



*Agency for Healthcare Research and Quality*

*Advancing Excellence in Health Care*

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# National Healthcare Quality Report: Overview of Findings

APHA Annual Meeting; November 5, 2007

Center for Quality Improvement  
and Patient Safety

Jeffrey Brady, MD, MPH



# Presentation Outline

- The National Healthcare Reports:
  - Background
  - Purpose
  - What's new this year
- 2006 Reports findings
  - Highlights
- State Snapshots
- What next? The Fifth Year for the Reports



# I. The National Healthcare Reports: Background, Purpose and What's New this year



# Reports Mandates

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

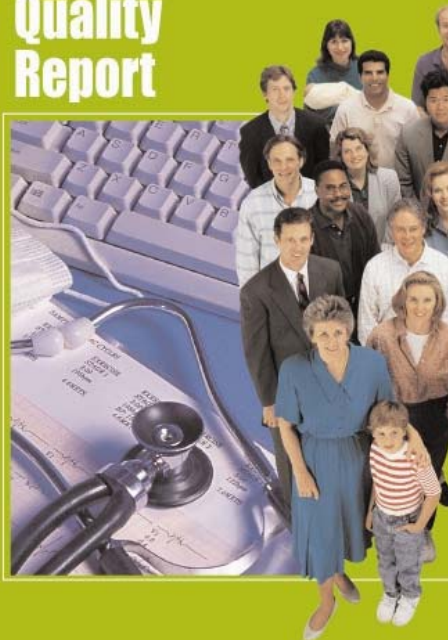
- “Beginning in fiscal year 2003, the Secretary, acting through the Director, shall submit to Congress an annual report on national trends in the quality of health care provided to the American people.”
- To track “prevailing disparities in health care delivery as it relates to racial factors and socioeconomic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



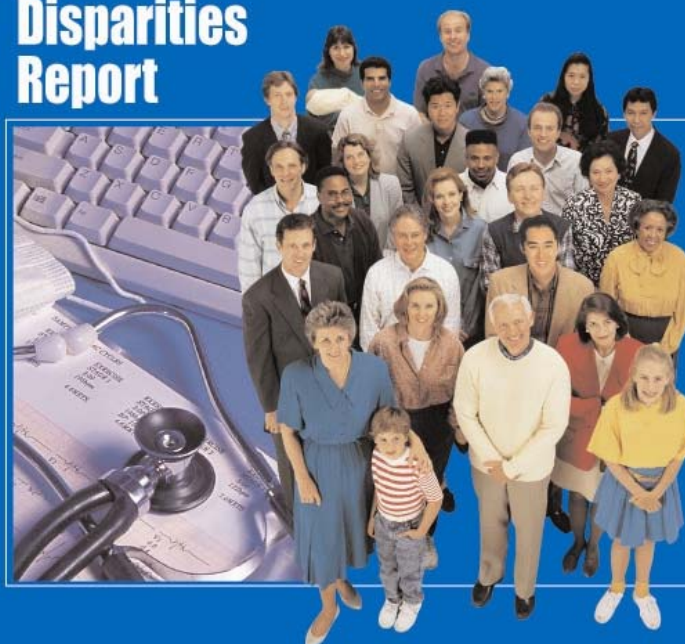


# 2006 National Healthcare Quality and Disparities Reports

## 2006 National Healthcare Quality Report



## 2006 National Healthcare Disparities Report



Released  
Jan 11



# Why Are These Reports Useful?

- Provide a snapshot of how well we are delivering care
  - 42 core measures of quality and access
  - Lays out the “biggest gaps”
- Indicate where we are going
  - National and State trends from 1994 forward
- Tell us what may be helpful in getting us to our goals
- Help advance measure alignment across public and private quality initiatives





# How the NHQR and NHDR Are Related

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



# Goals of the 4<sup>th</sup> Annual 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, change and measure alignment

## ■ State / Local / Provider Level

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



# 2006 Reports Structure

## Measure Types

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



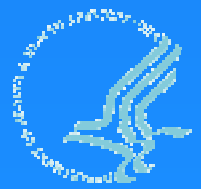
# Reports Content/Organization

- Effectiveness
  - Cancer
  - Diabetes
  - End Stage Renal Disease (ESRD)
  - Heart Disease
  - HIV and AIDS
  - Maternal and Child Health
  - Mental Health, Home Health,  
and Hospice Care

- Patient Safety
- Timeliness
- Patient Centeredness
- Access to Health Care
- Priority Populations

