



AHRQ Role in Quality Data for Purchasers and Consumers

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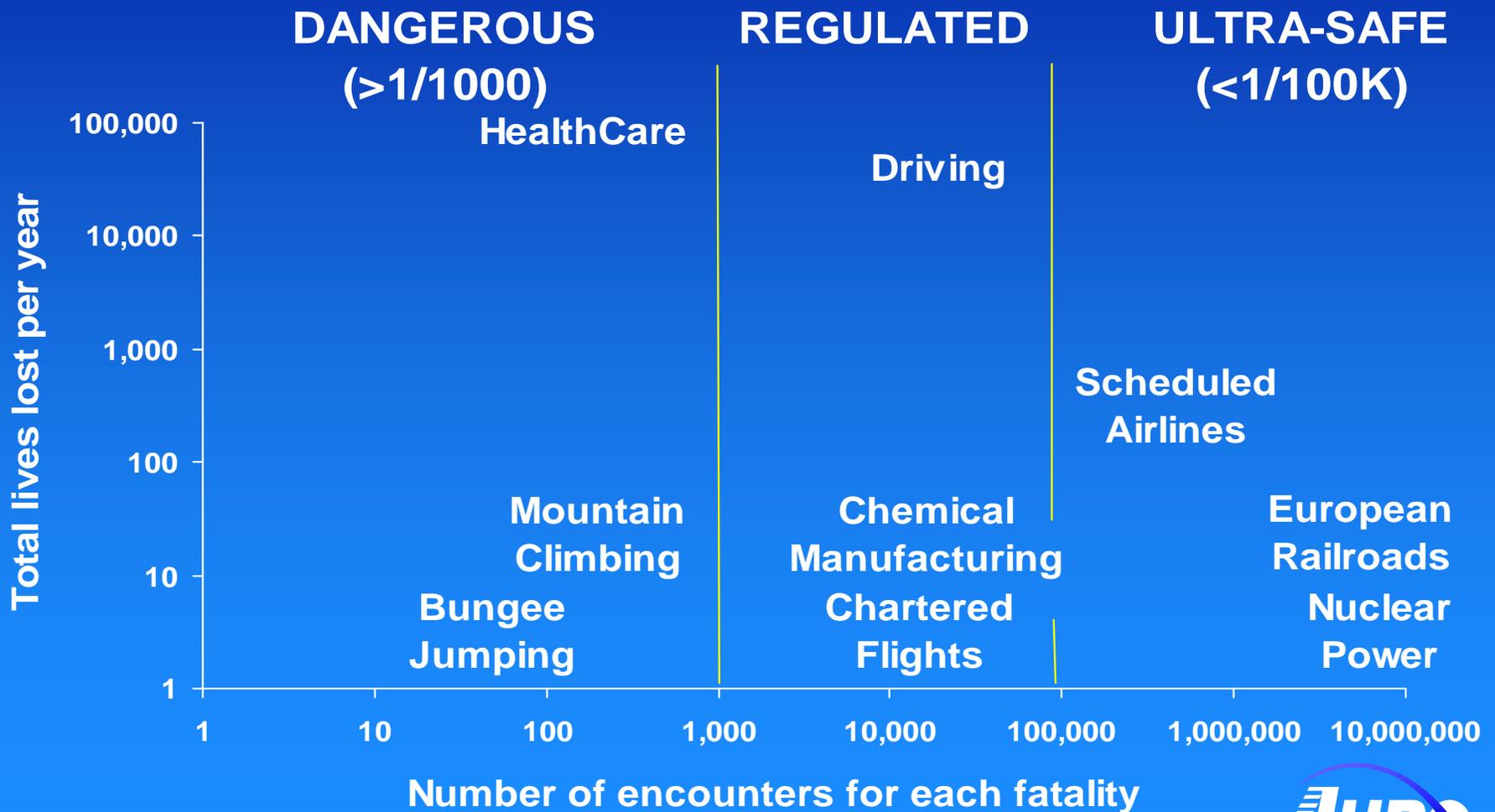
Agency for Healthcare Research and Quality
Presentation to Federal Trade Commission
Conference on Healthcare Information and
Competition

April 17, 2004





How Hazardous Is Health Care?



