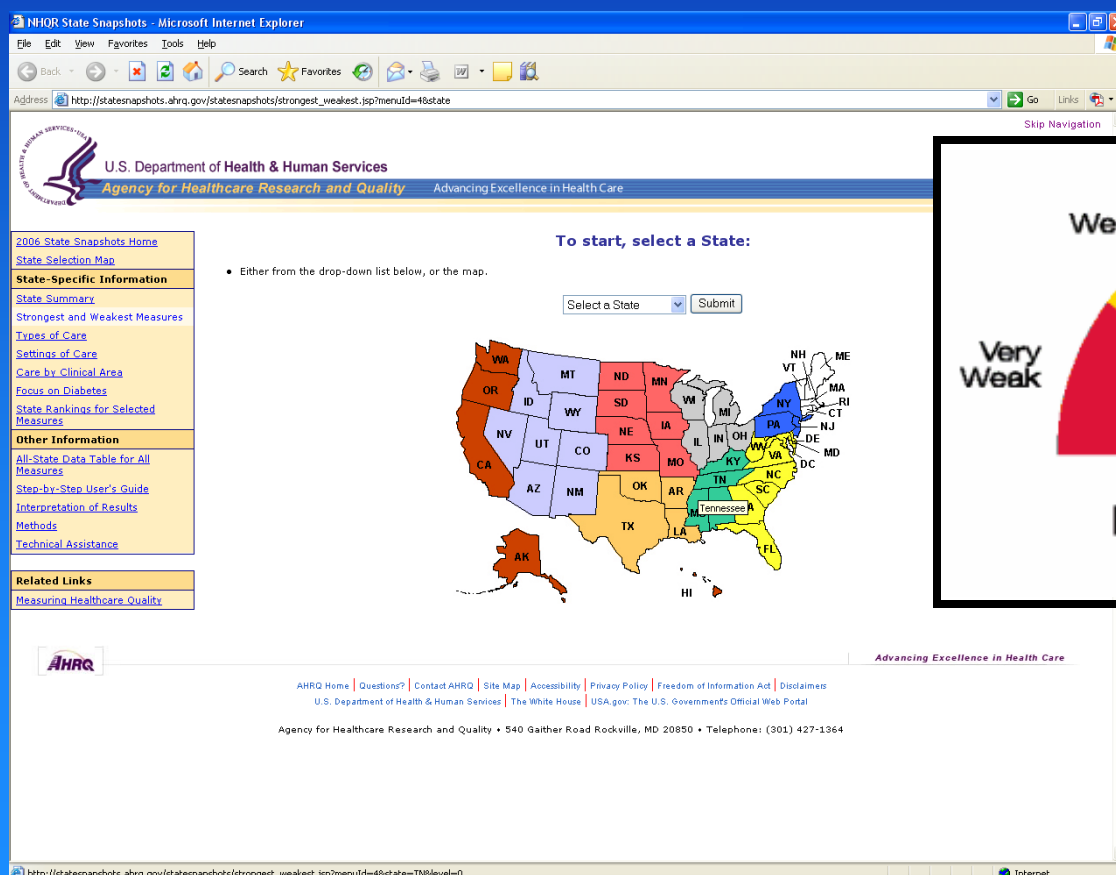


AHRQ State Snapshots & Commonwealth Fund State Scorecard

	AHRQ State Snapshots	Commonwealth Fund State Scorecard
Content	129 measures	32 measures
Trends	Performance Meter Most Recent + Baseline	Point in Time
Comparisons: National	√	√
Regional	√	
State Ranking	-Top 5 States for 13 composites -All States for 15 individual measures	-All States for 6 composites -All States for 32 individual measures

State Snapshots

<http://statesnapshots.ahrq.gov>



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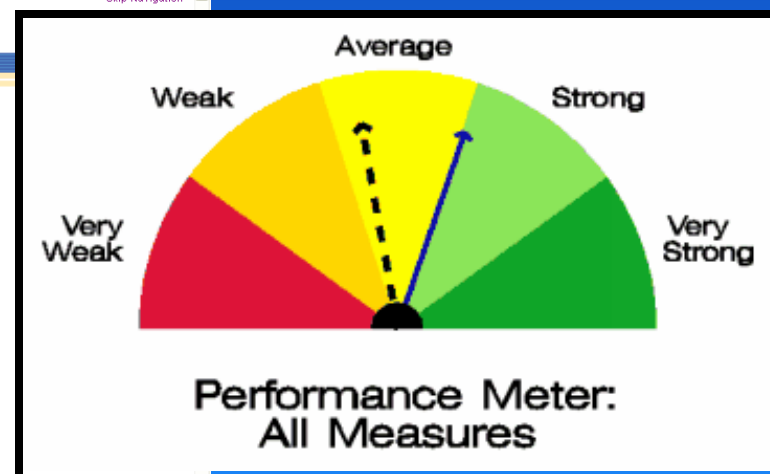
To start, select a State:

• Either from the drop-down list below, or the map.

Select a State [v] Submit

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NHQR/NHDR Resources

- <http://www.ahrq.gov/qual/measurix.htm>
- Request Reports: 1-800-358-9295
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- Jeff Brady, Jeff.Brady@ahrq.hhs.gov
Acting Director, National Healthcare Reports
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