



Using Healthcare Data to Inform Public Policy

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Structure of Talk

- Describe Setting
- Community Health and Hospitals
- Healthcare/Community Quality Measures
- Describe Two Tools and Their Use
 - 1) Member access (Hospitals)
 - 2) Public access



Objectives

1. Recognize the value of comparative health care reporting at both the hospital and community level.
2. List five healthcare quality measures useful to hospitals.
3. List five healthcare quality measures useful to communities.
4. Describe two tools useful for sharing and reporting healthcare data
 - 1) Member access, data analysis & reporting
 - 2) Public access, community health assessment



Regional Setting

- North Texas Region

Dallas-Fort Worth and surrounding areas

- Approximately 6 million population
- 4'th largest metropolitan area in the U.S.
- Population growing (>2%/yr since 2000)
 - Minority (Latino) population growing fastest
- Over 25% of population lacks health insurance (25.1, Health United States 2006)



Regional Data Collaborative

- Dallas-Fort Worth Hospital Council
 - Over 75 participating hospitals.
 - 95 percent of the hospitals in the region
 - Data Collection
 - 6.5 million hospital discharges from 1999-2007
 - Over 2 million ambulatory encounters from 2006.
 - Of which over 1.5 million are Emergency Dept. visits
 - Data Exchange
 - Analytical tools provide member facilities with comparative data and reporting on patient safety, quality, and utilization.

Community Health and Advocacy



- Community health is a measure of a hospital's success
- Periodic and timely reviews of a community's health assist the advocacy functions of:
 - Program development
 - Support of public health policies and legislation
 - Enhancing public awareness



Community Health and the DFWHC

- Community health improvement begins with measuring health in the context of demographic and resource characteristics
 - Hospital Measures
 - Health Information Exchange (since 1999)
 - Community Measures
 - “Our Community Health Checkup”
(Partnership with Parkland Health & Hospital System, since 2002)



Healthcare quality measures useful to hospitals

- Proportion of Uninsured
- Hospital
 - Preventable Hospitalization Rate
 - Ambulatory Care Sensitive Conditions (diabetes, asthma)
 - Re-admission Rate
- Emergency
 - Proportion ED Visits that are Non-emergent
 - Repeat Emergency Dept. (ED) Users/Rate



Healthcare quality measures useful to communities

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Data Tool for Hospitals



Cognos PowerPlay Web Explorer

Outpatient ER

Participating Hospital | Year / Qtr | Acuity | Highest Charge Procedure (CCS)

| Case Count as % of row total | Medicaid | Self Pay |
|--|----------|----------|
| | 36.11% | 38.24% |
| Parkland Health & Hospital System | 19.07% | 36.21% |
| | 14.97% | 35.57% |
| | 21.30% | 35.06% |
| | 21.62% | 33.15% |
| | 20.86% | 32.90% |
| | 15.40% | 31.53% |
| | 15.34% | 30.59% |
| | 20.63% | 30.27% |
| | 32.23% | 29.87% |
| | 22.84% | 29.62% |
| | 14.36% | 28.66% |
| | 14.27% | 28.51% |
| | 17.92% | 27.41% |
| | 17.42% | 26.92% |
| | 16.01% | 25.60% |
| | 19.09% | 24.10% |
| | 22.51% | 23.38% |
| | 5.78% | 22.80% |
| | 14.68% | 22.30% |
| | 12.01% | 20.92% |
| | 25.90% | 19.46% |
| | 5.67% | 17.64% |
| | 17.28% | 8.85% |
| | 23.49% | 6.38% |
| | 32.38% | 5.37% |
| | 15.63% | 2.25% |
| Other | 23.55% | 11.07% |
| Participating Hospital | 20.41% | 26.00% |

Overall Uninsured (Self Pay) is 26.0%

This corresponds to an estimated 25-26% from survey (BRFS).

At a Public Hospital (Parkland) the Self Pay are 36.2%

Data Tool for Hospitals



Cognos PowerPlay Web Explorer **Outpatient ER**

Participating Hospital | Year / Qtr | Acuity | Highest Charge Procedure (CCS) | Principal Diagnosis (CCS) | Admitting Diagnosis (CCS) | ECode 1 (CCS)

