# HEALTH SYSTEM MEASUREMENT PROJECT

National Committee on Vital and Health Statistics

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# HSMP Website

- Provides high-level overview of the US health system
- Focuses on 10 critical dimensions (topics) of the health care system
- Includes data for 44 measures (currently)
- Uses data across HHS (generally)
- Ensures measures have established validity and reliability (surveys)
- Displays multiple years of data in easy visualizations (graphs, tables, maps)
- Offers download and explore data capabilities

# HSMP Background

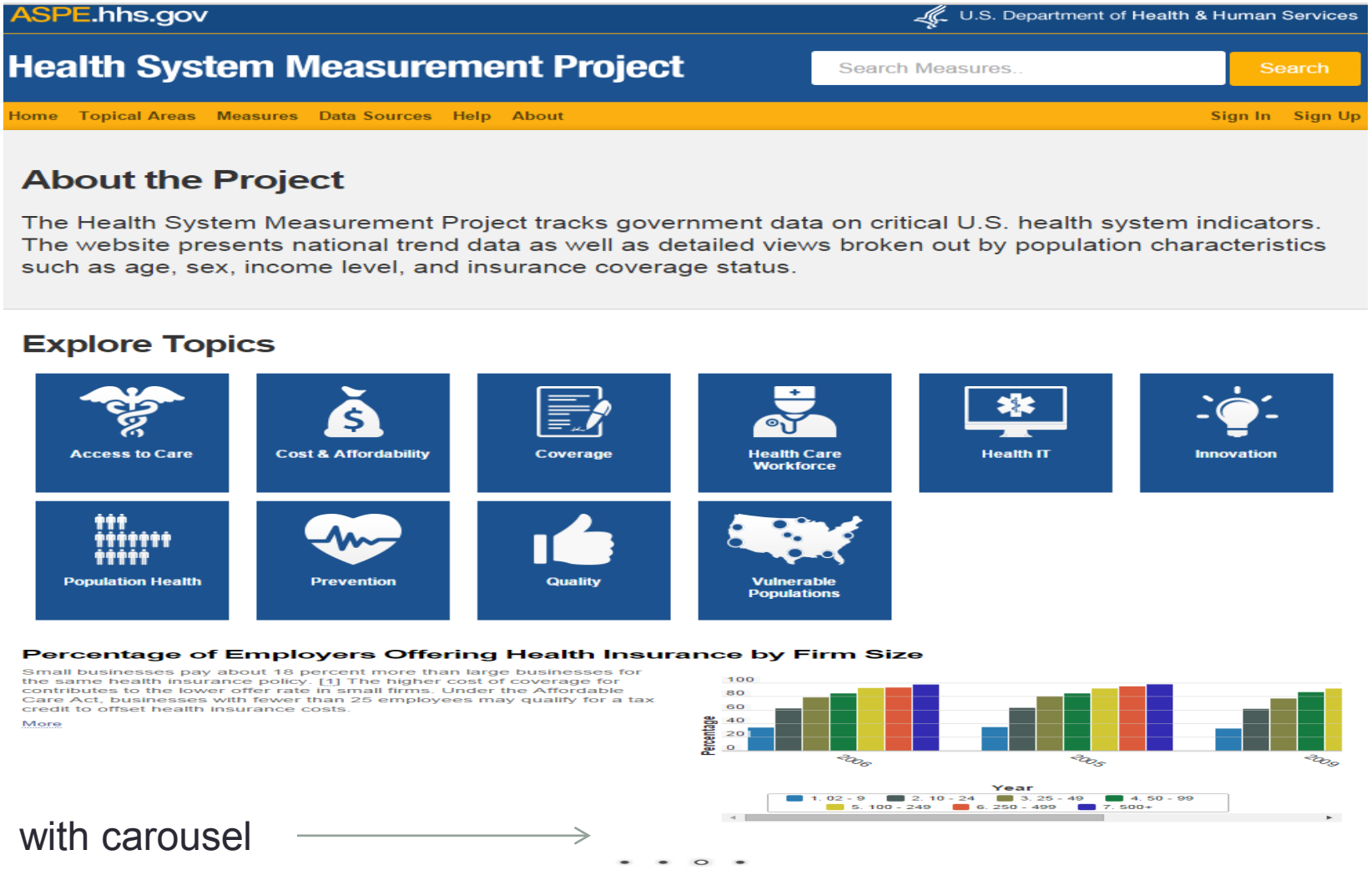
- White House Request (2010)
- Included a Measurement and Evaluation Workgroup (for guidance)
- Selected a limited number of measures that:
  - provide a broad overview of the health care system
  - focus on critical areas such as access, quality and cost (total of ten topics)
  - maintain established reliability and validity
  - align with other HHS strategic planning efforts (and website)

# HSMP Data Sources*

- Agency for Healthcare Research and Quality
- Census Bureau
- Center for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Food and Drug Administration
- Health Resources and Services Administration
- National Center for Health Statistics
- Office of the National Coordinator
- Substance Abuse and Mental Health Services Administration

* See handout

# About HSMP – Home Page

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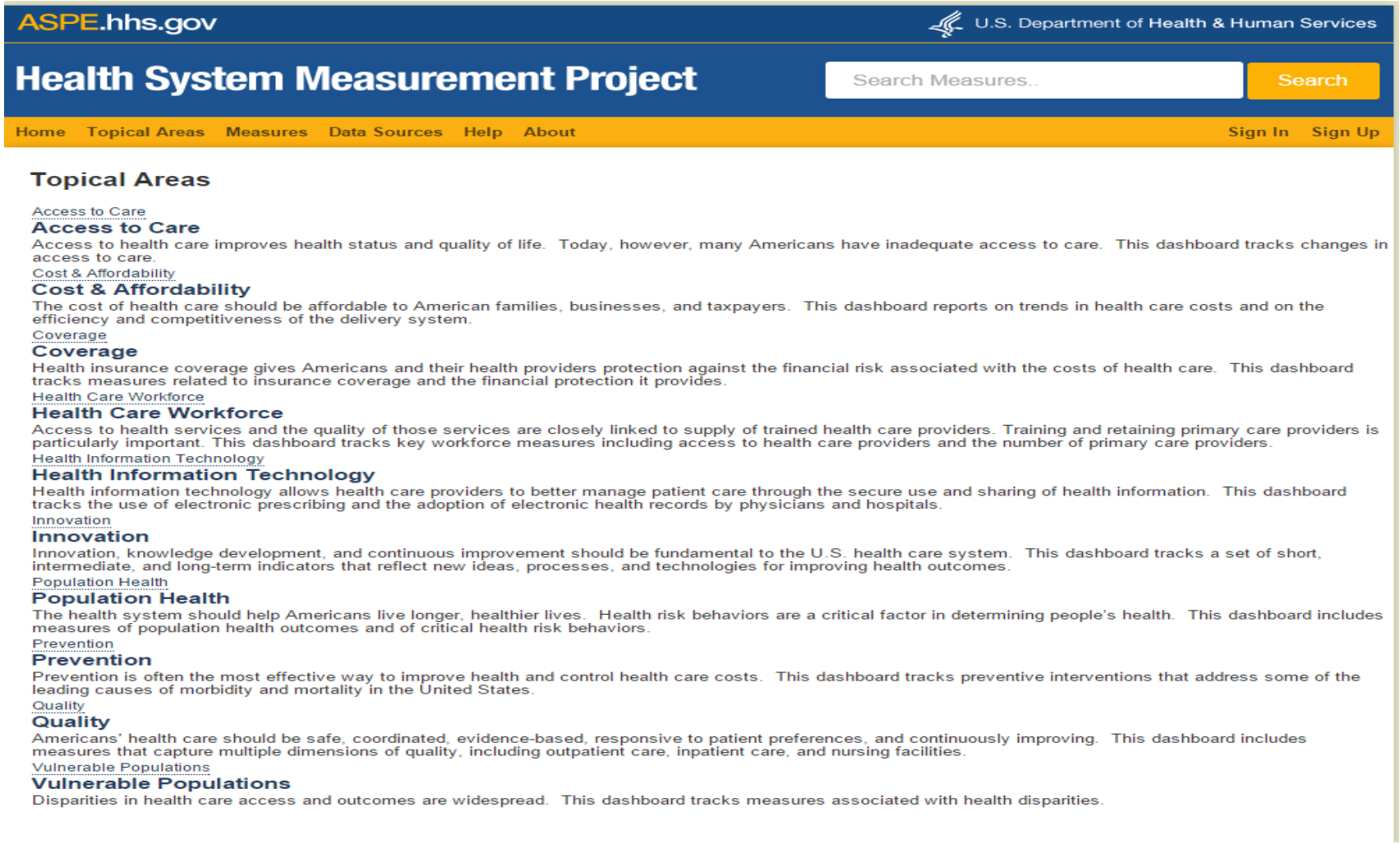
# HSMP 10 Topical Areas



ASPE.hhs.gov

U.S. Department of Health & Human Services

Health System Measurement Project

Search Measures..