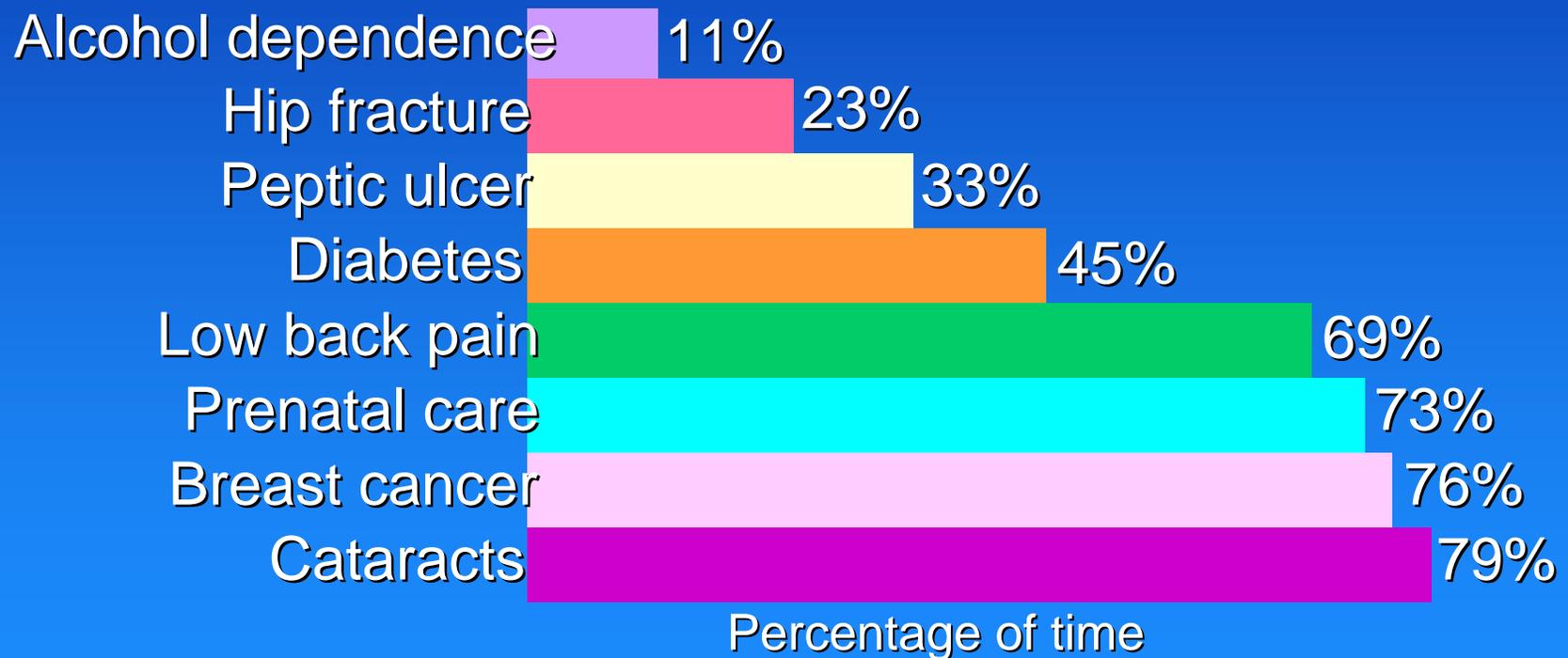
Source: Berwick, D.M.





RAND Study: Quality of Health Care Often Not Optimal

- Doctors provide appropriate health care only about half the time



E. McGlynn, S. Asch, J. Adams, et al., The Quality of Health Care Delivered to Adults in the United States, *N Engl J Med*, 2003