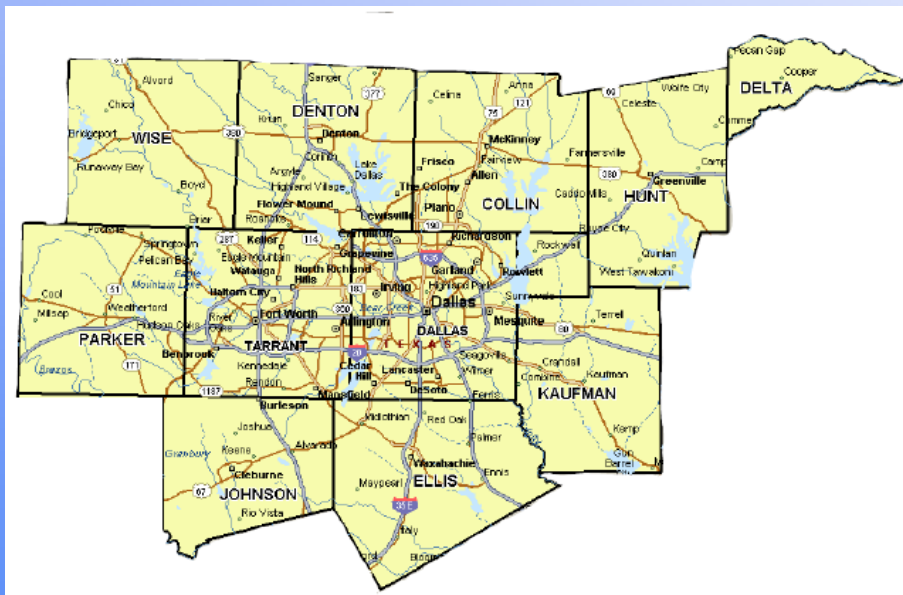
| NYU-ED(%Total) as values | ED1(%Total) Non-Emergent | ED2(%Total) Emergent-PC Care | ED3(%Total) Emergent-ED Care-Prev | ED4(%Total) Emergent-EDCare- Not Prev |
|--|--------------------------|------------------------------|-----------------------------------|---------------------------------------|
| Parkland Health & Hospital System | 29.2% | 24.4% | 6.4% | 14.9% |
| 32 Other Hospitals | 26.9% | 28.4% | 7.6% | 13.7% |
| | 26.9% | 31.2% | 8.9% | 9.0% |
| | 26.3% | 27.5% | 7.7% | 11.3% |
| | 25.8% | 27.8% | 7.9% | 11.9% |
| | 25.6% | 28.9% | 7.4% | 8.9% |
| | 24.9% | 25.7% | 6.8% | 16.4% |
| | 24.8% | 26.7% | 6.7% | 12.3% |
| | 24.8% | 27.9% | 9.3% | 12.7% |
| | 24.8% | 26.1% | 7.5% | 13.9% |
| | 24.7% | 25.7% | 7.3% | 14.0% |
| | 23.9% | 24.8% | 6.3% | 13.0% |
| | 23.5% | 27.9% | 8.4% | 13.2% |
| | 23.2% | 26.8% | 8.7% | 11.6% |
| | 23.2% | 24.1% | 6.4% | 12.6% |
| | 22.9% | 28.1% | 7.8% | 13.2% |
| | 22.9% | 29.8% | 8.5% | 12.6% |
| | 22.6% | 24.3% | 7.1% | 15.3% |
| | 22.4% | 27.0% | 8.8% | 13.3% |
| | 22.3% | 24.3% | 5.6% | 13.8% |
| | 22.2% | 27.6% | 5.7% | 15.4% |
| | 22.2% | 25.5% | 7.0% | 13.1% |
| | 22.1% | 24.4% | 7.9% | 12.5% |
| | 22.1% | 25.4% | 8.6% | 13.5% |
| | 21.8% | 22.1% | 5.8% | 16.0% |
| | 21.6% | 27.6% | 7.5% | 12.8% |
| | 21.6% | 26.7% | 7.3% | 14.0% |
| | 21.1% | 23.6% | 9.1% | 12.2% |
| | 20.5% | 25.7% | 7.6% | 12.2% |
| | 20.2% | 21.0% | 5.6% | 15.2% |
| | 19.9% | 24.8% | 7.9% | 13.0% |
| | 19.1% | 21.3% | 6.5% | 11.0% |
| | 7.4% | 38.1% | 4.7% | 36.5% |
| Participating Hospital | 23.5% | 26.0% | 7.5% | 12.9% |

Overall, 23.5% of ER Visits are for non-emergent conditions.

