



National Healthcare Reporting: Quality and Disparities Reports

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and Patient Safety



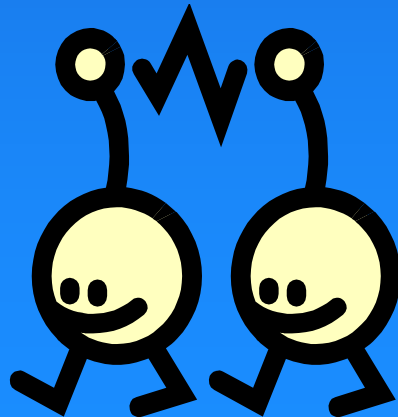
Congressional Mandate

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

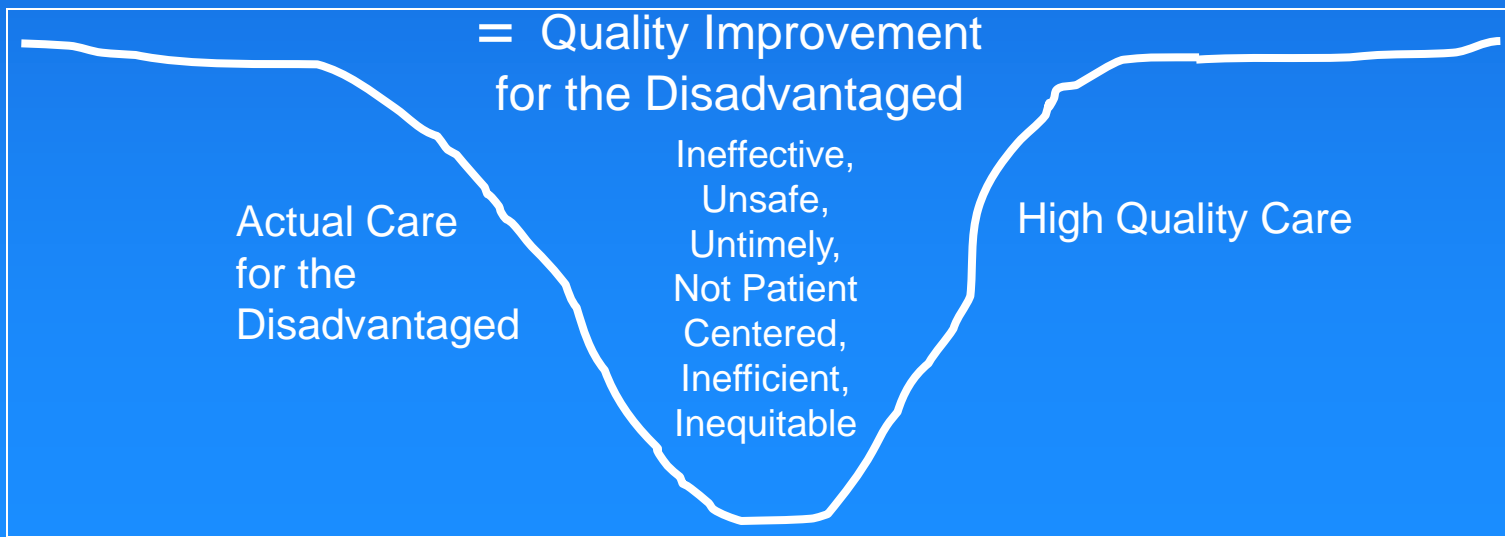
- “National trends in the quality of health care provided to the American people”
- “Prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations”

Paired Reports

NHQR	NHDR
Snapshot of quality of health care in America	Snapshot of disparities in health care in American
Quality	Quality + Access
Variation across states	Variation across populations



Linking Disparities & Quality





Goals of National Healthcare Reports

■ National Level

- Provide assessment of quality and disparities
- Provide baselines to track progress
- Identify information gaps
- Emphasize interdependence of quality and disparities
- Promote awareness and change

■ State / Local / Provider Level

- Provide tools for self-assessment
- Provide national benchmarks
- Promote awareness and change



Measure Topics

Quality of Health Care

■ Effectiveness

- Cancer, Diabetes, ESRD, Heart Disease, HIV/AIDS, Maternal and Child Health, Mental Disease, Respiratory Disease, Nursing Home and Home Health Care

■ Safety

■ Timeliness

■ Patient centeredness

Access to Health Care

■ Getting into the system

- Insurance, Usual Source of Care, Perceptions of Need

■ Perceptions of care

- Patient-provider communication, relationship

■ Health care use



Databases

■ Surveys collected from samples of civilian, noninstitutionalized populations:

- AHRQ, Medical Expenditure Panel Survey (MEPS), 1998-2000
- California Health Interview Survey (CHIS), 2001
- CDC-NCHS, National Health and Nutrition Examination Survey (NHANES), 1999-2000
- CDC-NCHS, National Health Interview Survey (NHIS), 1998 and 2000
- CDC-NCHS/National Immunization Program, National Immunization Survey (NIS), 2001
- CMS, Medicare Current Beneficiary Survey (MCBS), 1999
- The Commonwealth Fund, Health Care Quality Survey, 2001
- NCHS, National Health and Nutrition Examination Survey (NHANES), 1999-2000
- NCHS, National Health Interview Survey (NHIS), 1998 and 2000
- NCHS, National Immunization Survey (NIS), 2001
- SAMHSA, National Household Survey of Drug Abuse (NHSDA), 2000.