NHQR

NHDR



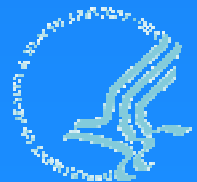
# Dimensions for Analysis

- 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



# Databases, 2006

- At least 33 different databases
- Includes:
  - Surveys collected from samples of civilian, noninstitutionalized populations:
    - e.g.,
    - AHRQ, Medical Expenditure Panel Survey (MEPS), 1999-2003
    - CDC-NCHS, National Health and Nutrition Examination Survey (NHANES), 1999-2002
    - CMS, Medicare Current Beneficiary Survey (MCBS), 1998-2002
  - Data collected from samples of health care facilities and providers:
    - e.g.,
    - CDC-NCHS, National Ambulatory Medical Care Survey (NAMCS), 1999-2003
    - CDC-NCHS, National Hospital Discharge Survey (NHDS), 1998-2004
    - CMS, End-Stage Renal Disease Clinical Performance Measurement Program, 2001-2004
  - Data extracted from administrative data systems of health care organizations:
    - e.g.,
    - AHRQ, Healthcare Cost and Utilization Project State Inpatient Databases, 2001-2003, and HCUP Nationwide Inpatient Sample, 1994-2003
    - CMS, Hospital Compare, 2005
    - HIV Research Network data (HIVRN), 200—2003
  - Data from surveillance and vital statistics systems:
    - e.g.,
    - CDC, National Program of Cancer Registries (NPCR) 2002-2003
    - CDC-National Center for HIV, STD, and TB Prevention, HIV/AIDS Surveillance System, 2000-2004
    - CDC-National Center for HIV, STD, and TB Prevention, TB Surveillance System, 1999-2002
    - CDC-NCHS, National Vital Statistics System (NVSS), 1999-2003
    - NIH, Surveillance, Epidemiology, and End Results (SEER) program, 1992-2003



# New in the 2006 Reports

- **Measures:** Obesity, hospice care, adverse drug events, communication in hospital, workforce diversity, language assistance
- **Composite measures**
  - Complications: postoperative, central lines, peri-operative antibiotics
  - Communication in Hospital: doctors, nurses, medications, discharge
- **Data:** Hospital CAHPS Survey, NHPCO Family Evaluation of Hospice Care, CHSHC Community Tracking Survey
- **Analyses:** More trends, Hispanic subpopulations, Uninsurance