Search

Home | Topical Areas | Measures | Data Sources | Help | About | Sign In | Sign Up

## Topical Areas

Access to Care

### Access to Care

Access to health care improves health status and quality of life. Today, however, many Americans have inadequate access to care. This dashboard tracks changes in access to care.

Cost & Affordability

### Cost & Affordability

The cost of health care should be affordable to American families, businesses, and taxpayers. This dashboard reports on trends in health care costs and on the efficiency and competitiveness of the delivery system.

Coverage

### Coverage

Health insurance coverage gives Americans and their health providers protection against the financial risk associated with the costs of health care. This dashboard tracks measures related to insurance coverage and the financial protection it provides.

Health Care Workforce

### Health Care Workforce

Access to health services and the quality of those services are closely linked to supply of trained health care providers. Training and retaining primary care providers is particularly important. This dashboard tracks key workforce measures including access to health care providers and the number of primary care providers.

Health Information Technology

### Health Information Technology

Health information technology allows health care providers to better manage patient care through the secure use and sharing of health information. This dashboard tracks the use of electronic prescribing and the adoption of electronic health records by physicians and hospitals.

Innovation

### Innovation

Innovation, knowledge development, and continuous improvement should be fundamental to the U.S. health care system. This dashboard tracks a set of short, intermediate, and long-term indicators that reflect new ideas, processes, and technologies for improving health outcomes.

Population Health

### Population Health

The health system should help Americans live longer, healthier lives. Health risk behaviors are a critical factor in determining people's health. This dashboard includes measures of population health outcomes and of critical health risk behaviors.

Prevention

### Prevention

Prevention is often the most effective way to improve health and control health care costs. This dashboard tracks preventive interventions that address some of the leading causes of morbidity and mortality in the United States.

Quality

### Quality

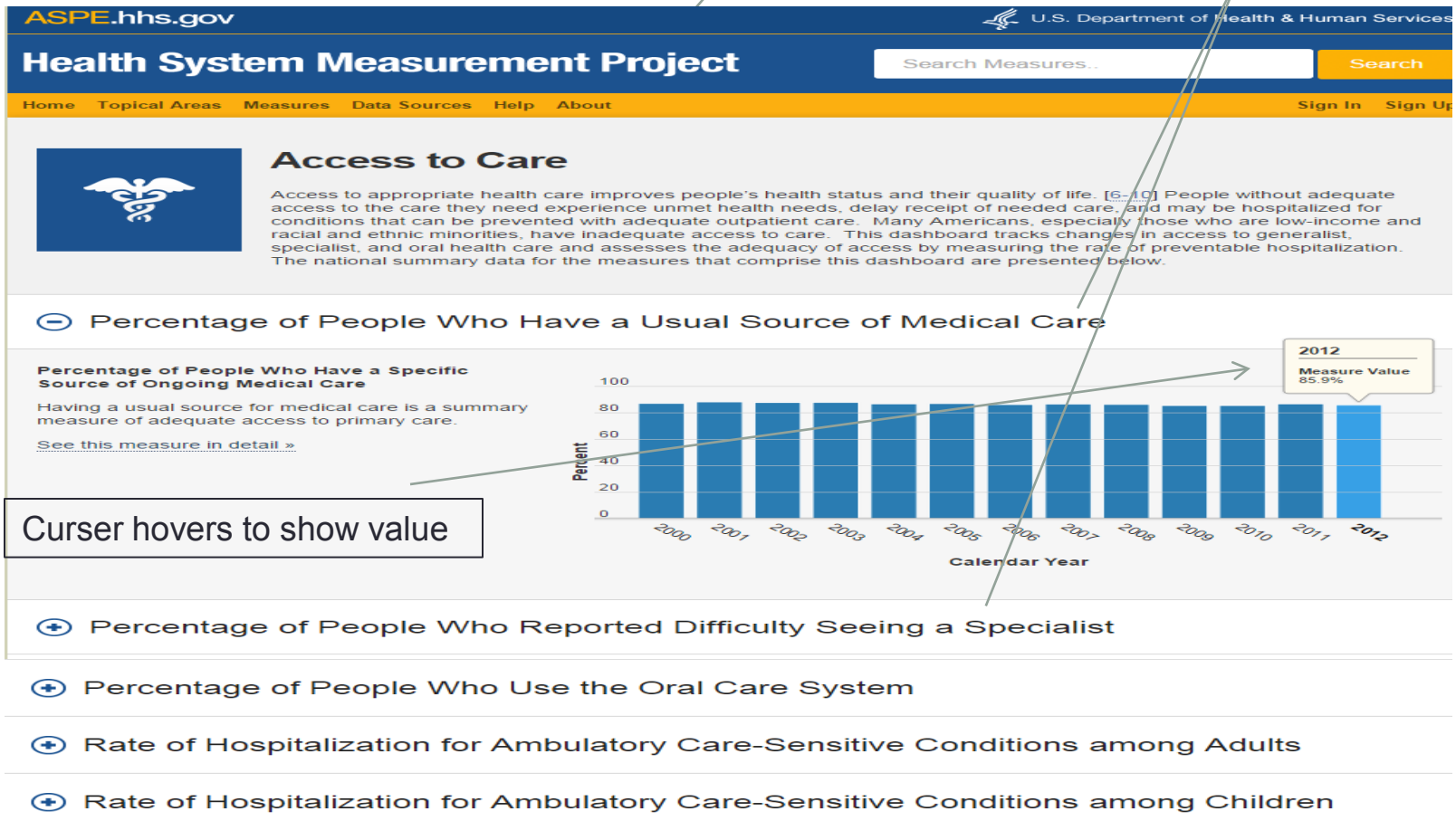
Americans' health care should be safe, coordinated, evidence-based, responsive to patient preferences, and continuously improving. This dashboard includes measures that capture multiple dimensions of quality, including outpatient care, inpatient care, and nursing facilities.

Vulnerable Populations

### Vulnerable Populations

Disparities in health care access and outcomes are widespread. This dashboard tracks measures associated with health disparities.

# HSMP – Access to Care Topic - Measures




Curser hovers to show value

1/10 Topics – 5/44 Measures – 69/354 Data Sets * See handout

# HSMP Access to Care – Different Measure

**Health System Measurement Project**

Search Measures.. Search

Home | Topical Areas | Measures | Data Sources | Help | About | Sign In | Sign Up

## Access to Care

Access to appropriate health care improves people's health status and their quality of life. [6-10] People without adequate access to the care they need experience unmet health needs, delay receipt of needed care, and may be hospitalized for conditions that can be prevented with adequate outpatient care. Many Americans, especially those who are low-income and racial and ethnic minorities, have inadequate access to care. This dashboard tracks changes in access to generalist, specialist, and oral health care and assesses the adequacy of access by measuring the rate of preventable hospitalization. The national summary data for the measures that comprise this dashboard are presented below.

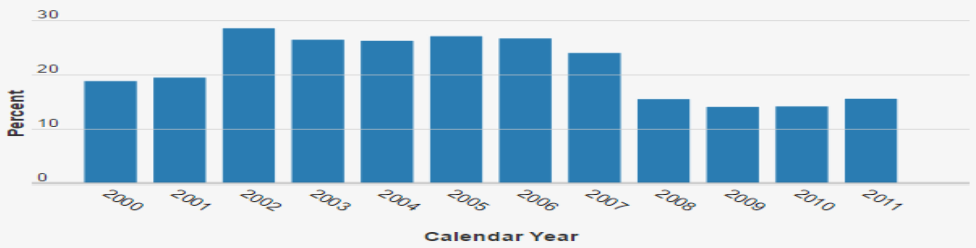
⊕ Percentage of People Who Have a Usual Source of Medical Care

⊖ Percentage of People Who Reported Difficulty Seeing a Specialist

**Percentage of People Who Reported Difficulty Seeing a Specialist**

Many Americans need access to specialty care. This measure examines the extent to which those who need such care can receive it.