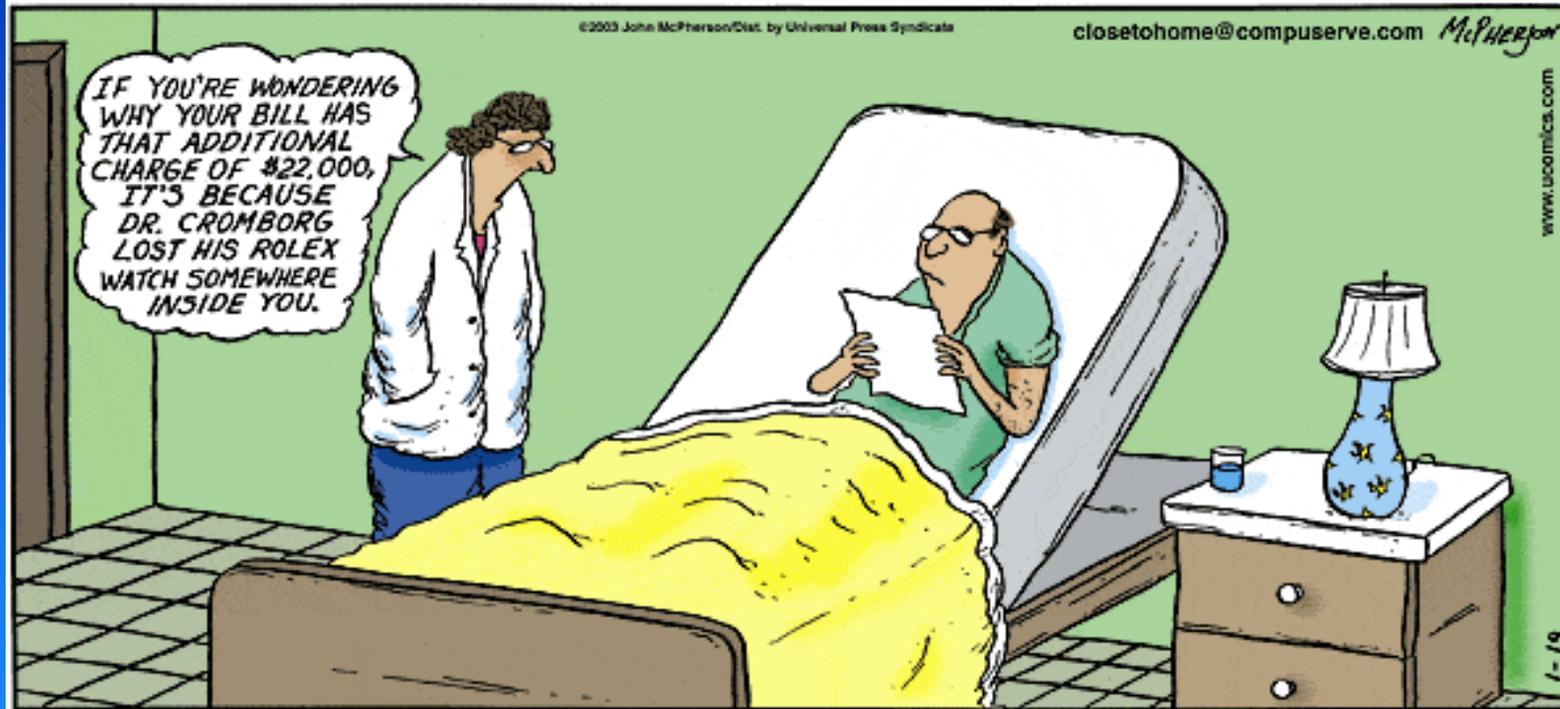




The Challenge Spills Over into Cost

CLOSE TO HOME

BY JOHN MCPHERSON





Concern Leads to Three Questions

- How good is care?
 - Tracking
- How can I improve care?
 - Internal quality improvement
- How can I select and reward good care?
 - Public reporting
 - Pay for performance



Information for Purchasing: Three examples

- National Health Care Quality and Disparities Reports
- CAHPS
- AHRQ Quality Indicators





Example #1: National Reports on Quality, Disparities

- Mandated by Congress
- Published December 2003
- Track national state of quality and disparities
- Intended as starting point for action
- Multiple data sets, including CAHPS, Quality Indicators, many others



Example #2: CAHPS

Measures consumer experience of care

- Communication
- Getting needed care
- Getting care quickly
- Respect
- Coordination of care
- Being involved in decision making
- Amenities



CAHPS Nationally Used

- NCQA, CMS, US OPM, DOD use it
- 123 million Americans are in plans for which CAHPS data are available
- Accepted as the industry standard
- Hospital CAHPS and other surveys fashioned using the same design principles





Hospital CAHPS® - AHRQ's Role

- Develop survey to measure patient experience with hospital care (HCAHPS® Instrument Team)
- Develop sampling and data collection methods
- Develop consumer reports
- Assist CMS in testing these elements in pilot tests
- Continue cognitive and field testing
- Get stakeholder input throughout





Hospitals A Priority for Purchasers and Consumers

- Are a third of *total* national health expenditures
 - CMS, Office of the Actuary
- Represent more than half of *increase* in health care spending
 - Health Affairs, 2002
- Have documented patient safety issues
- Show big variation by state, market, payer
- Have a uniform national data set



