Agency for Healthcare Research and Quality

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2007 State Snapshots:
State-based Information from the National Healthcare Quality Report

Jeffrey Brady, MD, MPH
Center for Quality Improvement and Patient Safety (CQuIPS)

Rosanna M. Coffey, PhD
Thomson Reuters Healthcare

Center for Quality Improvement and Patient Safety (CQuIPS)
Quality Tools Workshop Follow-up Audio Conference
April 28, 2008

Plan for Today

- NHQR/DR overview
- State Snapshots – overview / what's new?
- Open to general questions

- Address specific end-user questions received to date
- Invite more user feedback
- Invite suggestions for future technical assistance

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**

National Healthcare Quality Report
National Healthcare Disparities Report
2007
AHRQ

2007 National Healthcare Quality and Disparities Reports

Released
March 3, 2008

National Healthcare
Quality Report

2007

National Healthcare
Disparities Report

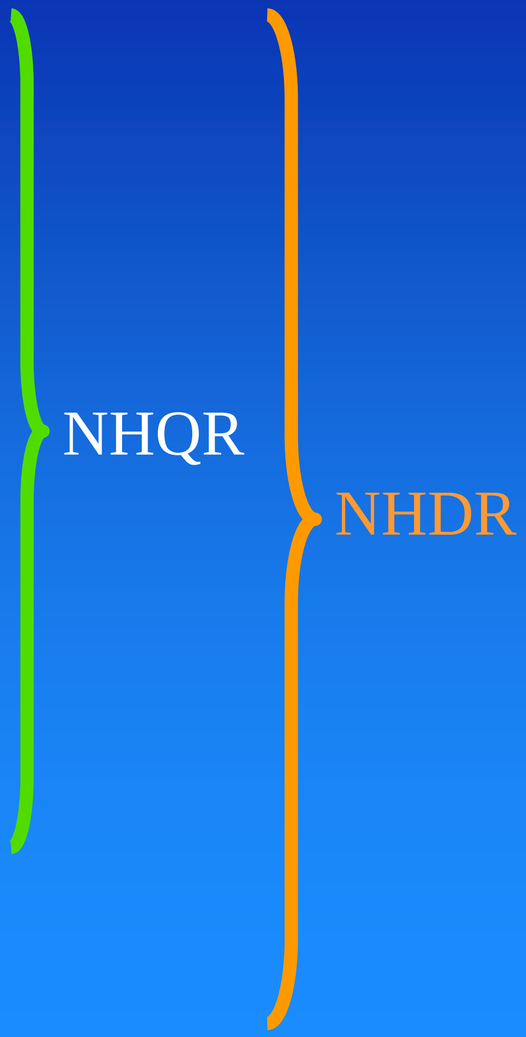
2007

Measure Types
2007 NHQR / NHDR

- 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 2007 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



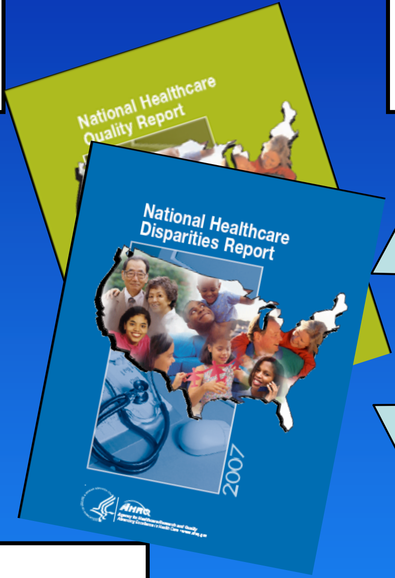
Data Sources

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


National Healthcare Quality Report
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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

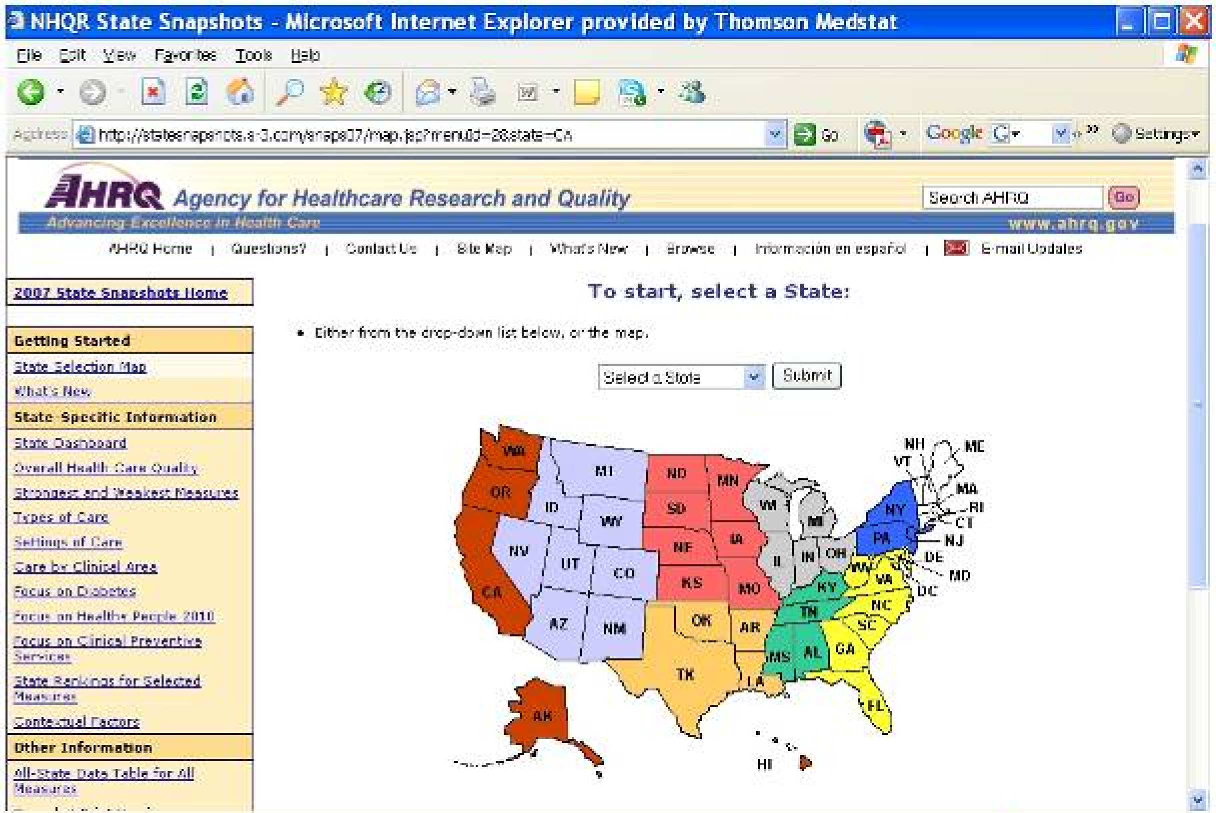
AHRQ – HCUP
CMS – Hospital Compare
CMS – Medicare Patient Safety Monitoring System
CMS – OASIS
CMS – Nursing Home Minimum Data Set
CMS – QIO
HIVRN – 2001-2003
HIS – NPIRS
NCQA – HEDIS
NIH – USRDS
SAMHSA – TEDS

State Snapshots – Overview

http://statesnapshots.ahrq.gov

Web tool for State policymakers to view NHQR/NHDR health care quality, State-by-State:

- Summary performance meters
- Individual measures
- Focus on clinical issues
- State context
- Methods & Interpretation Guides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Getting Started

State Selection Map

What's New

State-Specific Information

State Dashboard

Overall Health Care Quality

Strongest and Weakest Measures

Types of Care

Settings of Care

Care by Clinical Area

Focus on Diabetes

Focus on Healthy People 2010

Focus on Clinical Preventive Services

State Rankings for Selected Measures

Contextual Factors

Other Information

All-State Data Table for All Measures

To start, select a State:

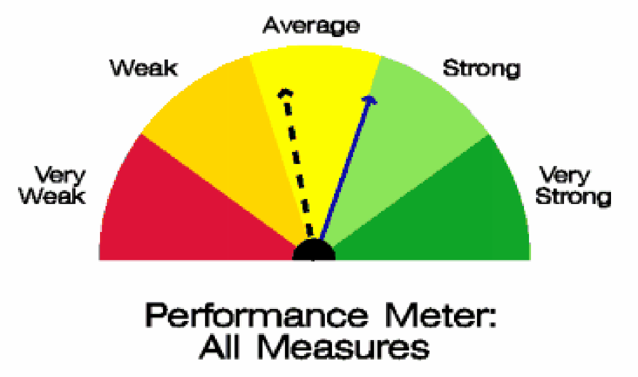
- Either from the drop-down list below, or the map.

State Snapshots: How have they been used?

- Arkansas Center for Health Improvement:
  - View of system, tracking baseline, analysis ideas
  - Stakeholders united – *"Things were as bad as we thought."*
  - Quality improvement "jump started" (EBD)
- Maine:
  - Adapted Snapshots IT for hospital transparency
- FL Sentinel:
  - *Florida's hospital care falls below U.S. norm, studies show*
- AP Wire Service:
  - *Nursing homes cut back on restraints*

State Snapshots: Summary Performance Meters

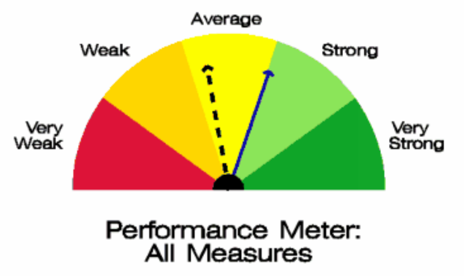
- **Summary meters – a State's performance compared to its region and the nation for:**
  - All Available Measures
  - Types of Care
    - Preventive
    - Acute
    - Chronic
  - Settings of Care
    - Hospital
    - Ambulatory
    - Nursing Home
    - Home Health
  - Care by Clinical Area
    - Cancer
    - Diabetes
    - Heart Disease
    - Maternal and Child Health
    - Respiratory Disease
    - Clinical preventive services



Performance Meter:
All Measures

State Snapshots: What's behind each meter?

- **A State's relative performance compared to a group – region or nation**

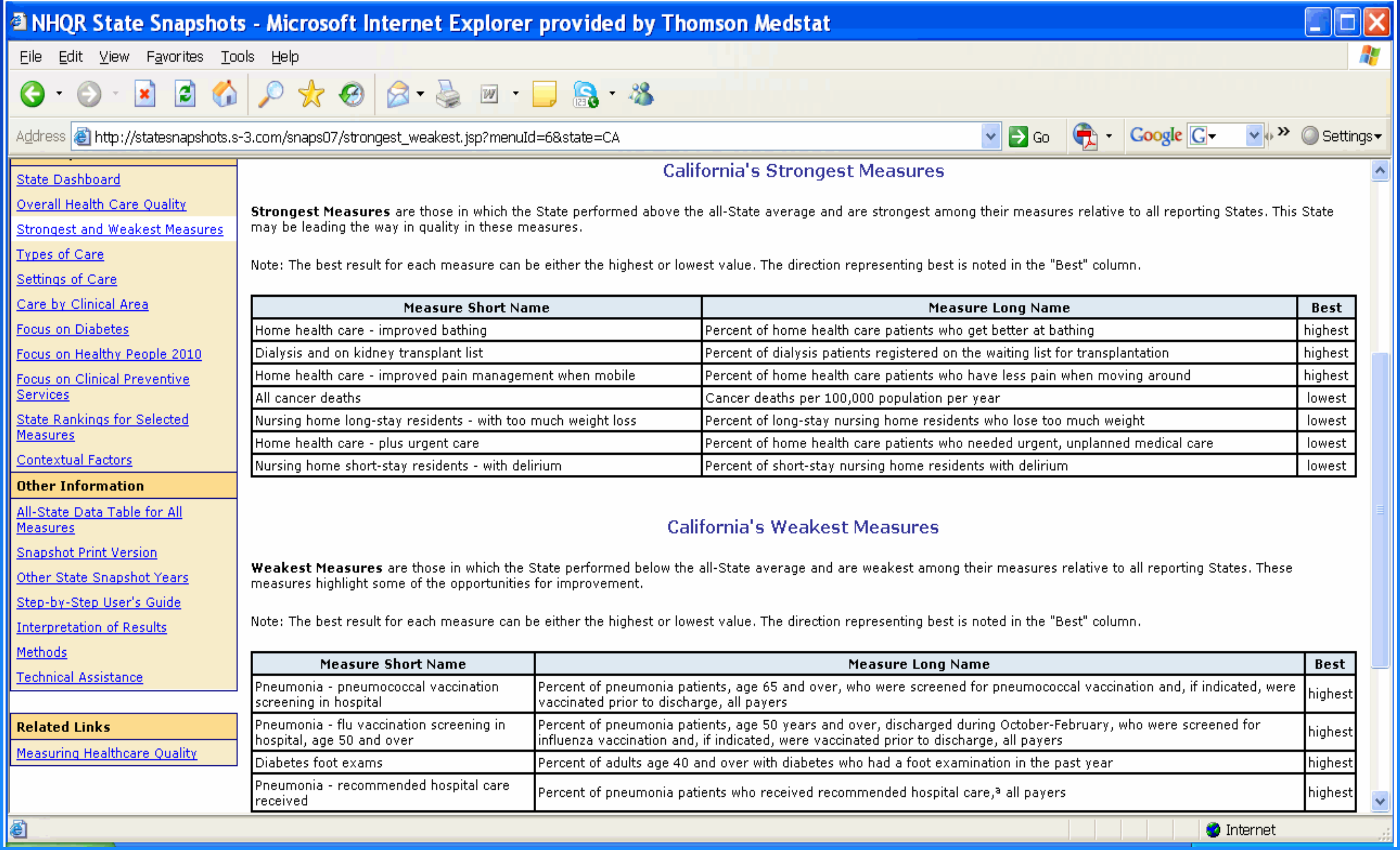

Average
Weak
Strong
Very Weak
Very Strong
Performance Meter: All Measures

  - A subset of NHQR measures (e.g., hospital measures)
  - Classify each state's performance for each measure:
    - First, calculate all-state and regional averages
    - Then, determine if state is statistically *better than* average, *average*, or *worse than* average
  - Score state for results across all NHQR measures in subset
    - Each better than average measure = 1 point
    - Each average measure = 0.5 point
    - Each worse than average = 0 points
  - Sum points and divide by the number of measures