## II. 2006 Report Findings





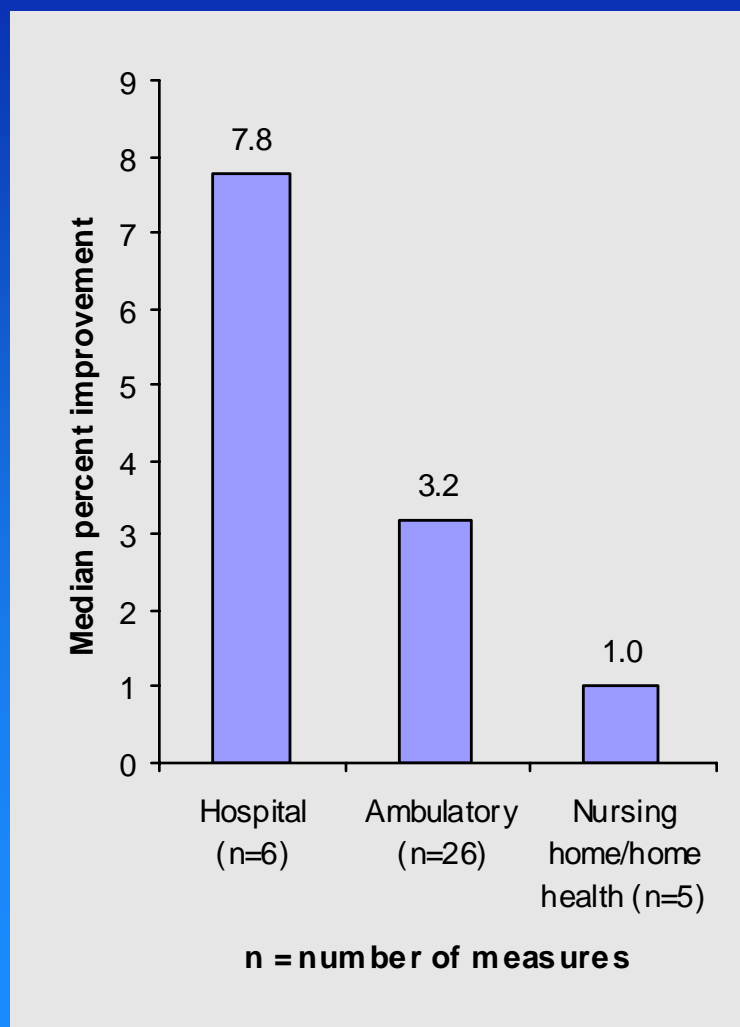
# 2006 Quality Report Findings

- Most areas of health care quality improving, but pace is modest
  - 38 of 40 core measures improved compared to 2005 Reports
  - Overall improvement rate: 3.1%
- Use of proven prevention strategies lags significantly behind other gains in health care
  - Only 52 % adults reported receiving recommended colorectal cancer screenings
  - Only 58 % of obese adults given advice about exercise from their doctor
  - Only 48 % of adults with diabetes receive all their recommended screenings



# 2006 Quality Report Findings (2)

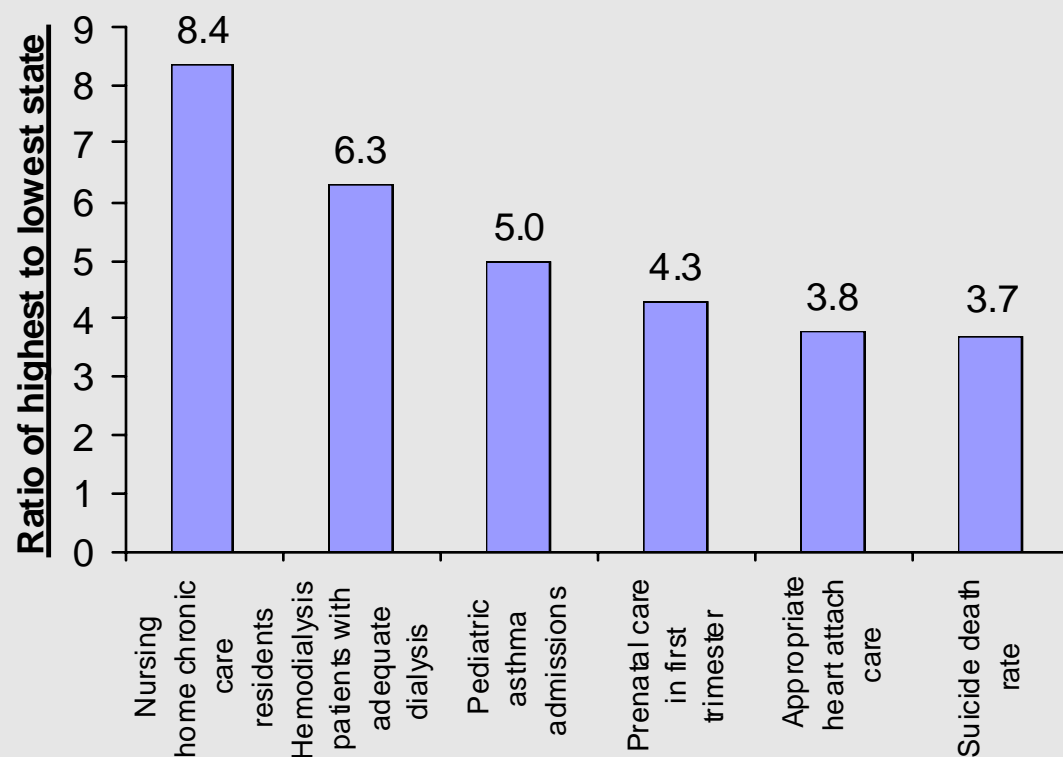
- Improvement varies by health care delivery setting
  - Hospital care improving at annual rate of 7.8%
  - Ambulatory care and nursing home and home health care improving at much slower rates