Example #3: HCUP Partnership and AHRQ Quality Indicators

- Federal, state, industry partnership
- Has 90% of all inpatient discharges
- Growing to include ED, ambulatory surgery, other
- Includes charge, payer, clinical data
- Extensive use by researchers and policy-makers
- New methodology converts charges to cost
 - Friedman, Journal of Health Care Finance, 2002
- Quality Indicators Usable with any discharge data





Origin of AHRQ Quality Indicators

- In the early 1990s, HCUP state partners asked: “Help us make better use of our data.”
- Basic philosophy: Create indicators of quality, not necessarily definitive measures
- Primary constraints
 - Use hospital discharge abstract data
 - No need for linking
 - Based on readily available data elements: the common denominator dataset
- Stanford-UCSF Evidence-based Practice Center refined and risk-adjusted





Overview of AHRQ QIs

- Prevention Quality Indicators
- Inpatient Quality Indicators
- Patient Safety Indicators
- Ambulatory care sensitive conditions
- Mortality following procedures
- Mortality for medical conditions
- Utilization of procedures
- Volume of procedures
- Post-operative complications
- Iatrogenic conditions



Uses of Prevention Quality Indicators: Tracking Cost of Potentially Preventable Admissions

- National Cost: \$29 billion
- Diabetes: \$2.5 billion
 - Short-term complications
 - Long-term complications
 - Uncontrolled diabetes



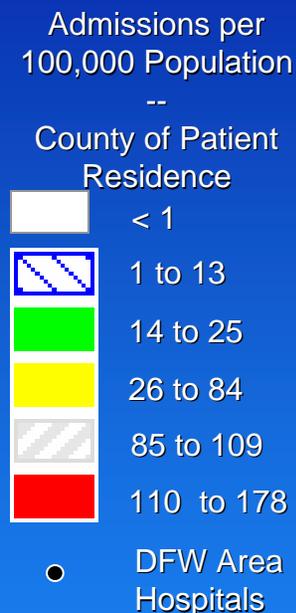
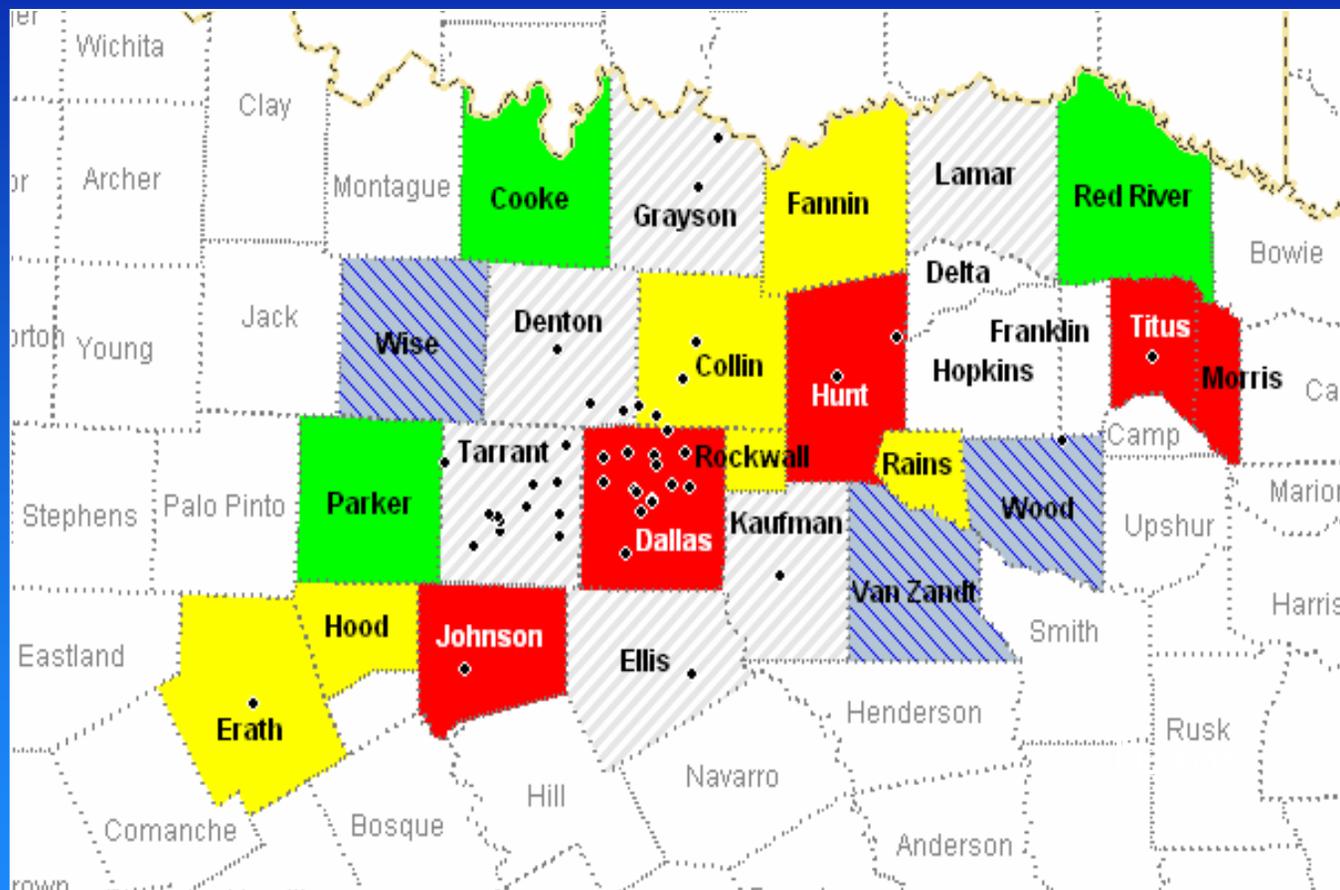
Uses of Prevention Quality Indicators: Community/Market Efforts to Lower Diabetes Cost