See this measure in detail »

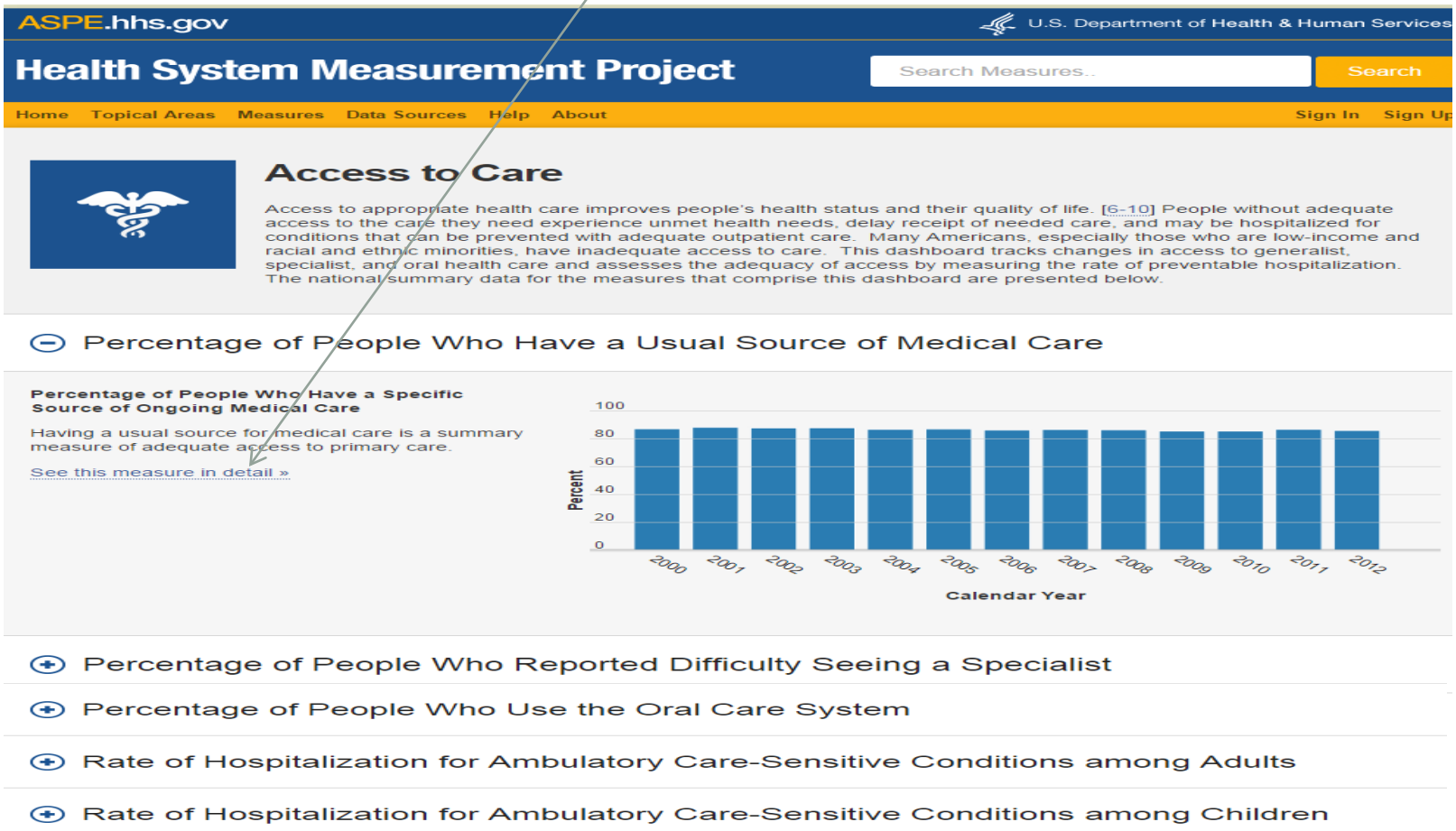



⊕ Percentage of People Who Use the Oral Care System

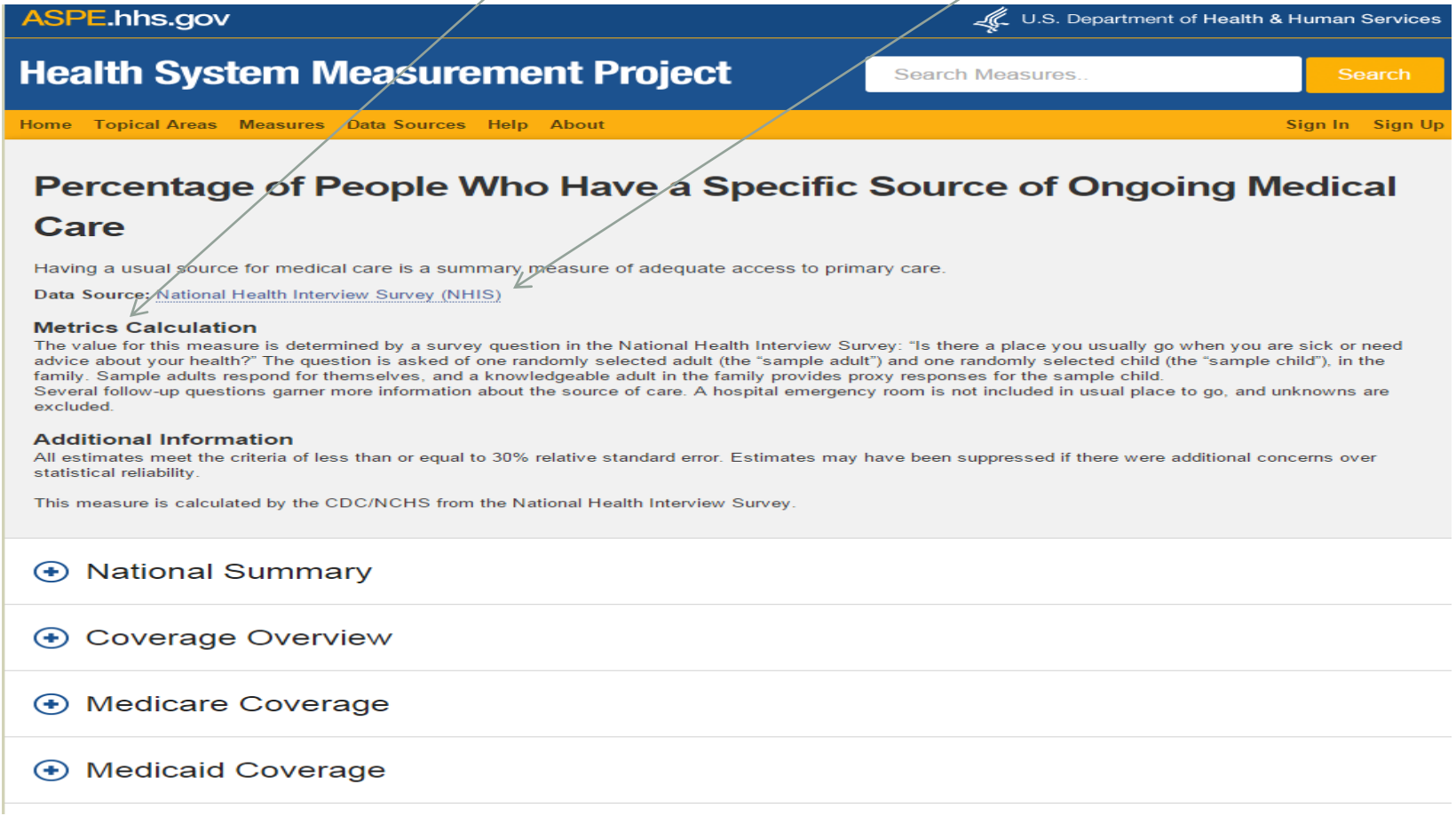
⊕ Rate of Hospitalization for Ambulatory Care-Sensitive Conditions among Adults

⊕ Rate of Hospitalization for Ambulatory Care-Sensitive Conditions among Children