This percent is 29.2% at a Public Hospital (Parkland)

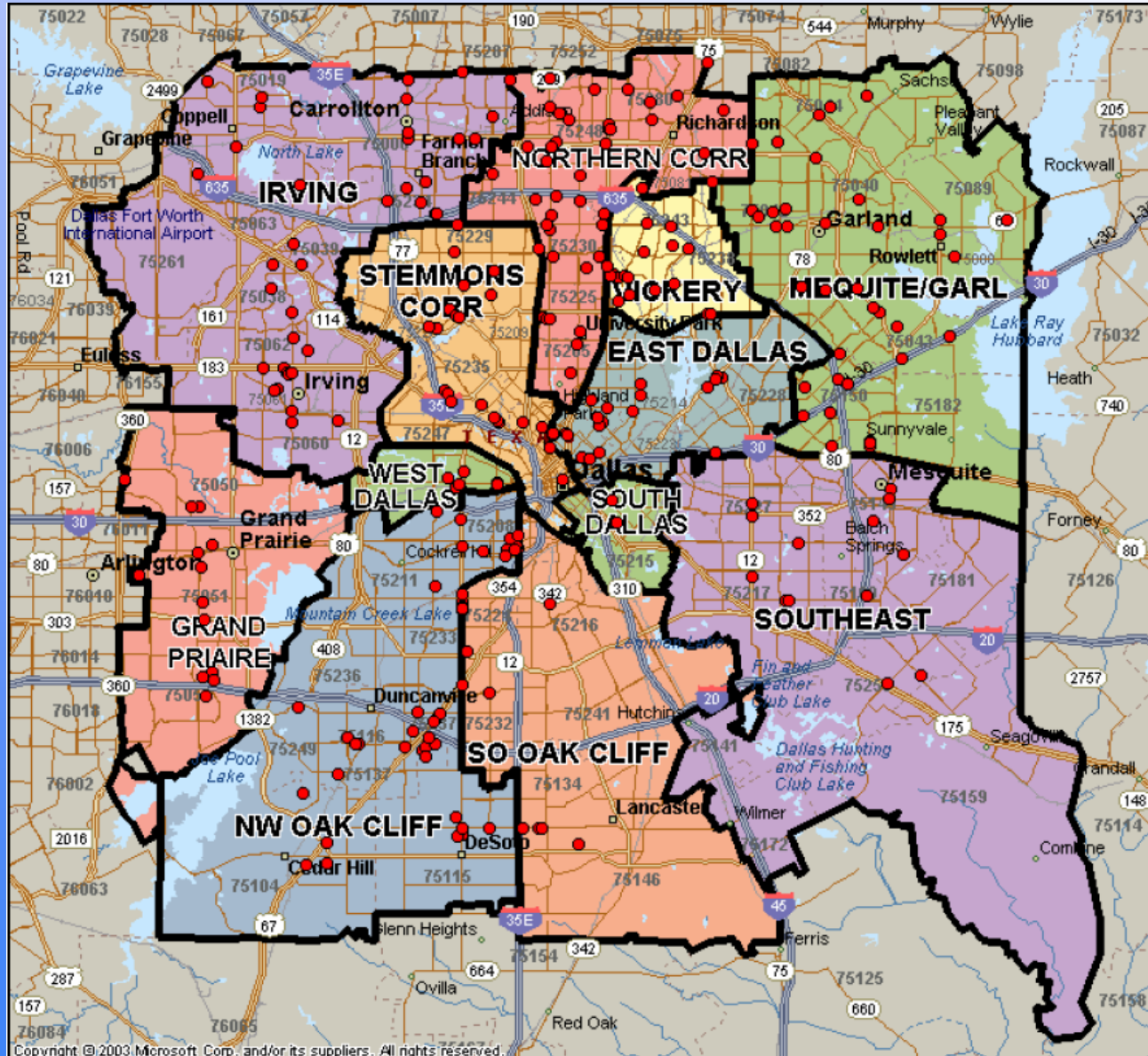
For Uninsured: Overall: 24.9% Parkland: 31.4%

Data Tool for Community



(<http://www.dfwhc.org/About+DFWHC/NeedsAssessment.asp>)

Availability of Health Professionals



Northern Corr.

Population: 260,020
 Phys Need: 147
 Phys Supply: 295
 Difference: **+148**

Southeast

Population: 256,028
 Phys Need: 145
 Phys Supply: 57
 Difference: **-88**

Per capita Income:

Southeast \$15,918
 Northern Corr. \$43,741



Putting it all Together

Potential Policy Implications:

1. Insurance
 1. Availability
 2. Incentives/Disincentives (co-pays)
2. Physician Supply
 1. Training
 2. Location
3. Health Care System
 1. Urgent Care / ED



Audience

- Hospital
 - Managers
 - Strategic Planners
 - Program staff
 - Case managers
- Public (Community)
 - Public Health
 - Community Foundations
 - Others