State Snapshots: Individual Measures

- 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: Strongest & Weakest Measures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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
Home health care - improved bathing	Percent of home health care patients who get better at bathing	highest
Dialysis and on kidney transplant list	Percent of dialysis patients registered on the waiting list for transplantation	highest
Home health care - improved pain management when mobile	Percent of home health care patients who have less pain when moving around	highest
All cancer deaths	Cancer deaths per 100,000 population per year	lowest
Nursing home long-stay residents - with too much weight loss	Percent of long-stay nursing home residents who lose too much weight	lowest
Home health care - plus urgent care	Percent of home health care patients who needed urgent, unplanned medical care	lowest
Nursing home short-stay residents - with delirium	Percent of short-stay nursing home residents with delirium	lowest

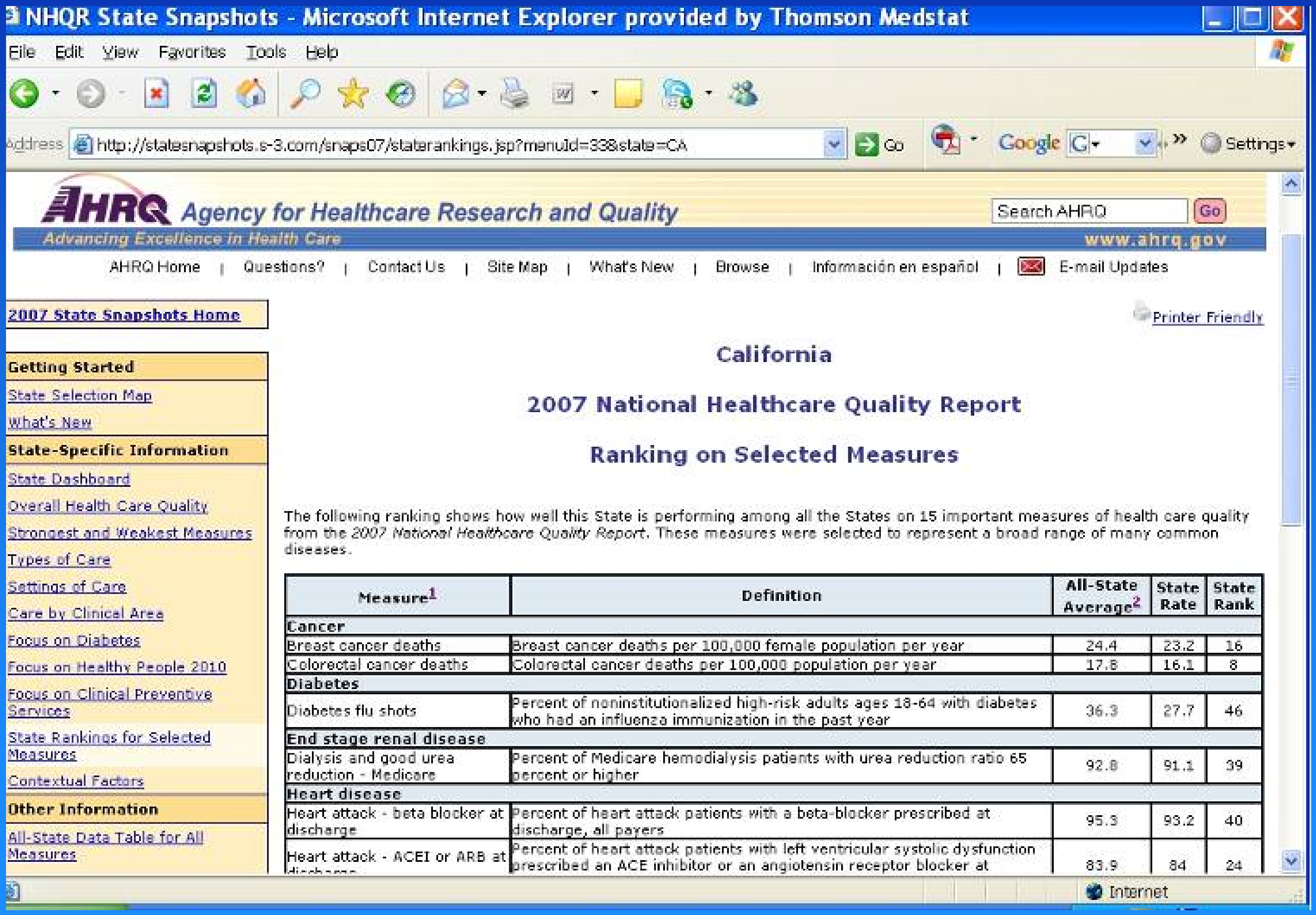
California's Weakest Measures

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
Pneumonia - pneumococcal vaccination screening in hospital	Percent of pneumonia patients, age 65 and over, who were screened for pneumococcal vaccination and, if indicated, were vaccinated prior to discharge, all payers	highest
Pneumonia - flu vaccination screening in hospital, age 50 and over	Percent of pneumonia patients, age 50 years and over, discharged during October-February, who were screened for influenza vaccination and, if indicated, were vaccinated prior to discharge, all payers	highest
Diabetes foot exams	Percent of adults age 40 and over with diabetes who had a foot examination in the past year	highest
Pneumonia - recommended hospital care received	Percent of pneumonia patients who received recommended hospital care,^{a} all payers	highest

State Snapshots: State Rankings on Core Measures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California

2007 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 *2007 National Healthcare Quality Report*. These measures were selected to represent a broad range of many common diseases.