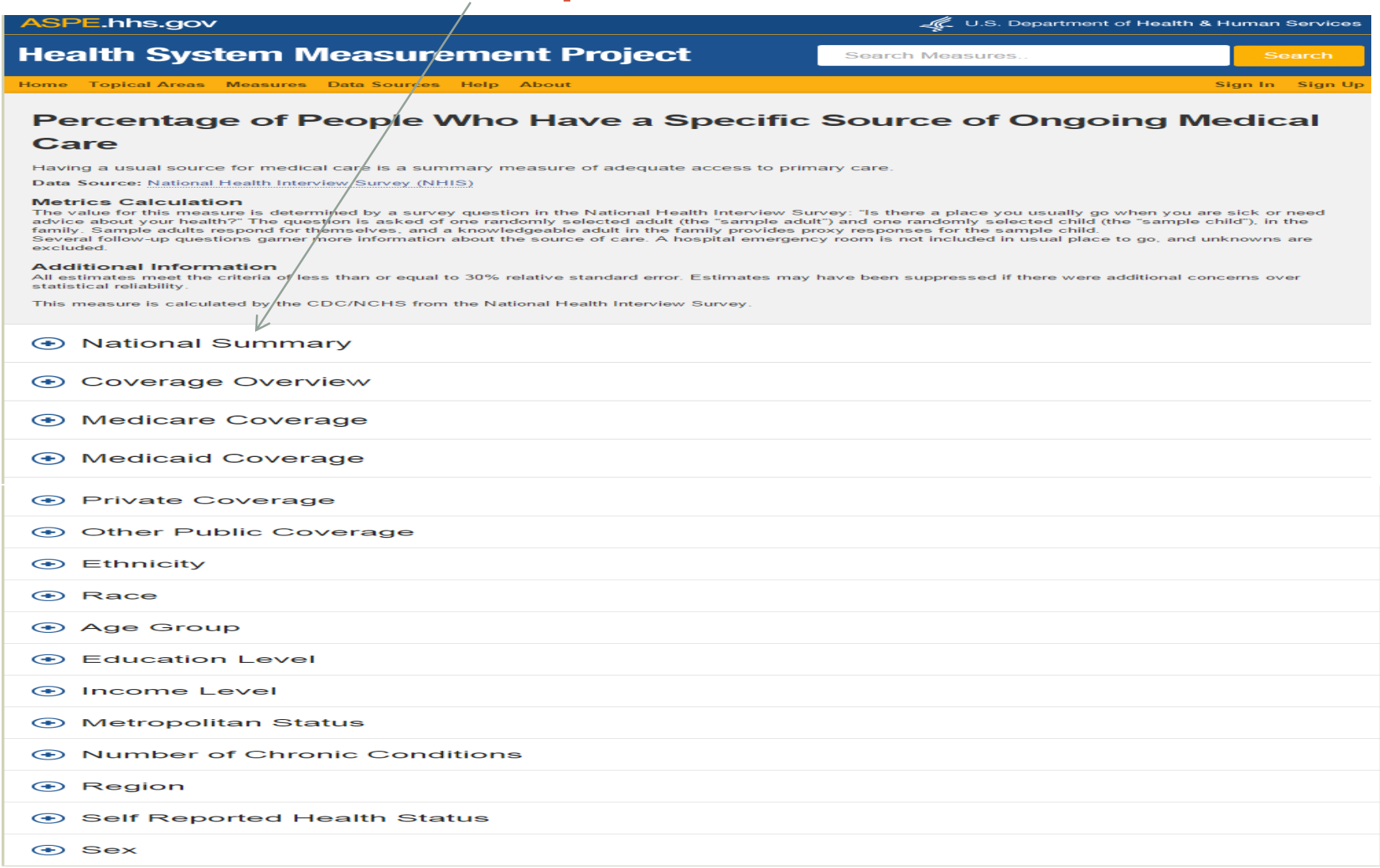
# HSMP Measure in Detail



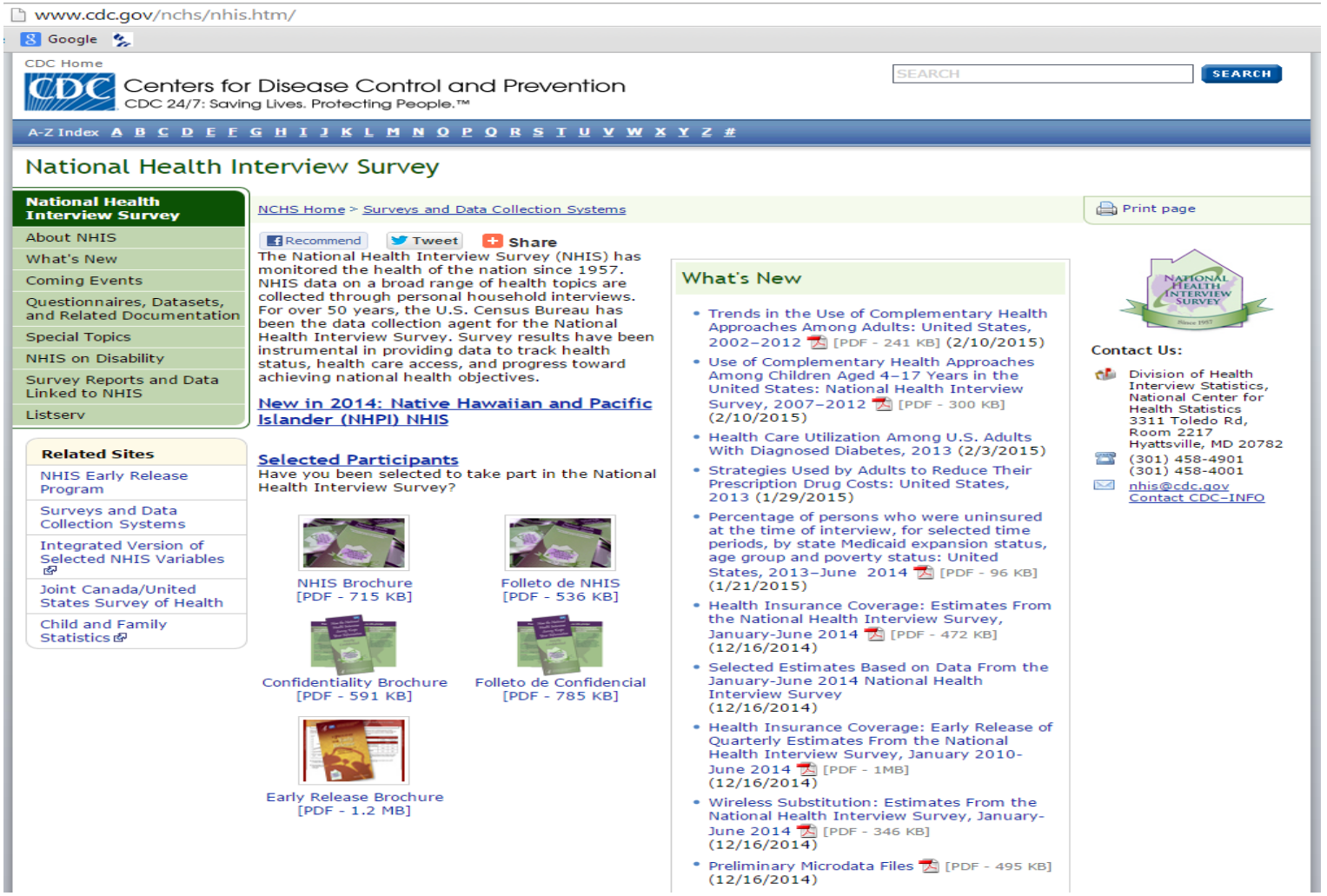
# HSMP Measure Detail+Data Source Link



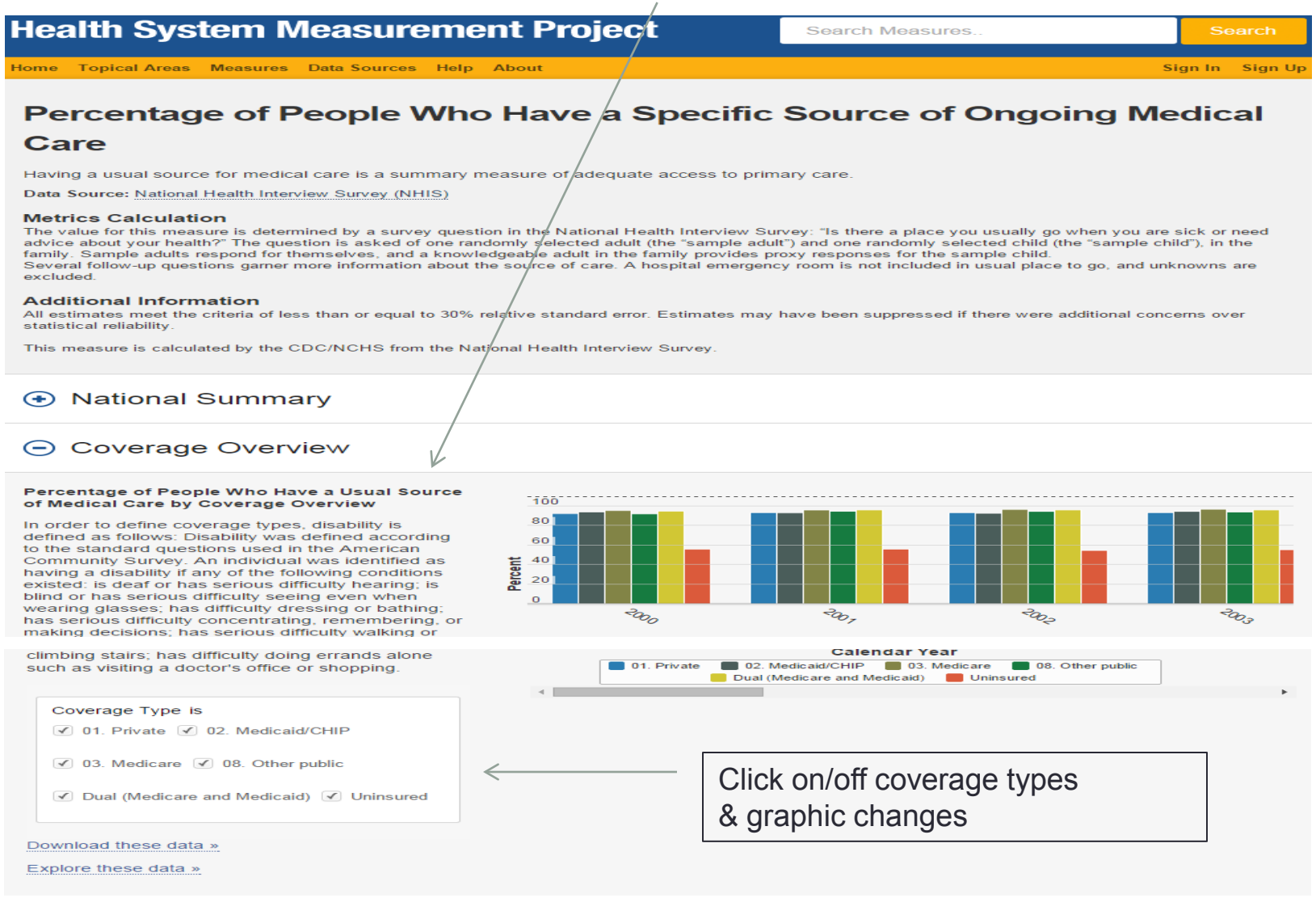