- Look at potentially preventable diabetes admissions
 - Variation by county/community in the state
 - Changes over time
 - Variations by population subgroups
- Compare to national figures on HCUPnet
- Do targeted interventions
- Track impact



Variation in Admission Rates in North Texas for Prevention Quality Indicators

Diabetes - Long Term Complications



September 26, 2002
Draft Report

Dallas-Fort Worth Hospital Council -- Data Initiative -- 2000 Hospital Discharge Data





Inpatient Quality Indicators and Patient Safety Indicators – Current Uses

- National Tracking
 - Nat'l Healthcare Quality/Disparities Reports
 - MedPAC Report to Congress
- Quality Improvement
 - Hospitals and State Hospital Associations
 - VA (Boston)
- Report Cards
 - Texas and New York
- Payment Differentials
 - CMS Premier demonstration; private initiatives



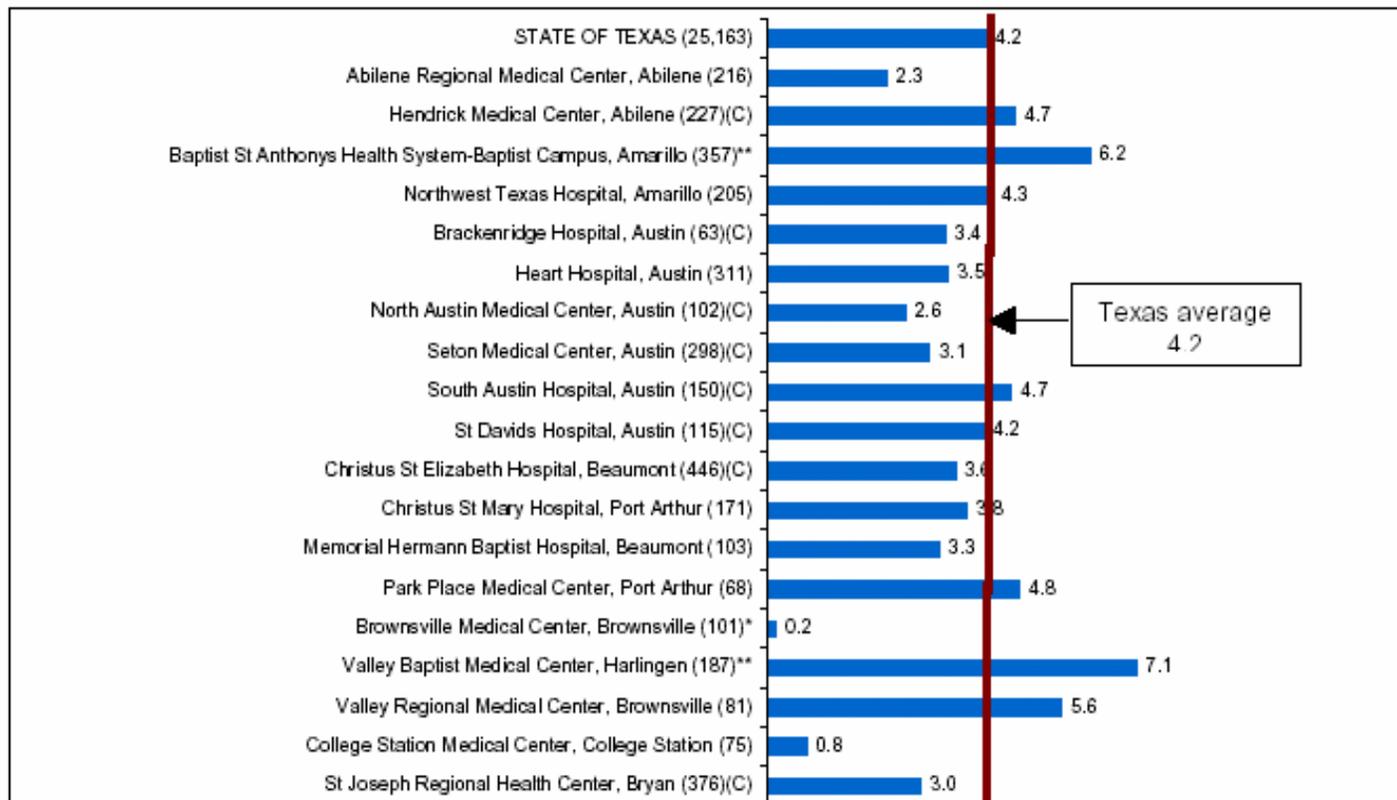
Texas Health Care Information Council

Texas Health Care Information Council