# Where are the Biggest Variations?

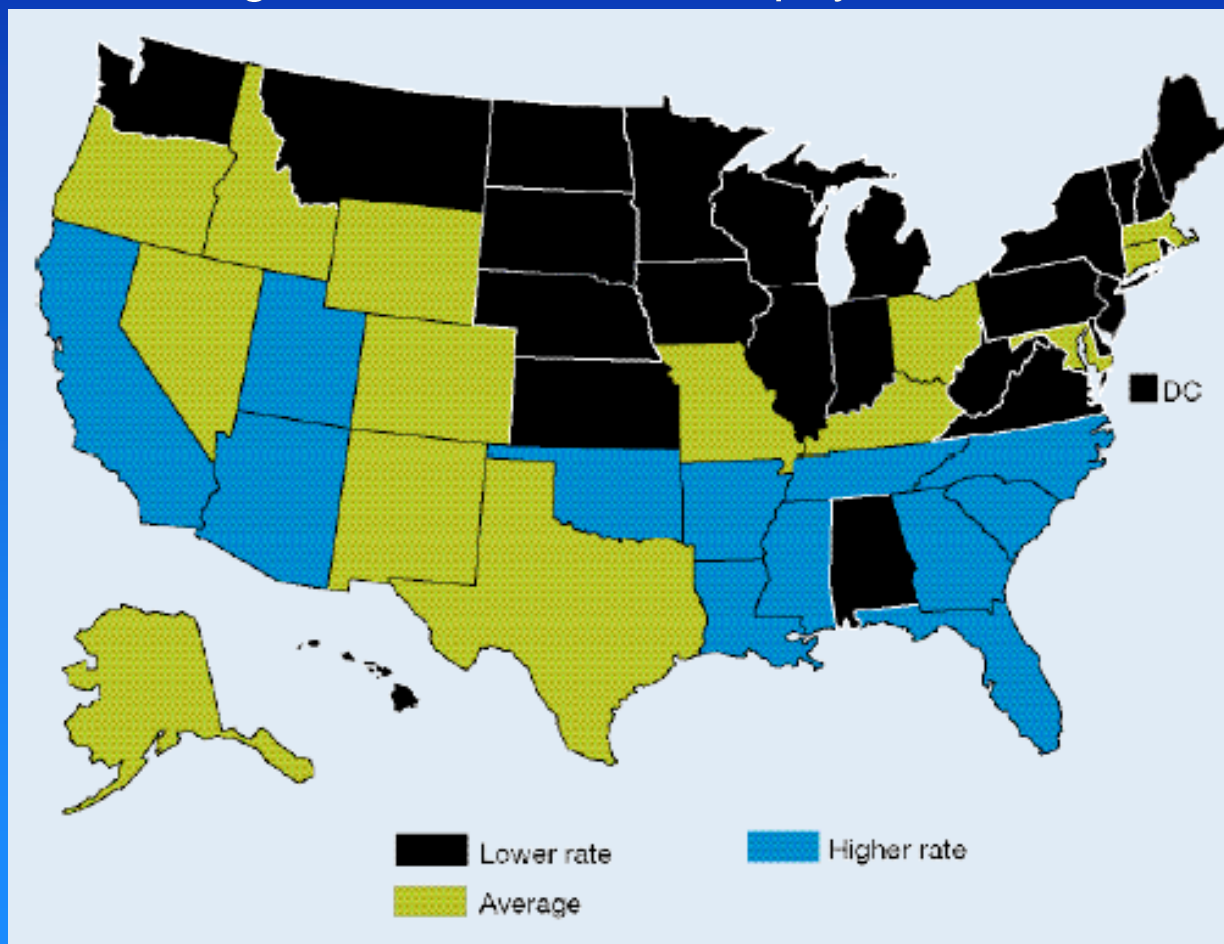
Measures with greatest differences between "best" and "worst" states



- In many areas, health care quality highly variable across states
  - Use of restraints in nursing homes
  - Prenatal care in 1<sup>st</sup> trimester
  - Appropriate heart attack care

# Biggest Variations Across States

Chronic care nursing home residents with physical restraints, 2004-2005



Note: "Lower rate" = State has rate in use of restraints lower than the all-States average in both 2004 and 2005;  
"Higher rate" = State has rate in use of restraints higher than the all-States average in both 2004 and 2005



# III. State Snapshots



[2006 State Snapshots Home](#)

[State Selection Map](#)

**State-Specific Information**

[State Summary](#)

[Strongest and Weakest Measures](#)

[Types of Care](#)

[Settings of Care](#)

[Care by Clinical Area](#)

[Focus on Diabetes](#)

[State Rankings for Selected Measures](#)

**Other Information**

[All-State Data Table for All Measures](#)

[Step-by-Step User's Guide](#)

[Interpretation of Results](#)

[Methods](#)

[Technical Assistance](#)

**Related Links**

[Measuring Healthcare Quality](#)

## State Snapshots

The State Snapshots provide State-specific health care quality information including strengths, weaknesses, and opportunities for improvement. The goal is to help State officials and their public- and private-sector partners better understand health care quality and disparities in their State.