# HSMP – 16 Components of 1 Measure



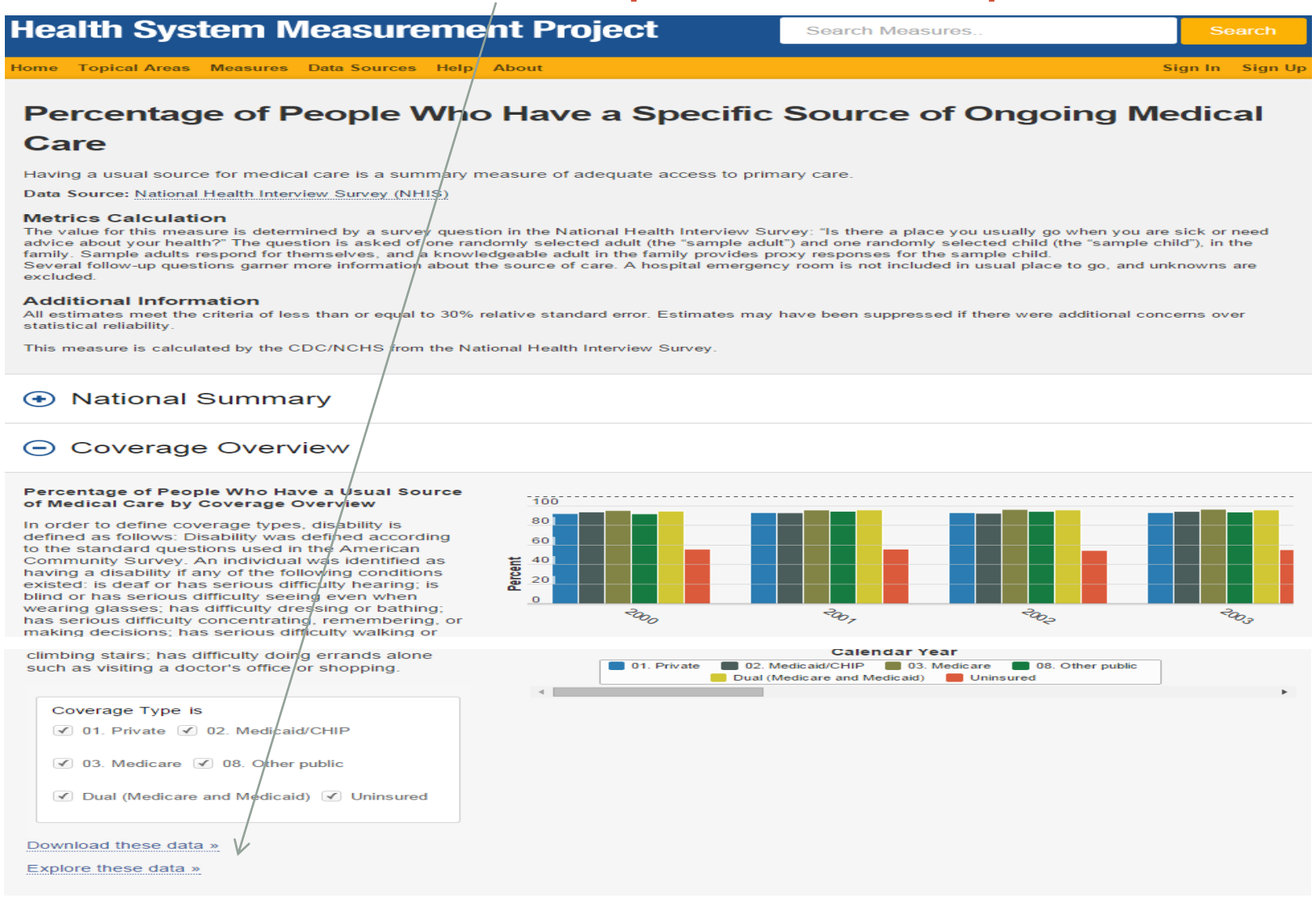
# HSMP Data Source Link



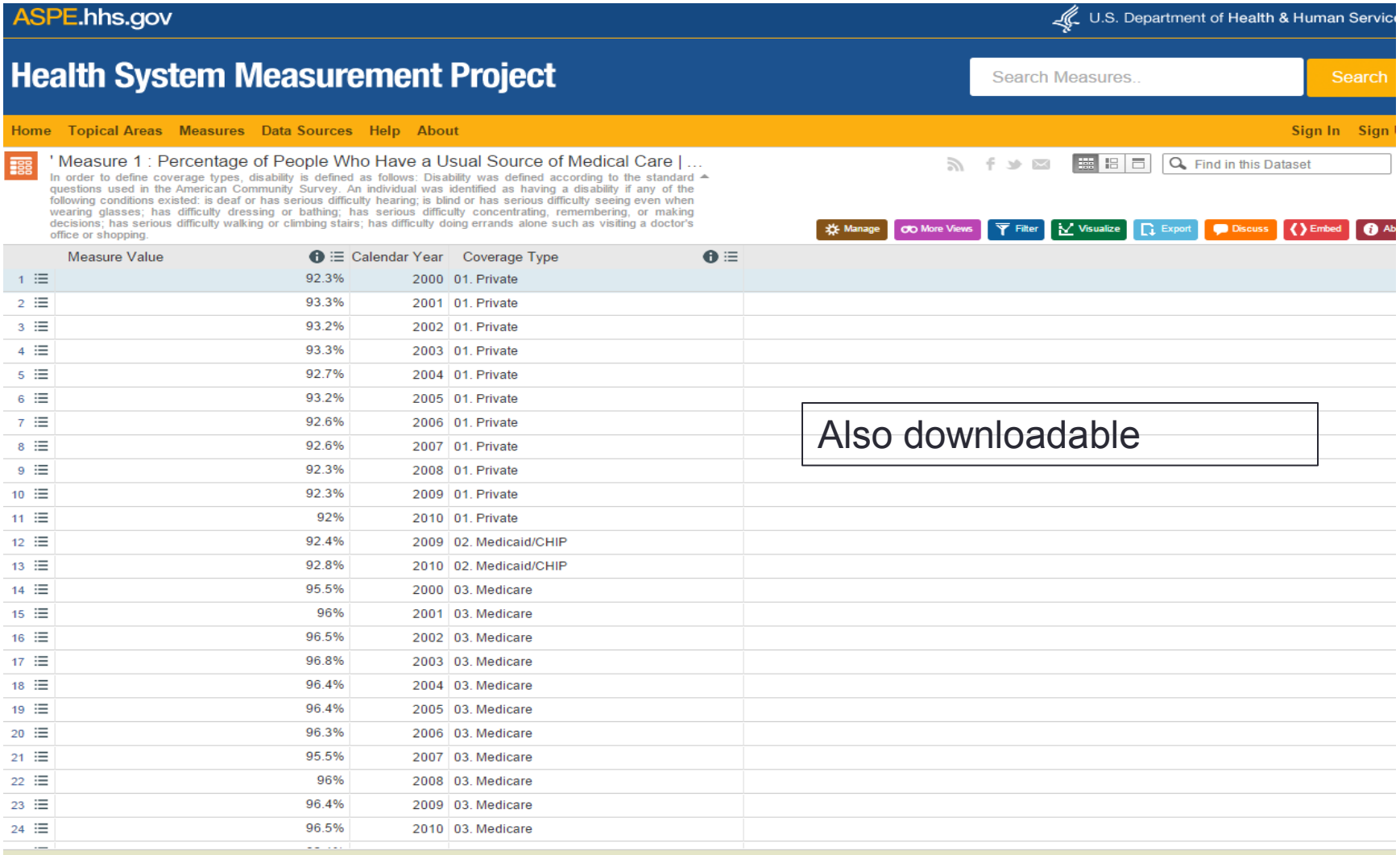
# HSMP Same Measure with Detail by Coverage Component



