Transforming Data into Action: Lessons from the National Healthcare Disparities Report

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Presentation Overview

- What are the National Healthcare Quality & Disparities Reports
- Lessons from the Reports for Quality Improvement & Disparities Reduction
- How to use the Reports
### National Healthcare Quality & Disparities Reports

**Annual reports to Congress from Secretary since 2003 mandated by 1999 Healthcare Research and Quality Act**

**Improve care for all Americans: Unified team, Interagency Work Group, framework, data, methods, quality measures**

<table>
<thead>
<tr>
<th>Quality Report</th>
<th>Disparities Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snapshot &amp; trends in quality of health care in America</td>
<td>Snapshot &amp; trends in disparities in health care</td>
</tr>
<tr>
<td>Quality: Safety, effectiveness, timeliness, patient centeredness, efficiency</td>
<td>Quality + Access: Equity across race, ethnicity, &amp; SES</td>
</tr>
<tr>
<td>Variation across states</td>
<td>Variation across populations</td>
</tr>
</tbody>
</table>
## From Reports to Action

<table>
<thead>
<tr>
<th>Know</th>
<th>Plan</th>
<th>Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>See it happen</td>
<td>Help it happen</td>
<td>Make it happen</td>
</tr>
<tr>
<td>Policy Makers</td>
<td>Health Organizations</td>
<td>Providers</td>
</tr>
<tr>
<td>Screening</td>
<td>Diagnosis</td>
<td>Treatment</td>
</tr>
<tr>
<td>NHQR/DR</td>
<td>Local Benchmarks</td>
<td>QI</td>
</tr>
</tbody>
</table>

### Better Health Care

Lesson 1: Quality ≠ Disparities..

Source: 2007 NHQR/DR
So, if you want to change disparities, focus on disparities.

Source: BRFSS, 2005
Actual Care for the Disadvantaged
Inequitable: Uninsurance, Poverty, Language, Culture, Bias
Disparities Chasm

Actual Care for the Advantageous
Ineffective, Unsafe, Untimely, Not Patient Centered, Inefficient

Actual Care
High Quality Care

Quality Chasm

= Quality Improvement for the Disadvantaged
Ineffective, Unsafe, Untimely, Not Patient Centered, Inefficient, Inequitable

Actual Care for the Disadvantaged
High Quality Care

2: Quality and Disparities Data can be used together to target interventions.
3: Can use QI measures to examine disparities, but don’t forget access…

<table>
<thead>
<tr>
<th>Access to Care</th>
<th>Quality of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry Barriers</td>
<td>Structural Barriers</td>
</tr>
<tr>
<td>Staying Healthy</td>
<td>Staying Healthy</td>
</tr>
<tr>
<td>Getting Better</td>
<td>Getting Better</td>
</tr>
<tr>
<td>Living with Illness or Disability</td>
<td>Living with Illness or Disability</td>
</tr>
<tr>
<td>Coping with the End of Life</td>
<td>Coping with the End of Life</td>
</tr>
</tbody>
</table>

**Health Status / Health Care Need**
And expect data gaps

Source: 2006 NHDR
Figure 4.7. Women age 40 and over who reported they had a mammogram in the past 2 years, by race, Asian subgroup, and insurance status, California only, 2005

Source: University of California, Los Angeles, Center for Health Policy Research, California Health Interview Survey.

Note: Public insurance includes people with Medicare and/or Medicaid coverage for this measure.

Reference population: Civilian noninstitutionalized women age 40 and over in California.
Lesson 4. Quality can be difficult to recognize unlike disparities ($\Delta = 0$).

Maryland

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

How Has That Performance Changed?

Performance Meter:
All Measures

Weak
Very Weak

Average

Strong
Very Strong

= Most Recent Data Year

= Baseline Year

(Baseline year may vary across measures)

What performance measures make up this meter? [select this link or the Meter]

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

What contextual factors might influence this State's performance? [select this link or Contextual Factors]

The meter represents the State's balance of below average, average, and above average measures compared to all States. The performance meter has five categories: very weak, weak, average, strong, and very strong. 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 solid arrow describes results for the most recent data year; a dashed arrow describes the baseline year. A missing arrow means there were insufficient data to create the summary measure for this State. Compared to all States, for the most recent data year, the performance for Maryland for all measures is in the average range. For the baseline year, performance is in the average range.
Use 1: Raise Awareness & Make Case for Action

Source: 2006 NHDR
Use 2: Pick measures & methods

Screening for Breast Cancer

Measure Title
Women age 40 and over who report they had a mammogram within the past 2 years.

Measure Source
Healthy People 2010, measure 3-13.

Tables
1. Women age 40 and over who reported they had a mammogram within the past 2 years, United States, 2003, by
   - Race
   - Ethnicity
   - Family income

Data Source
Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey (NHIS).

Denominator
U.S. female resident population age 40 and over.

Numerator
Number of women age 40 and over who report receiving a mammogram within the past 2 years.

Comments
Data reported in Table 1 are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For a discussion of age adjustment, see Part A, Section 5 of Tracking Healthy People 2010.
### Use 3: Summarize findings

#### Table 4.2. Core measures that are getting worse for group compared with reference group

<table>
<thead>
<tr>
<th>Group</th>
<th>Preventive services</th>
<th>Acute illness treatment</th>
<th>Chronic disease management</th>
<th>Timeliness</th>
<th>Patient centeredness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black vs. White</td>
<td>Adults age 65 and over who ever received pneumococcal vaccination.</td>
<td></td>
<td>Hospital admissions for lower extremity amputations in patients with diabetes.</td>
<td>Adults whose provider communication problems.</td>
<td>Adults whose provider communication problems.</td>
</tr>
<tr>
<td>Asian vs. White</td>
<td>Adults age 65 and over who ever received pneumococcal vaccination.</td>
<td></td>
<td>Hospital admissions for pediatric asthma.</td>
<td>Adults whose provider communication problems.</td>
<td>Adults whose provider communication problems.</td>
</tr>
<tr>
<td>American Indian/Alaska Native vs. White</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic vs. non-Hispanic White</td>
<td>Obese patients age 18 and over given advice about exercise.</td>
<td></td>
<td>Hospital admissions for lower extremity amputations in patients with diabetes.</td>
<td>Adults whose provider communication problems.</td>
<td>Adults whose provider communication problems.</td>
</tr>
<tr>
<td>Poor vs. high income</td>
<td></td>
<td>Hospital admissions for pediatric gastroenteritis.</td>
<td>Adults with diabetes who had 3 major exams in past year.</td>
<td>Illness/injury care as soon as wanted.</td>
<td>Adults whose provider communication problems.</td>
</tr>
</tbody>
</table>
Use 4: Partner with AHRQ

Mammography rate among elderly Asian women

Source: Medicare claims, 2002
Conclusions

- National Reports summarize much knowledge but ≠ Quality Improvement
- Reports can provide insight about how QI can be used to reduce disparities
- Reports can support planning for action
  - Make case for action
  - Identify QI opportunities: Which populations, services, communities
  - Help pick measures & methods
- Local teams do the improvement