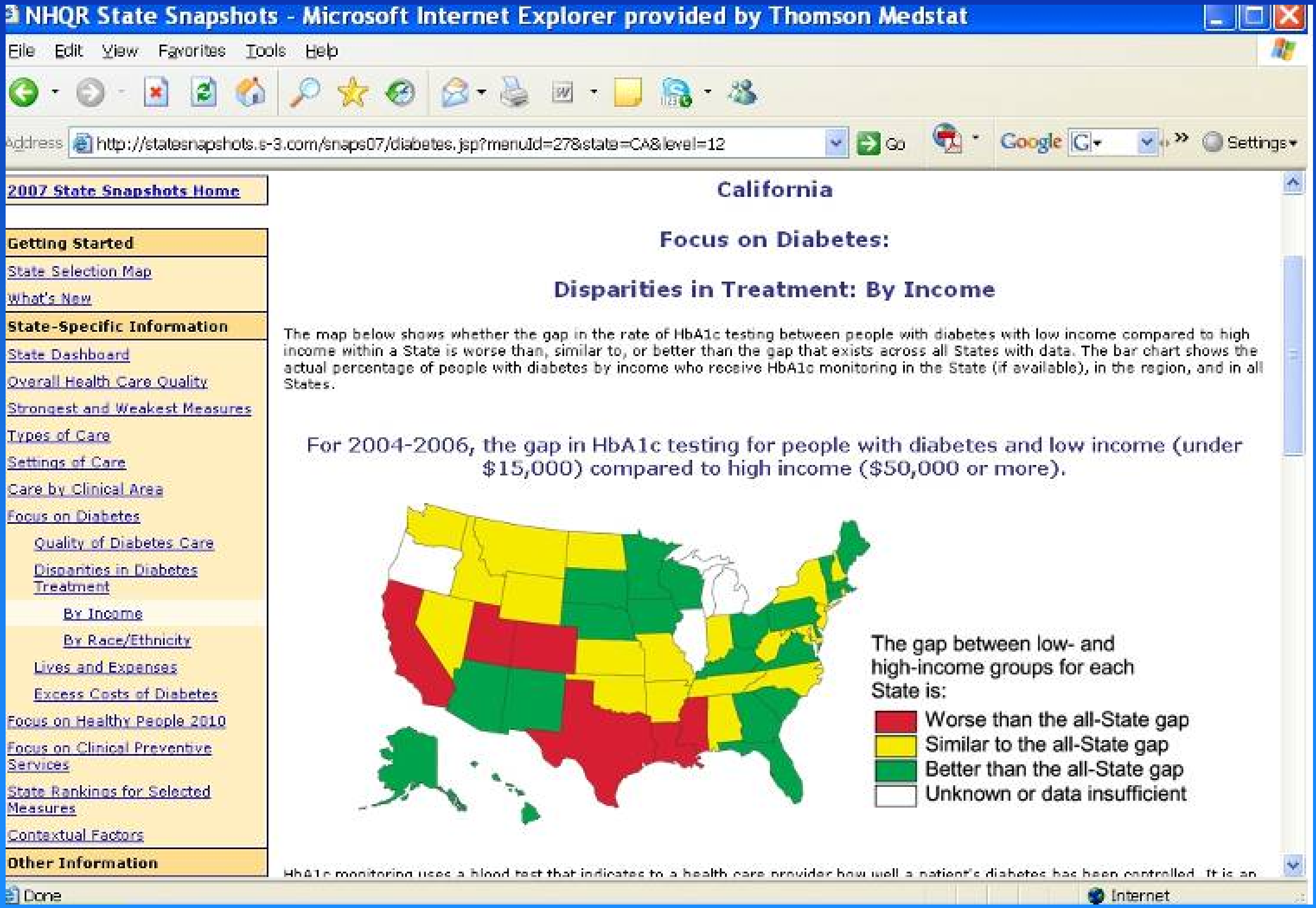
Measure[1]	Definition	All-State Average[2]	State Rate	State Rank
Cancer				
Breast cancer deaths	Breast cancer deaths per 100,000 female population per year	24.4	23.2	16
Colorectal cancer deaths	Colorectal cancer deaths per 100,000 population per year	17.8	16.1	8
Diabetes				
Diabetes flu shots	Percent of noninstitutionalized high-risk adults ages 18-64 with diabetes who had an influenza immunization in the past year	36.3	27.7	46
End stage renal disease				
Dialysis and good urea reduction - Medicare	Percent of Medicare hemodialysis patients with urea reduction ratio 65 percent or higher	92.8	91.1	39
Heart disease				
Heart attack - beta blocker at discharge	Percent of heart attack patients with a beta-blocker prescribed at discharge, all payers	95.3	93.2	40
Heart attack - ACEI or ARB at	Percent of heart attack patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or an angiotensin receptor blocker at	83.9	84	24

State Snapshots: Focus on Diabetes

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

Average
Weak
Strong
Very Weak
Very Strong
Performance Meter: All Measures

Snapshot Focus on Diabetes: Disparities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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. The bar chart shows the actual percentage of people with diabetes by income who receive HbA1c monitoring in the State (if available), in the region, and in all States.

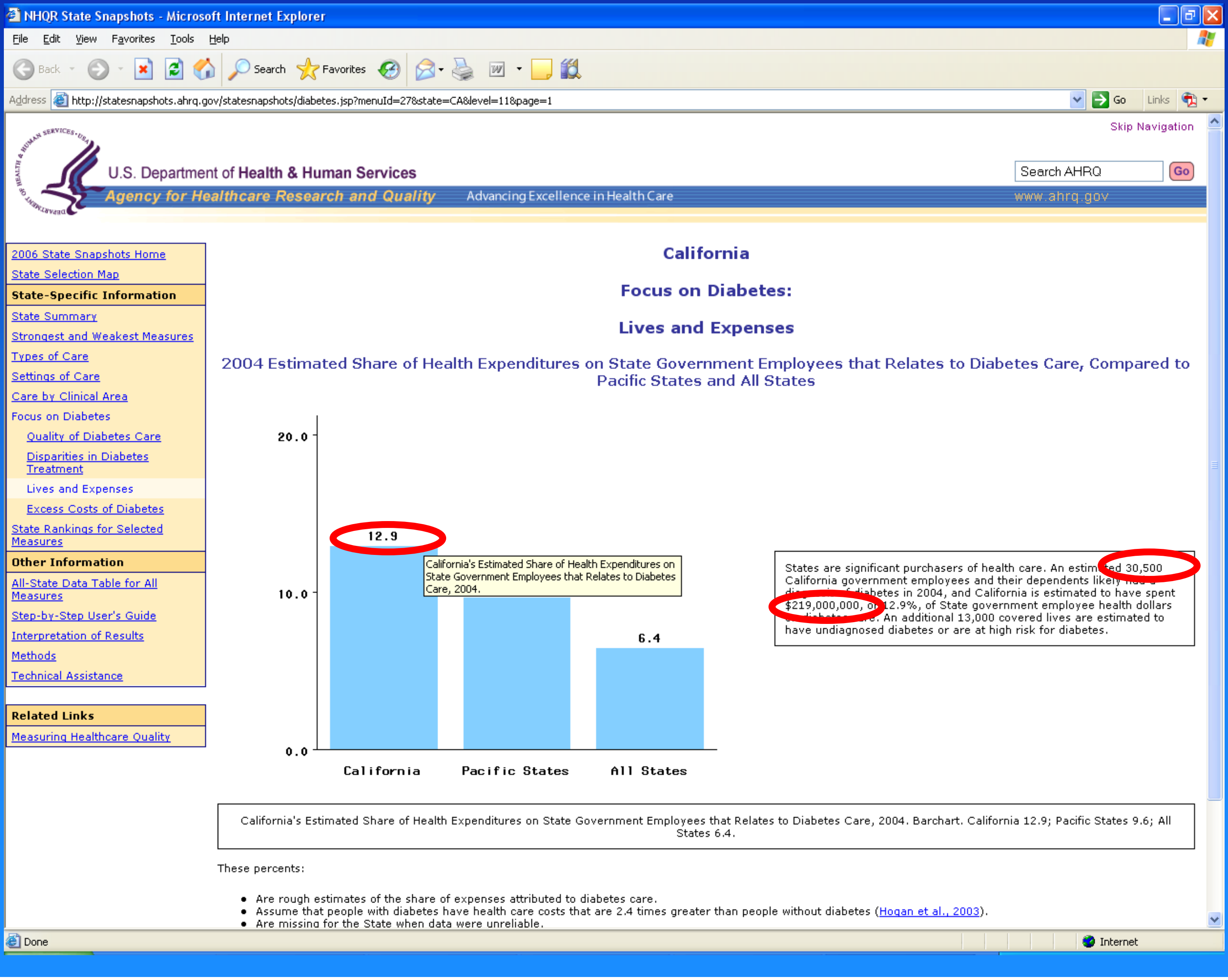
For 2004-2006, the gap in HbA1c testing for people with diabetes and low income (under $15,000) compared to high income ($50,000 or more).