# HSMP Download or Explore Data Capabilities



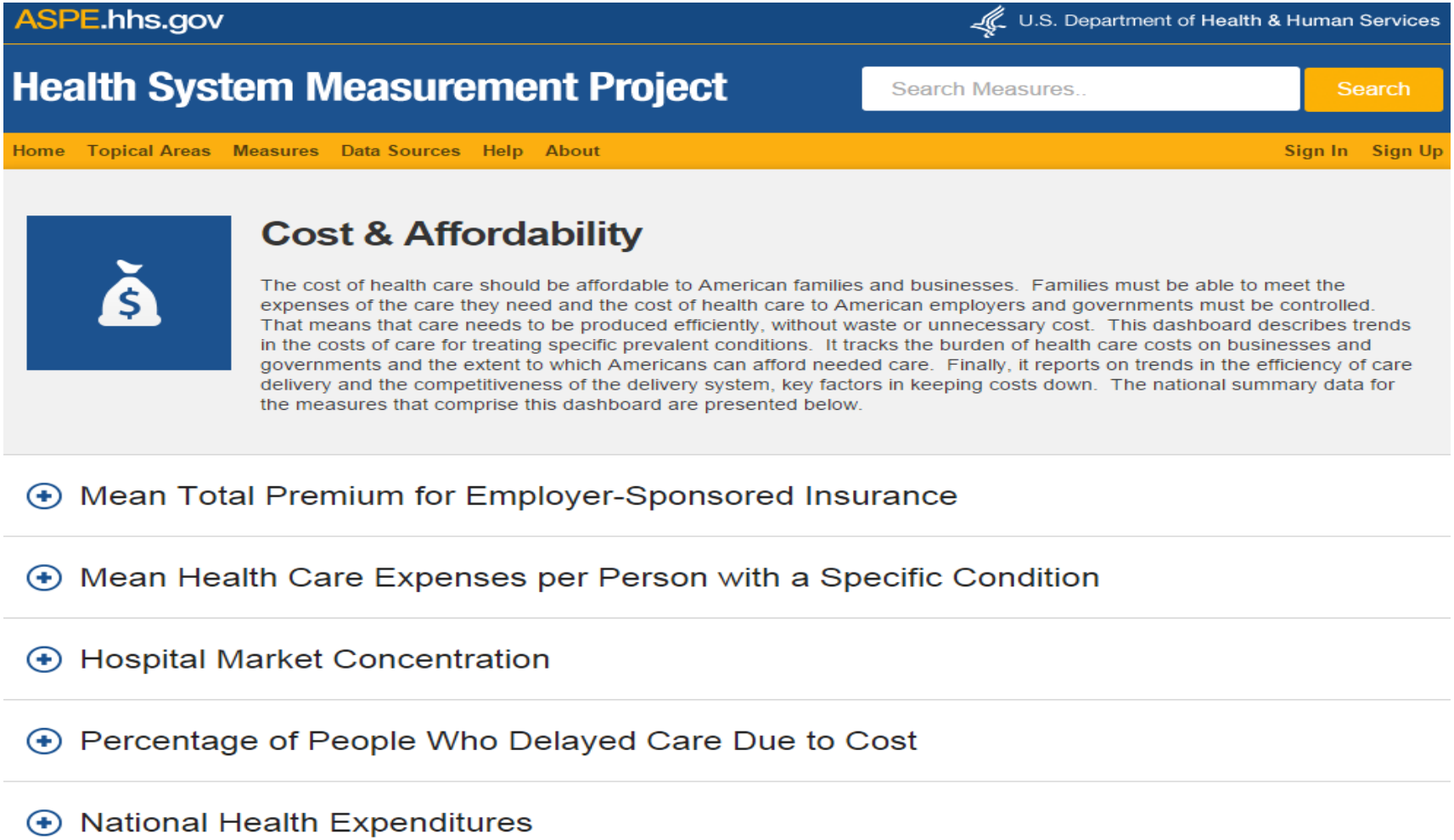
# HSMP Explore Data




| | Measure Value | Calendar Year | Coverage Type |
|---|---|---|---|
| 1 | 92.3% | 2000 | 01. Private |
| 2 | 93.3% | 2001 | 01. Private |
| 3 | 93.2% | 2002 | 01. Private |
| 4 | 93.3% | 2003 | 01. Private |
| 5 | 92.7% | 2004 | 01. Private |
| 6 | 93.2% | 2005 | 01. Private |
| 7 | 92.6% | 2006 | 01. Private |
| 8 | 92.6% | 2007 | 01. Private |
| 9 | 92.3% | 2008 | 01. Private |
| 10 | 92.3% | 2009 | 01. Private |
| 11 | 92% | 2010 | 01. Private |
| 12 | 92.4% | 2009 | 02. Medicaid/CHIP |
| 13 | 92.8% | 2010 | 02. Medicaid/CHIP |
| 14 | 95.5% | 2000 | 03. Medicare |
| 15 | 96% | 2001 | 03. Medicare |
| 16 | 96.5% | 2002 | 03. Medicare |
| 17 | 96.8% | 2003 | 03. Medicare |
| 18 | 96.4% | 2004 | 03. Medicare |
| 19 | 96.4% | 2005 | 03. Medicare |
| 20 | 96.3% | 2006 | 03. Medicare |
| 21 | 95.5% | 2007 | 03. Medicare |
| 22 | 96% | 2008 | 03. Medicare |
| 23 | 96.4% | 2009 | 03. Medicare |
| 24 | 96.5% | 2010 | 03. Medicare |

Also downloadable

# HSMP Cost & Affordability Topic



# Measure - % People w/delayed Care

## Cost & Affordability

The cost of health care should be affordable to American families and businesses. Families must be able to meet the expenses of the care they need and the cost of health care to American employers and governments must be controlled. That means that care needs to be produced efficiently, without waste or unnecessary cost. This dashboard describes trends in the costs of care for treating specific prevalent conditions. It tracks the burden of health care costs on businesses and governments and the extent to which Americans can afford needed care. Finally, it reports on trends in the efficiency of care delivery and the competitiveness of the delivery system, key factors in keeping costs down. The national summary data for the measures that comprise this dashboard are presented below.

⊕ Mean Total Premium for Employer-Sponsored Insurance

⊕ Mean Health Care Expenses per Person with a Specific Condition

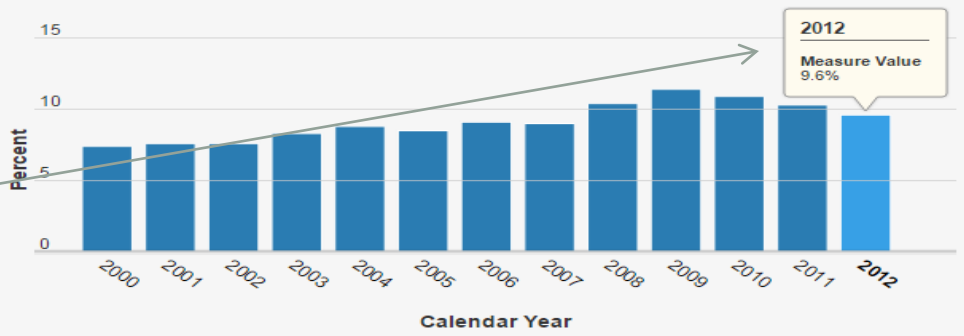
⊕ Hospital Market Concentration

⊖ Percentage of People Who Delayed Care Due to Cost

**Percentage of People Who Did Not Receive or Delayed Needed Care Due to Cost in the Past 12 Months**

Postponing or not getting needed medical care due to cost is a measure of the affordability of care that has been monitored by HHS for many years.