■ Data collected from samples of health care facilities:

- CDC-NCHS, National Ambulatory Medical Care Survey (NAMCS), 1999-2000
- CDC-NCHS, National Home and Hospice Care Survey (NHHCS), 2000
- CDC-NCHS, National Hospital Ambulatory Medical Care Survey-Outpatient Department (NHAMCS-OPD), 1999-2000
- CDC-NCHS, National Hospital Ambulatory Medical Care Survey-Emergency Department (NHAMCS-ED), 1999-2000
- CDC-NCHS, National Hospital Discharge Survey (NHDS), 1998-2000
- CDC-NCHS National Nursing Home Survey (NNHS), 1999
- CMS, End-Stage Renal Disease Clinical Performance Measurement Program, 2001
- CMS, Nursing Home Resident Profile Table, 2001
- NCHS, National Ambulatory Medical Care Survey (NAMCS), 1999-2000
- NCHS, National Home and Hospice Care Survey (NHHCS), 2000
- NCHS, National Hospital Ambulatory Medical Care Survey-Outpatient Department (NHAMCS-OPD), 1999-2000
- NCHS, National Hospital Ambulatory Medical Care Survey-Emergency Department (NHAMCS-ED), 1999-2000
- NCHS, National Hospital Discharge Survey (NHDS), 1998-2000
- NCHS's National Nursing Home Survey (NNHS), 1999
- NIH, United States Renal Data System (USRDS), 2000
- SAMHSA, Client/Patient Survey Sample (CPSS), 1997.
- CMS, Quality Indicators program, 1998-1999.

■ Data extracted from administrative data systems of health care organizations:

- AHRQ, Healthcare Cost and Utilization Project State Inpatient Databases 16- State database (HCUP SID), 2000
- Medicare claim data from CMS
- HIV Research Network data (HIVRN), 2000.

■ Data from surveillance and vital statistics systems:

- CDC-National Center for HIV, STD, and TB Prevention, HIV/AIDS Surveillance System, 2000
- CDC-National Center for HIV, STD, and TB Prevention, TB Surveillance System, 1998-1999
- CDC-NCHS, National Vital Statistics System (NVSS), 2000
- NIH, Surveillance, Epidemiology, and End Results (SEER) program.



QIs in the NHQR

- Source: NIS, SID
- Quality of Care 2003
 - Admissions for diabetes
 - Admissions for pediatric gastroenteritis
 - Admissions for influenza
 - Admissions for asthma
 - Patient Safety Indicators
- Quality of Care 2004 & 2005
 - Most IQIs: Cancer, cardiovascular disease, pneumonia



QIs in the NHDR

- Source: NHDR Analytic File
 - 22 States with “good” race data
 - 65% of hospital discharges
 - Imputation
 - Weighting to national estimates
- Quality of Care: Same as NHQR
- Access to Care
 - Avoidable admissions: hypertension, angina, COPD, pneumonia, perforated appendix



New in the 2005 Reports

- Core Report Measures: 46 quality, 13 access
- Cross-walk to patient perceptions of care
- New data: Hospital Compare, NPCR, TEDS
- New measures: HIV, mental health care, substance abuse treatment
- New composite measures: AMI, heart failure, pneumonia, provider communication
- New analyses: Annual % change in quality, change in disparities



Preliminary NHQR Findings

- Health Care Quality Continues To Improve at a Modest Pace Across Most Measures of Quality
 - 10:1 ratio of measures improved to declined
 - Overall improvement rate: 2.8%
- Health Care Quality Improvement Is Variable, With Notable Areas of High Performance
 - Patient safety: 10.2%
 - QIO Measures: 9.2%
 - Effectiveness measures: 2.8%



Preliminary NHQR Findings

- Many measures showing significant improvement still far from Healthy People 2010 goals
 - 70 years to reach goal for dialysis patients waiting for transplant
- Many measures slower to change & present significant challenges to quality improvement
 - Smoking: Over a third of patients hospitalized for heart attack are not advised to quit smoking and rate has not changed over past 3 years



Preliminary NHDR Findings

- **Disparities are still pervasive**
 - Blacks & American Indians worse off on 40% of quality measures, 50% of access measures
 - Hispanics worse off on 50% of quality & 90% of access measures
 - Poor worse off than high income on 85% of quality & 100% of access measures
- **Many disparities are diminishing**
 - Racial disparities are growing smaller rather than larger for 60% of quality core report measures & 100% of access measures



Preliminary NHDR Findings

- Opportunities for improvement remain
 - All groups worse off on some measures of care
 - All groups worse off on some measures of care where the gap is growing larger
- Information about disparities is improving
 - Each year, more, better, & new data – & fewer gaps
 - New measures
 - New MEPS variables: language, country of origin



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