The gap between low- and high-income groups for each State is:

- 🟥 Worse than the all-State gap
- 🟨 Similar to the all-State gap
- 🟩 Better than the all-State gap
- ☐ Unknown or data insufficient

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

Snapshots Focus on Diabetes: Lives & $ – State Gov’t Employees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All States
California's Estimated Share of Health Expenditures on State Government Employees that Relates to Diabetes Care, 2004.
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- Technical Assistance

Related Links

- Measuring Healthcare Quality

California

Focus on Diabetes:

Lives and Expenses

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

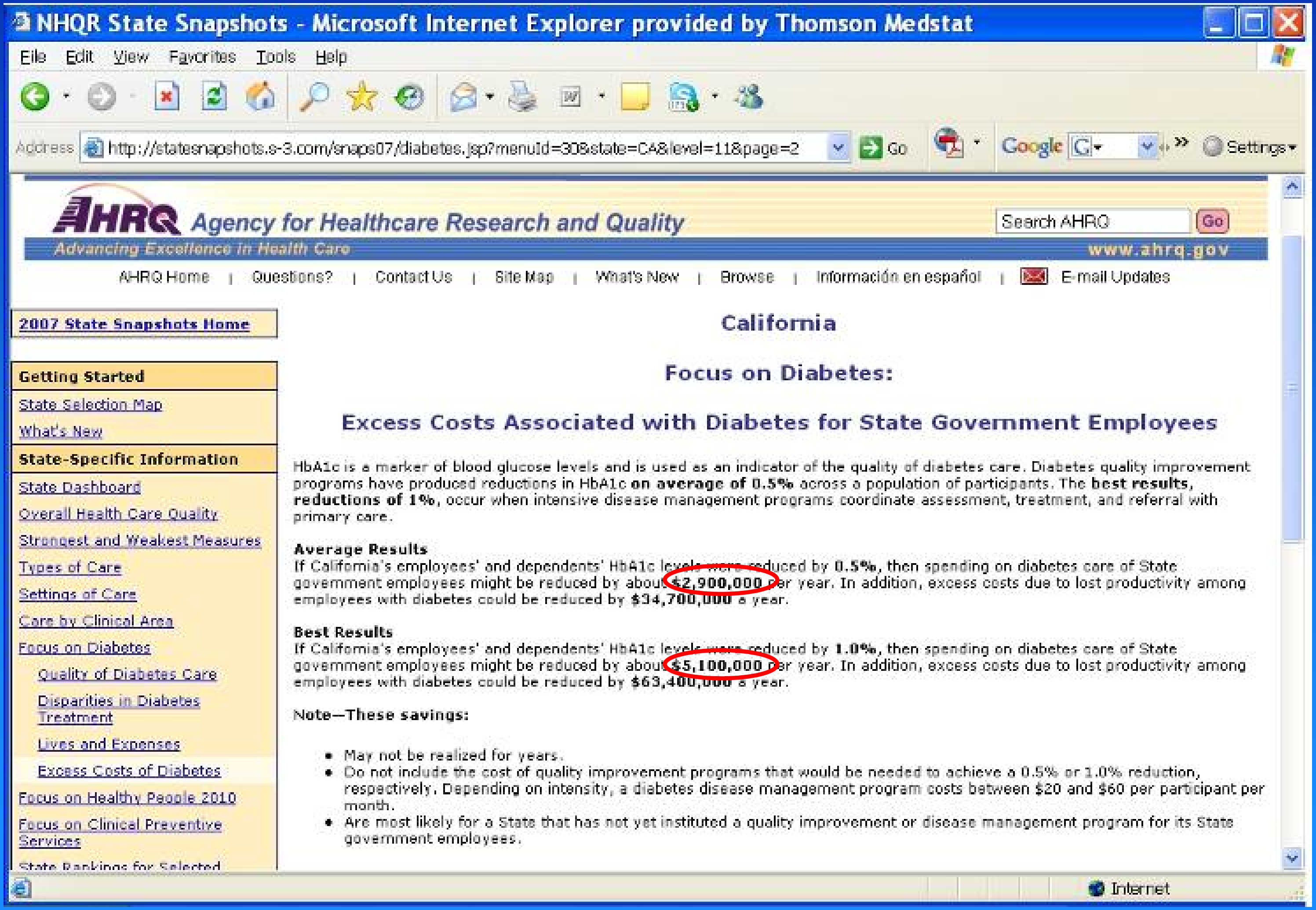
States are significant purchasers of health care. An estimated 30,500 California government employees and their dependents likely had a diagnosis of diabetes in 2004, and California is estimated to have spent $219,000,000, or 12.9%, of State government employee health dollars on diabetes care. An additional 13,000 covered lives are estimated to have undiagnosed diabetes or are at high risk for diabetes.

California's Estimated Share of Health Expenditures on State Government Employees that Relates to Diabetes Care, 2004. Barchart. California 12.9; Pacific States 9.6; All States 6.4.

These percents:

- Are rough estimates of the share of expenses attributed to diabetes care.
- Assume that people with diabetes have health care costs that are 2.4 times greater than people without diabetes (Hogan et al., 2003).
- Are missing for the State when data were unreliable.

Snapshots Focus on Diabetes: Excess $ – State Gov't Employees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Focus on Diabetes:

Excess Costs Associated with Diabetes for State Government Employees

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
If California's employees' and dependents' HbA1c levels were reduced by **0.5%**, then spending on diabetes care of State government employees might be reduced by about **$2,900,000** per year. In addition, excess costs due to lost productivity among employees with diabetes could be reduced by **$34,700,000** a year.

Best Results
If California's employees' and dependents' HbA1c levels were reduced by **1.0%**, then spending on diabetes care of State government employees might be reduced by about **$5,100,000** per year. In addition, excess costs due to lost productivity among employees with diabetes could be reduced by **$63,400,000** a year.

Note—These savings:

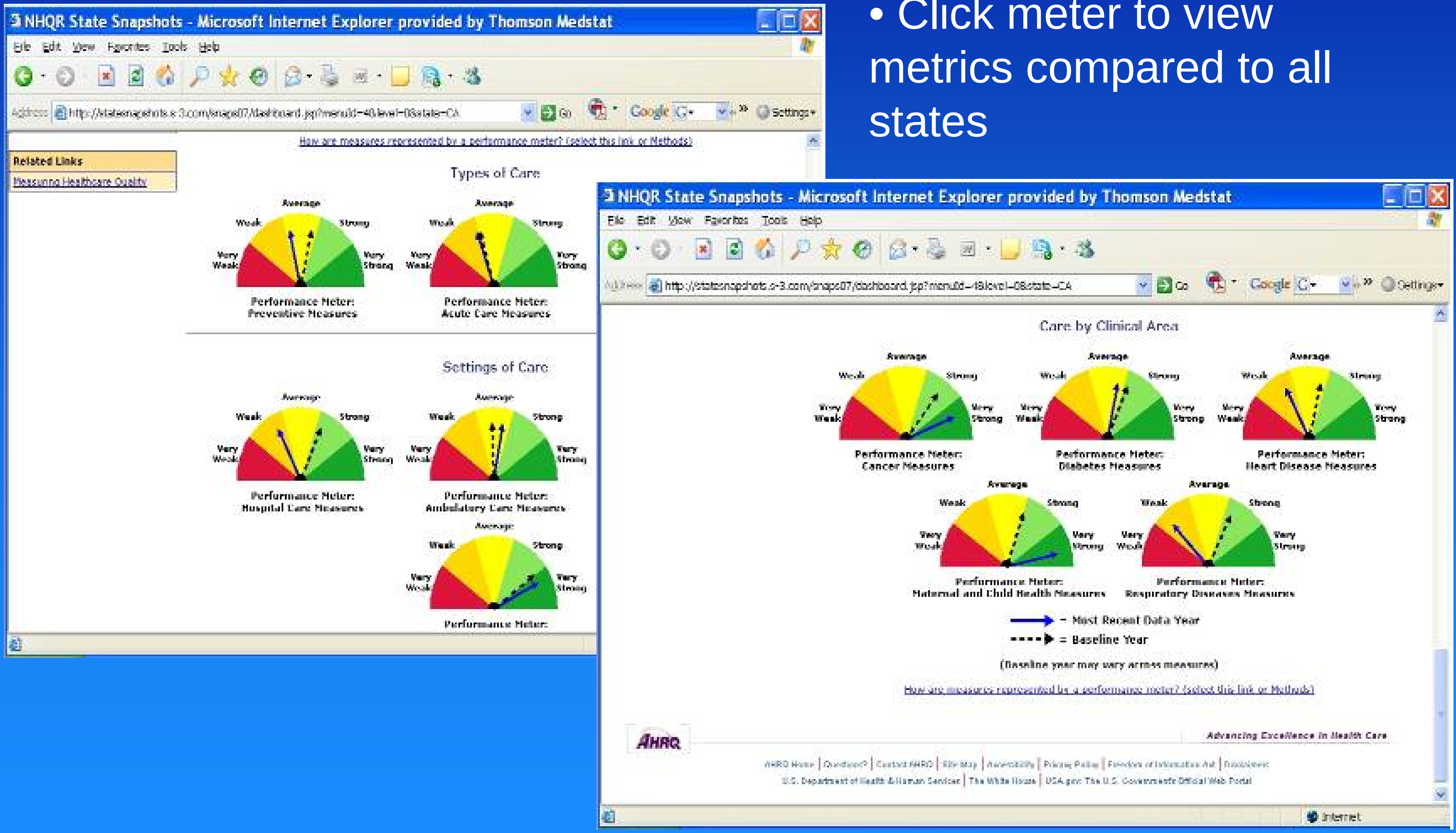
- May not be realized for years.
- Do not include the cost of quality improvement programs that would be needed to achieve a 0.5% or 1.0% reduction, respectively. Depending on intensity, a diabetes disease management program costs between $20 and $60 per participant per month.
- Are most likely for a State that has not yet instituted a quality improvement or disease management program for its State government employees.