See this measure in detail »

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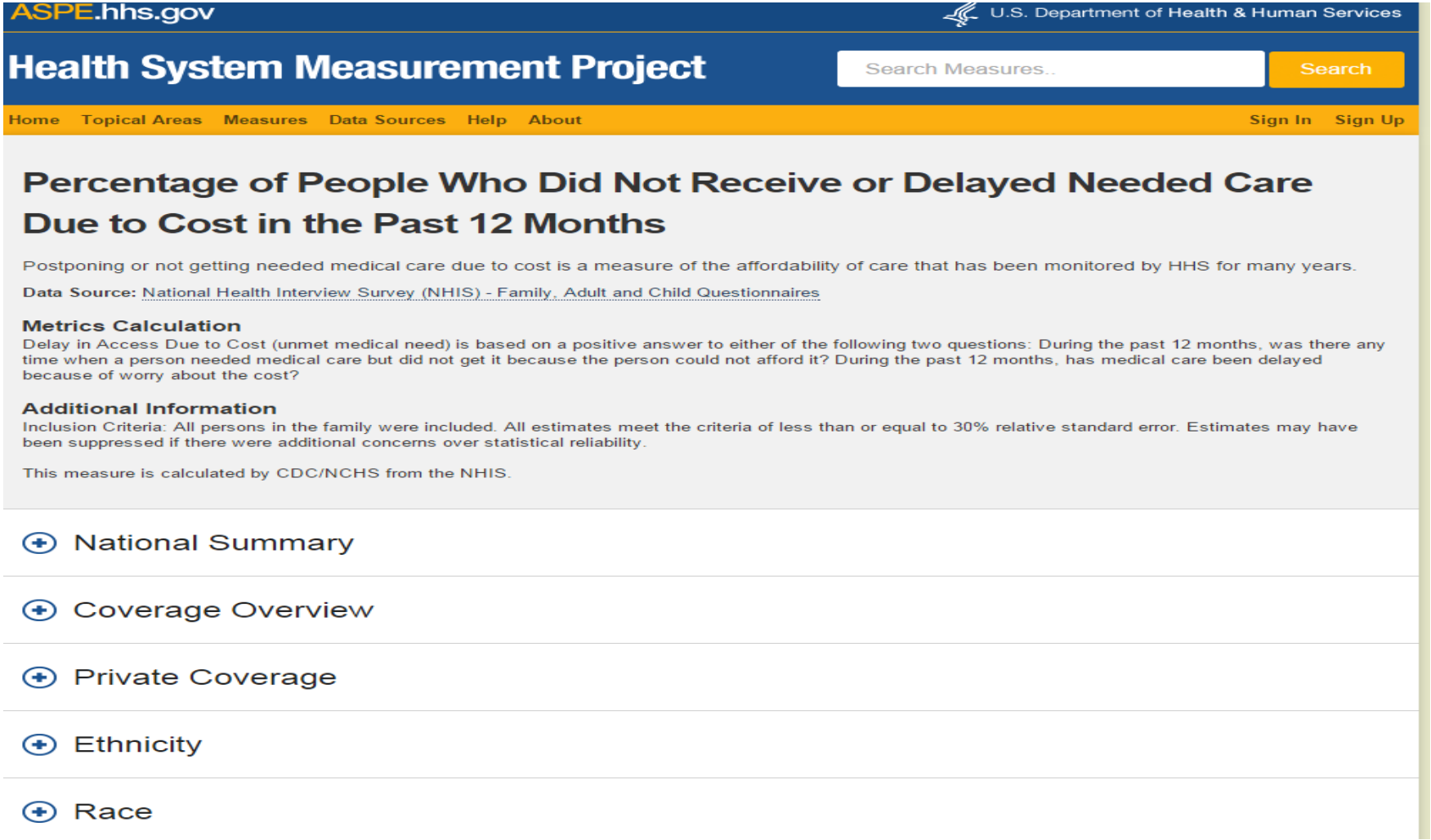
# HSMP Measure by State Map



# HSMP Measure by State Map

State

**Percentage of People Who Delayed Care Due to Cost by State**

White coloring indicates that no data are available for that state.

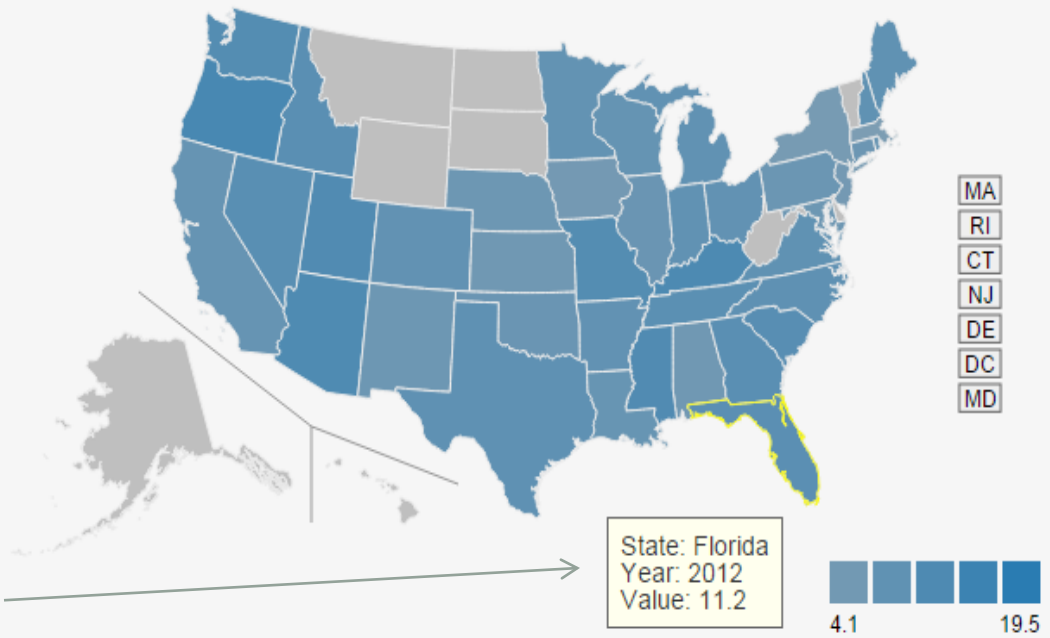
Year

| | | |
|---|---|---|
| 2012 | 2011 | 2010 |
| 2009 | 2008 | 2007 |
| 2006 | 2005 | 2004 |
| 2003 | 2002 | 2001 |
| 2000 | | |

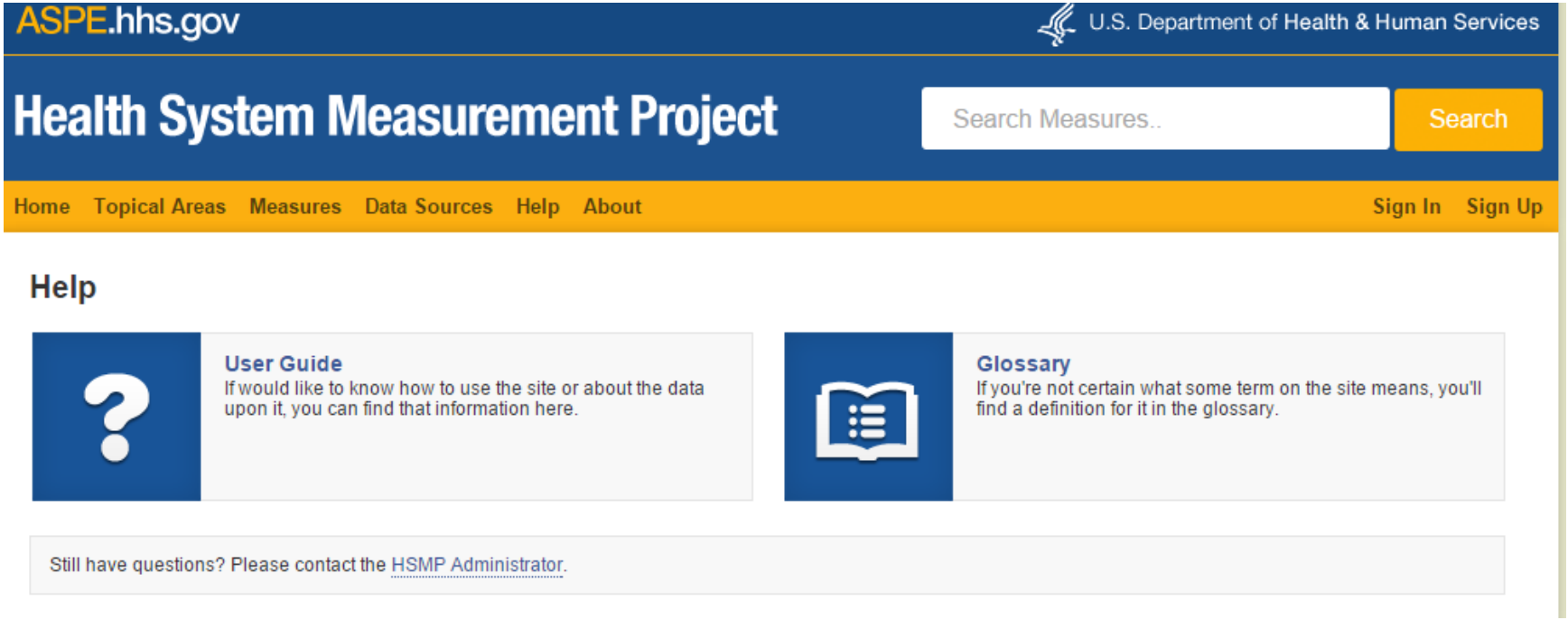
Download these data »

