National Healthcare Quality and Disparities Reports

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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

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<td><strong>Snapshot of quality of health care in America</strong></td>
<td><strong>Snapshot of disparities in health care in American</strong></td>
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<td>Quality</td>
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<td>Variation across states</td>
<td>Variation across populations</td>
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Actual Care for the Disadvantaged

Disparities Chasm

Inequitable: Uninsuranc e, Poverty, Language, Culture, Bias

Actual Care for the Advantaged

Quality Chasm

Ineffective, Unsafe, Untimely, Not Patient Centered, Inefficient

Actual Care

High Quality Care

= Quality Improvement for the Disadvantaged

Ineffective, Unsafe, Untimely, Not Patient Centered, Inefficient, Inequitable

Actual Care for the Disadvantaged

High Quality Care
Goals of the 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

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 (NHHC), 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 (NHHC), 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/National Nursing Home Survey (NNHS), 1999
- NIH, United States Renal Data System (USRDS), 2000
- SAMHSA, Client/Patient Survey Sample (CPSS), 1997.

Data extracted from administrative data systems of health care organizations:
- AHRQ, Healthcare Cost and Utilization Project; State Inpatient Databases' State database (HCUP SID), 2000
- Medicare data from CMS

Data from surveillance and vital statistics systems:
- CDC-NCHS, National Vital Statistics System (NVSS), 2000
- NIH, Surveillance, Epidemiology, and End Results (SEER) program.
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
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
Planning Future Reports

- Improving inputs
  - Filling identified gaps
  - Covering all the right health conditions
  - Tapping emerging sources of new data
- Electronic health records
Filling Measurement Gaps

- Mental health care and substance abuse treatment
  - Worked with SAMHSA & NIMH to fill

- HIV care
  - Worked with CDC to fill

- Coping with disability and end of life
  - TEP to provide standard definitions

- Efficiency
  - Organizing EPC
Need Help with Data Gaps

- Small populations
  - NHOPI, AI/AN, Asian
  - Rural, children, elderly

- Difficult to identify populations
  - Racial and ethnic minorities
  - Low socioeconomic status
  - Disabled

- Irregular data
  - National Nursing Home Survey
  - National Home and Hospice Care Survey
  - NHIS: Preventive services
Gaps in information exist.

% of measures with data

White  Black  Asian  NHOPi  AI/AN  >1 Race  Hispanic

Quality  Access
Covering Right Health Conditions

- Cross-walking exercise
  - Leading causes of death and disability
  - Most costly conditions
  - Largest disparities impact
  - IOM Priority Conditions for Quality Improvement
  - Departmental priorities

- Good coverage but some gaps
  - Cerebrovascular disease
  - Trauma
  - Arthritis
  - Pain control
  - Obesity
Contact information

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