State Snapshots: What's New for 2007

- State Dashboards
  - All of a State's summary meters
- Focus on Healthy People 2010 Table
  - State's performance on goals
- Focus on Clinical Preventive Services Meter
  - State's performance on recommended services
- Contextual Dials of State's environment:
    - Demographics
    - Population health status
    - Health care

State Dashboard: Performance Meters all in one Place

- Click meter to view metrics compared to all states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Performance Meter: Heart Disease Measures
Performance Meter: Maternal and Child Health Measures
Performance Meter: Respiratory Diseases Measures
= Most Recent Data Year
= Baseline Year
(Baseline year may vary across measures)
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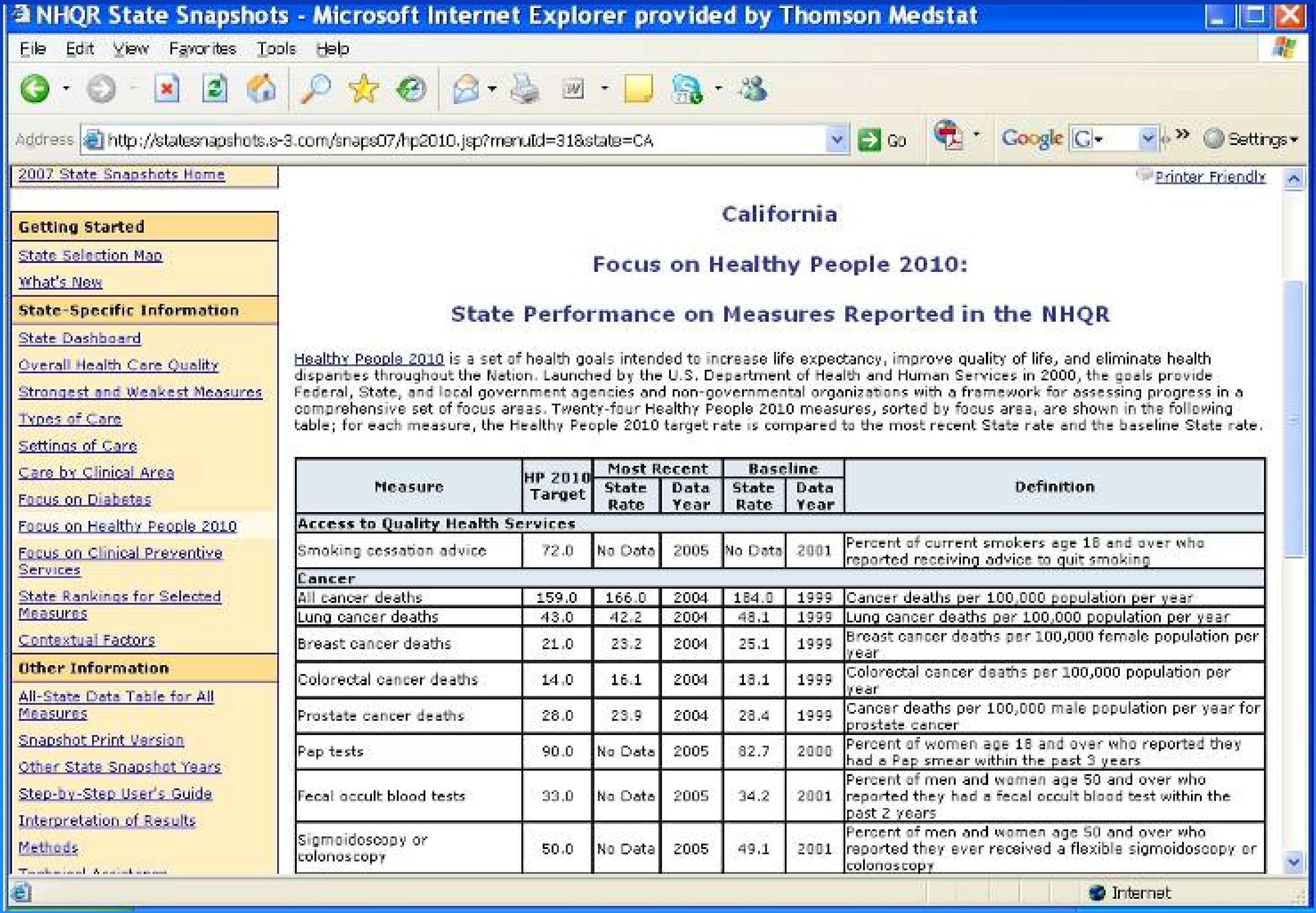
State Performance on Healthy People 2010 Goals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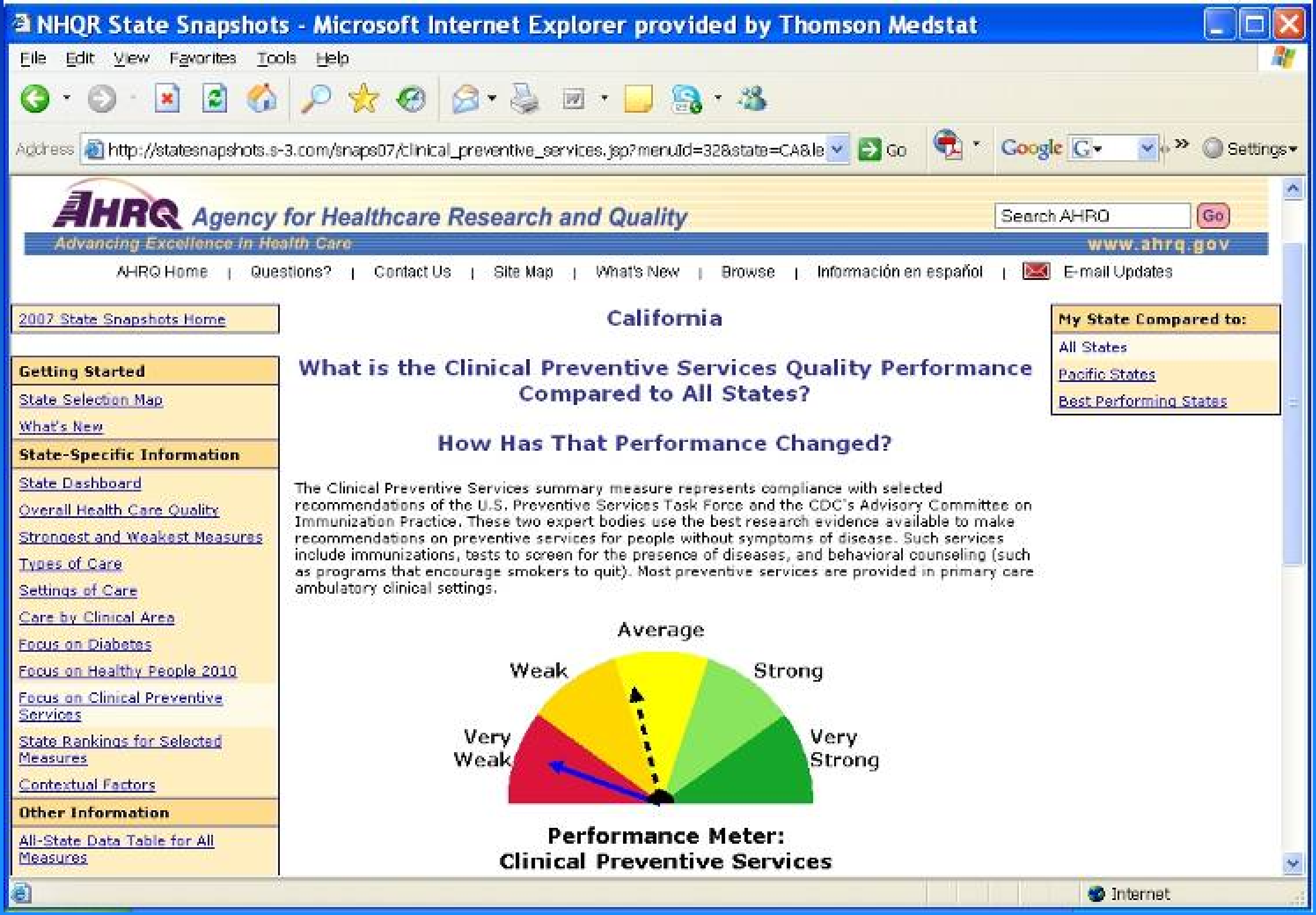
Focus on Healthy People 2010:

State Performance on Measures Reported in the NHQR

Healthy People 2010 is a set of health goals intended to increase life expectancy, improve quality of life, and eliminate health disparities throughout the Nation. Launched by the U.S. Department of Health and Human Services in 2000, the goals provide Federal, State, and local government agencies and non-governmental organizations with a framework for assessing progress in a comprehensive set of focus areas. Twenty-four Healthy People 2010 measures, sorted by focus area, are shown in the following table; for each measure, the Healthy People 2010 target rate is compared to the most recent State rate and the baseline State rate.

Measure	HP 2010 Target	Most Recent		Baseline		Definition
		State Rate	Data Year	State Rate	Data Year	
Access to Quality Health Services						
Smoking cessation advice	72.0	No Data	2005	No Data	2001	Percent of current smokers age 18 and over who reported receiving advice to quit smoking
Cancer						
All cancer deaths	159.0	166.0	2004	184.0	1999	Cancer deaths per 100,000 population per year
Lung cancer deaths	43.0	42.2	2004	48.1	1999	Lung cancer deaths per 100,000 population per year
Breast cancer deaths	21.0	23.2	2004	25.1	1999	Breast cancer deaths per 100,000 female population per year
Colorectal cancer deaths	14.0	16.1	2004	18.1	1999	Colorectal cancer deaths per 100,000 population per year
Prostate cancer deaths	28.0	23.9	2004	28.4	1999	Cancer deaths per 100,000 male population per year for prostate cancer
Pap tests	90.0	No Data	2005	82.7	2000	Percent of women age 18 and over who reported they had a Pap smear within the past 3 years
Fecal occult blood tests	33.0	No Data	2005	34.2	2001	Percent of men and women age 50 and over who reported they had a fecal occult blood test within the past 2 years
Sigmoidoscopy or colonoscopy	50.0	No Data	2005	49.1	2001	Percent of men and women age 50 and over who reported they ever received a flexible sigmoidoscopy or colonoscopy

State Performance in Clinical Preventive Services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What is the Clinical Preventive Services Quality Performance Compared to All States?

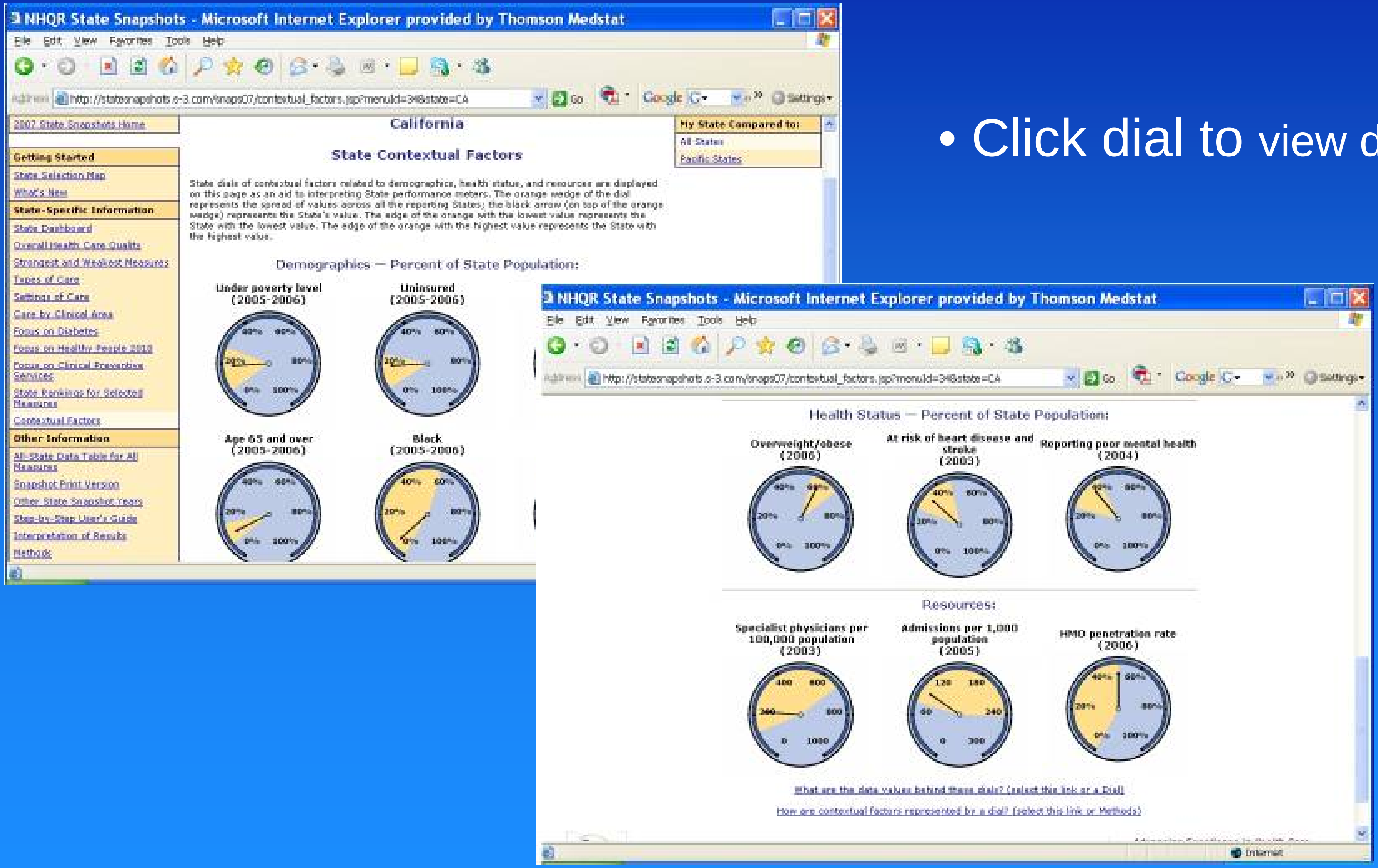
How Has That Performance Changed?