State-level information used to create the State Snapshots is based on data collected for the [National Healthcare Quality Report](#) (NHQR).

### State Selection Map

The [State Selection Map](#) allows you to choose your State, explore, and compare the quality of your State's health care against national or best performing States.



### Performance Measures

Summary measures of quality of care and States' performances relative to all States and the region by:

- Types of care (preventive, acute, and chronic)
- Settings of care (hospitals, ambulatory care, nursing home, and home health)
- Five specific conditions
- Overall health care quality

[Interpretation of Results](#) provides the user with background on what to consider in using results from this site — what the performance measures mean, original data sources used, and factors that might affect performance rates. The [Methods](#) section provides information on how each component of the Web site was developed, including how summary measures were developed, scored, and presented. It includes a list ([Appendix I](#)) of individual measures behind the summary measures.







[2006 State Snapshots Home](#)

[State Selection Map](#)

**State-Specific Information**

[State Summary](#)

[Strongest and Weakest Measures](#)

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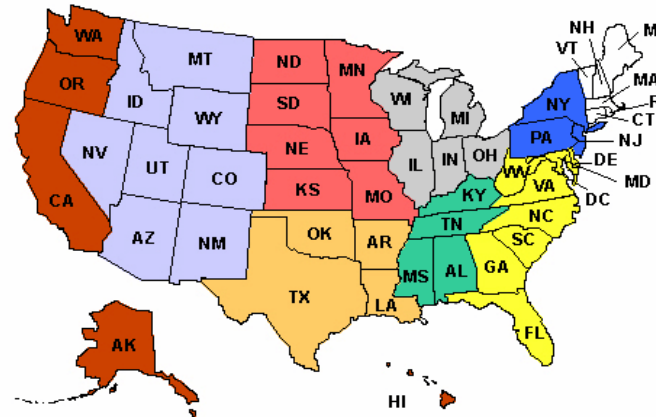
**Related Links**

[Measuring Healthcare Quality](#)

To start, select a State:

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

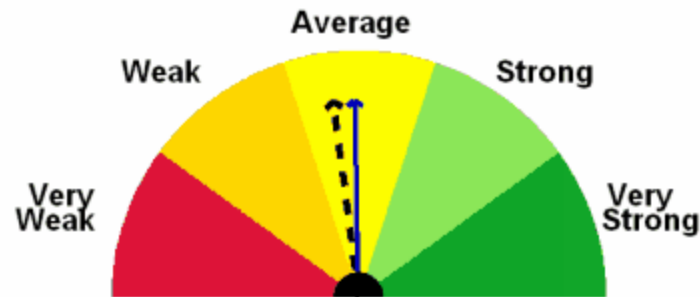
Select a State



Arizona

What is the Overall Health Care Quality Performance Compared to All States?

How Has That Performance Changed?



Performance Meter:  
All Measures

→ = Most Recent Year  
--→ = Baseline Year

(Baseline year may vary across measures)

All measures performance meter for Arizona compared to all States. The performance meter has five categories: very weak, weak, average, strong, and very strong. Compared to all States, for the most recent data year, the performance for Arizona for all measures is in the average range. For the preceding data year, performance is in the average range. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

[What performance measures comprise this meter? \(select this link or the Meter\)](#)

[How are measures represented by a performance meter? \(select this link or Methods\)](#)

## Arizona

### Best Performing States Across All Measures in Overall Health Care

To see how close to best performance your State is, in the table below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Overall Health Care
AZ	49.44
<b>Best Performing States</b>	
WI	65.76
MN	62.77
NH	62.36
ME	62.35
RI	61.67
<b>Percentile Range Across States</b>	
75th Percentile	58.62
50th Percentile	48.88
25th Percentile	41.24

The scores above are for the most recent year of data. For more information on scoring, go to [Methods](#).



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# IV. What next? The Fifth Year for the Reports



# Planning 2007 Reports

- 5 Years of Reporting: Progress and Directions in Quality and Disparities
- New priority areas
  - Cancer – Partnership with American Cancer Society
  - Nursing home and home health – from National Nursing Home Survey
  - Adverse drug events
- Coping with disability and end-of-life
  - Technical expert group continuing work begun in 2006
- Efficiency: Developmental work on the last IOM aim



# Contact information

- [www.qualitytools.ahrq.gov](http://www.qualitytools.ahrq.gov)
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