Explore these data »

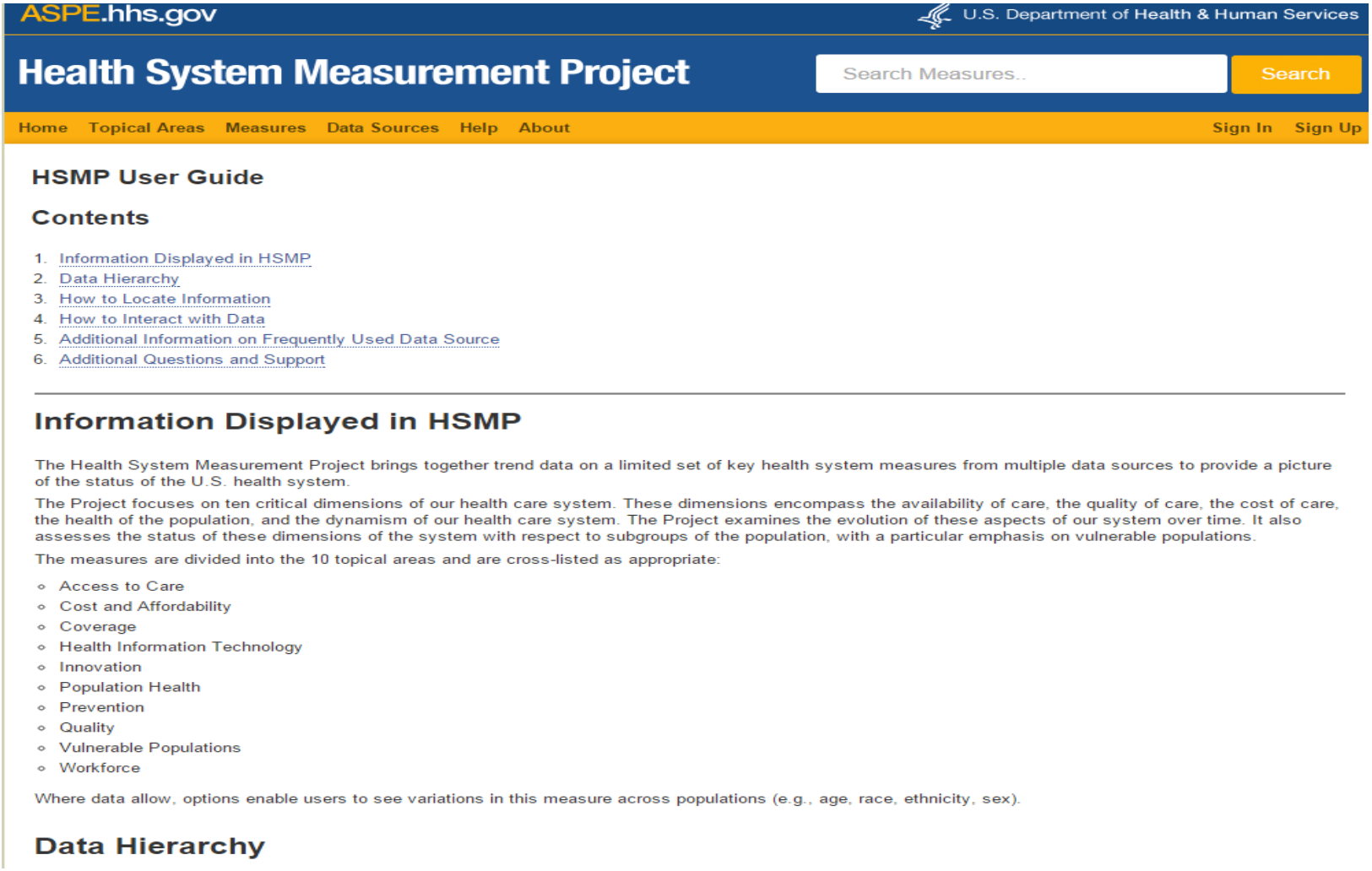
Curser hovers to show value



# HSMP User Guide & Glossary

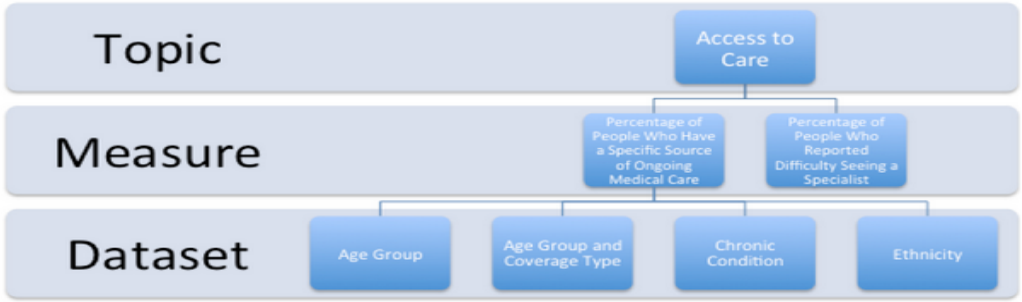


# HSMP User Guide



# HSMP User Guide (cont.)

Reviewing the data hierarchy of the HSMP 2.0 system is important to understanding how the data elements fit together.




The highest level of the hierarchy is the home page, which contains information about recently updated data.

Topical are one level deeper. Each topical area has between 3 and 12 measures.

A measure is one level deeper. Most measures have multiple datasets displaying measures by a number of characteristics, such as income level, health insurance coverage type, age, etc. Each measure has metadata that provide information about that measure.

Datasets are the lowest level and contain computed statistical values. Datasets are represented in the User Interface as both charts (within a measure page) and tabular datasets (viewable online and available for download to Excel or .csv). Datasets also have descriptive metadata.

In addition to core data elements (topics/measures/datasets-charts), the system also has the following features:

- An index page to find measures by topical area
- A Help/FAQ/Contact Us page.

## How to Locate Information

### Data Source

The data source is stated at the top of each Measure page, beside the label for "Data Source." Many of the data sources are linked to sites that provide additional information on the data.

### Date of Most Recent Update

The date each dataset was most recently updated is available above each graph on the Measure page.

### Measure Calculation

The measure calculation methodology is available at the top of each Measure page in a box labeled "Metrics Calculation." For individual breakouts, additional breakout-specific calculation methodology is provided directly above the dataset graph on the Measure page.

## How to Interact with the Data

### Switching from graphs to tables

The breakout display can be switched from a graph to a data table by clicking the "table" button on the upper right corner of each graph.

### Selecting different data groups for display

# HSMP Glossary

Home Topical Areas Measures Data Sources Help About Sign In Sign Up

## Glossary

B C D E M P R S

### B

#### Birth

Birth is defined as delivery of an infant that shows specified signs of life as defined by the CDC. For more information, please see: http://www.cdc.gov/nchs/products/other/miscpub/statereg.htm.

Back to top

### C

#### Chronic condition

Surveys defined chronic conditions in similar ways for the purposes of displaying data on the Health System Measurement Project, however, the definitions vary slightly due to survey methodology and data constraints. Examples are below.

**The Medical Expenditure Panel Survey (MEPS)** defined chronic conditions derived from the Clinical Classification Codes (CSS).

**The National Health Interview Survey (NHIS)**, defined a count of chronic conditions as follows. For adults, multiple types of cancers were only counted once for the count of chronic conditions. Multiple types of heart conditions (for adults: coronary heart disease, myocardial infarction, other heart disease or condition; for children: congenital heart disease, other heart condition) were also only counted once. Adults with emphysema and/or chronic bronchitis were considered to have chronic obstructive pulmonary disease (COPD); therefore prevalence of both conditions was only counted once. For children, multiple types of developmental conditions (Down syndrome, mental retardation, other developmental disorder) were only counted once.

**The National Health and Nutrition Examination Survey (NHANES)** defined chronic conditions as ever being told by a health professional that an individual had cancer, hypertension, coronary heart disease, myocardial infarction, heart disease, stroke, asthma, diabetes, arthritis, liver condition, chronic bronchitis or if they had measured hepatitis antibodies.

**The National Ambulatory Medical Care Survey (NAMCS)** defined chronic conditions as if a sampled visit had any of the following conditions on their chart: arthritis, asthma, cancer, cerebrovascular disease , chronic renal failure, congestive heart failure, COPD, depression, diabetes, hyperlipidemia, hypertension, ischemic heart disease, obesity, or osteoporosis.

#### Confidence interval

The confidence interval measures the statistical probability that the range obtained from the sample contains the true population value. For example, a 95% confidence interval is expected to contain the true population value in 95% of samples.

Back to top

### D

# HSMP Next Steps

- Future enhancements and improvements
- New topics, measures, and sources of data

# Questions

# Thank you!

https://healthmeasures.aspe.hhs.gov/