The Clinical Preventive Services summary measure represents compliance with selected recommendations of the U.S. Preventive Services Task Force and the CDC's Advisory Committee on Immunization Practice. These two expert bodies use the best research evidence available to make recommendations on preventive services for people without symptoms of disease. Such services include immunizations, tests to screen for the presence of diseases, and behavioral counseling (such as programs that encourage smokers to quit). Most preventive services are provided in primary care ambulatory clinical settings.

Average
Weak
Strong
Very Weak
Very Strong

Performance Meter: Clinical Preventive Services

State Contextual Factors



NHQR State Snapshots - Microsoft Internet Explorer provided by Thomson Medstat
File Edit View Favorites Tools Help
Address http://statesnapshots.s-3.com/snaps07/contextual_factors.jsp?menuId=34&state=CA
Go
Google
Settings
2007 State Snapshots Home
Getting Started
State Selection Map
What's New
State-Specific Information
State Dashboard
Overall Health Care Quality
Strongest and Weakest Measures
Types of Care
Settings of Care
Care by Clinical Area
Focus on Diabetes
Focus on Healthy People 2010
Focus on Clinical Preventive Services
State Rankings for Selected Measures
Contextual Factors
Other Information
All-State Data Table for All Measures
Snapshot Print Version
Other State Snapshot Years
Step-by-Step User's Guide
Interpretation of Results
Methods
My State Compared to:
All States
Pacific States

California

State Contextual Factors

State dials of contextual factors related to demographics, health status, and resources are displayed on this page as an aid to interpreting State performance meters. The orange wedge of the dial represents the spread of values across all the reporting States; the black arrow (on top of the orange wedge) represents the State's value. The edge of the orange with the lowest value represents the State with the lowest value. The edge of the orange with the highest value represents the State with the highest value.

Demographics — Percent of State Population:

Under poverty level (2005-2006)
Uninsured (2005-2006)
Age 65 and over (2005-2006)
Black (2005-2006)
0% 20% 40% 60% 80% 100%

Health Status — Percent of State Population:

Overweight/obese (2006)
At risk of heart disease and stroke (2003)
Reporting poor mental health (2004)
0% 20% 40% 60% 80% 100%

Resources:

Specialist physicians per 100,000 population (2003)
0 200 400 600 800 1000
Admissions per 1,000 population (2005)
0 60 120 180 240 300
HMO penetration rate (2006)
0% 20% 40% 60% 80% 100%
Internet

What are the data values behind these dials? (select this link or a Dial)

How are contextual factors represented by a dial? (select this link or Methods)

- Click dial to view data

General Questions about Snapshots?

Questions about Snapshots (Workshop, Special Request)

- Can the Snapshots help states set priorities? -- which measures are most important?
- Can Snapshots be redesigned:
  - Users define own state-group comparison?
  - Data by payer type?
  - Data by sub-state geography?
- Could severity adjustments be made for state environments (*e.g.*, LTC patient acuity)?

Snapshots & Priority Setting? -- Yes

- View the dashboard
  - Which settings/areas strongest? Which weakest?
  - Do the sniff test: Do they confirm what you know about healthcare in your state?
- Examine measures behind the meters to determine:
  - What is being measured?
  - Are some particularly problematic?
- Vet the results:
  - Contact subject area experts in your state
  - Convene a group to discuss Snapshot results
  - Are current priorities supported? Are new ones apparent?
  - Next steps for your State?
- Let AHRQ know what transpires, esp. data problems

Snapshots Redesign?

- Users define own state-group comparison?
  - Complicates design of Web site, considerably
  - Need to evaluate feasibility and cost
  - One approach: Specify types of comparisons:
    - Low-population-density-states comparison
    - High-poverty-states comparison
    - Magnet-for-tertiary-care-states comparison
    - Others?
- Do you have comments on the value of this?

Snapshots Redesign?

- Report data by payer type?
  - We think it's feasible within state only for HCUP:
    - HCUP hospital quality indicators by Medicaid, Medicare, Private Insurance, Uninsured
  - Need to assess two things:
    - Which data sources are all-payer?
      - Then recalculate rates by payer
      - Then examine cell sizes
    - Which single payers (e.g.: Medicare, Medicaid) collect the same indicators?
      - Then assess whether enough measures to combine them
- Do you have comments on the value of this?

Snapshots Redesign?

- Report data by sub-state geography?
  - Depends on detail in data source:
    - HCUP has ZipCode but may not identify hospitals
    - BRFSS may report by county in future
  - Need to assess:
    - Data sets for confidentiality issues
    - Meaningful groupings of counties in each state
  - Major undertaking

- Do you have comments on the value of this?

Snapshots & Severity Adjustment

- Could severity adjustments be made for state environments (*e.g.*, LTC patient acuity)?
  - Suggest data runs to estimate/compare MDS estimates for nursing home patients by acuity level
  - Beyond Snapshots
- On severity & NHQR, generally:
  - Some NHQR measures incorporate severity-adjustment (*e.g.*, AHRQ hospital quality measures)
  - Typically, underlying data or methods not available for severity adjustment
  - Need specialized data and research methods

Questions?
Feedback?

Future Technical Assistance Needs?

Additional Resources

NHQR/NHDR Resources:

- NHQR/NHDR reports: http://www.ahrq.gov/qual/measurix.htm
- Request Reports: 1-800-358-9295 ahrqpubs@ahrq.gov
- State Snapshots: http://statesnapshots.ahrq.gov
- Summary version of individual State Snapshots: http://statesnapshots.ahrq.gov/snaps07/snapshot_print.jsp?menuId=36&state=CA

Contact:

- Margie Shofer, Marjorie.Shofer@ahrq.hhs.gov

  Senior Program Analyst, Office of Communications and Knowledge Transfer

For further details about additional follow-on technical assistance:

- http://www.academyhealth.org/ahrq/qualitytools/index.htm.