 Indicators of Inpatient Care in Texas Hospitals, 2000
 Table 12. Coronary Artery Bypass Graft Risk-Adjusted Mortality Rate

Better quality may be associated with lower rates.

Number of cases in parentheses. Rates not calculated for hospitals with fewer than 30 cases.

Hospital comments indicated by (C) following number of cases.





Niagara Health Quality Coalition



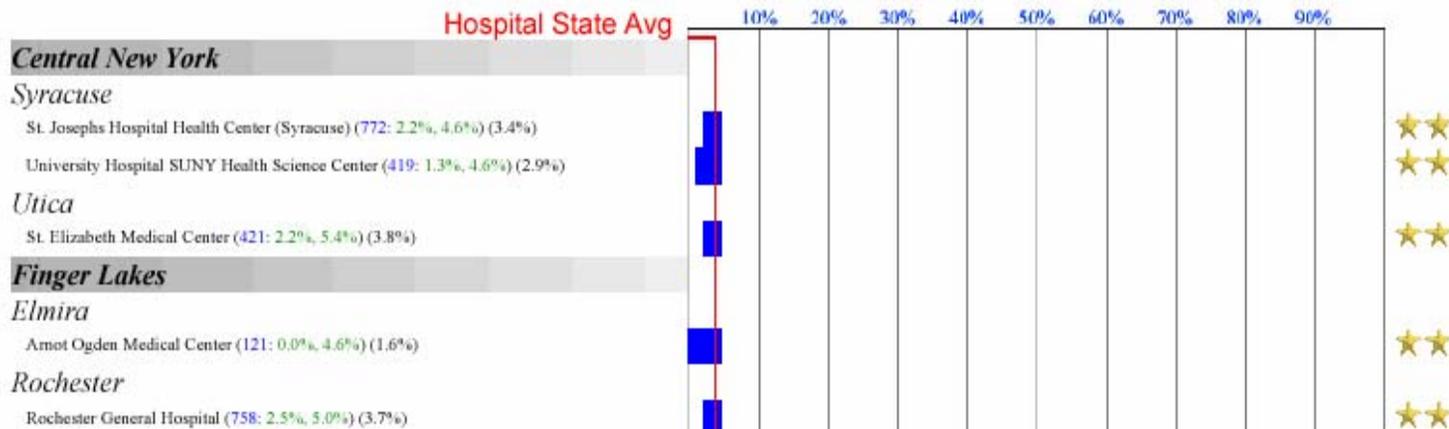
Graph 12: Coronary Artery Bypass Graft Mortality Rate

Coronary artery bypass graft (CABG) surgery reroutes or 'bypasses' blood around clogged arteries to improve the supply of oxygenated blood to the heart. Thousands of bypass surgeries are performed each year and the death rate is relatively low. However, this relatively common procedure requires skill in the use of complex equipment.

State total in cases: 19,141
State risk-adjusted mortality rate: 3.5%

- ★★★★ Better than state average
- ★★★ At the state average
- ★ Worse than state average

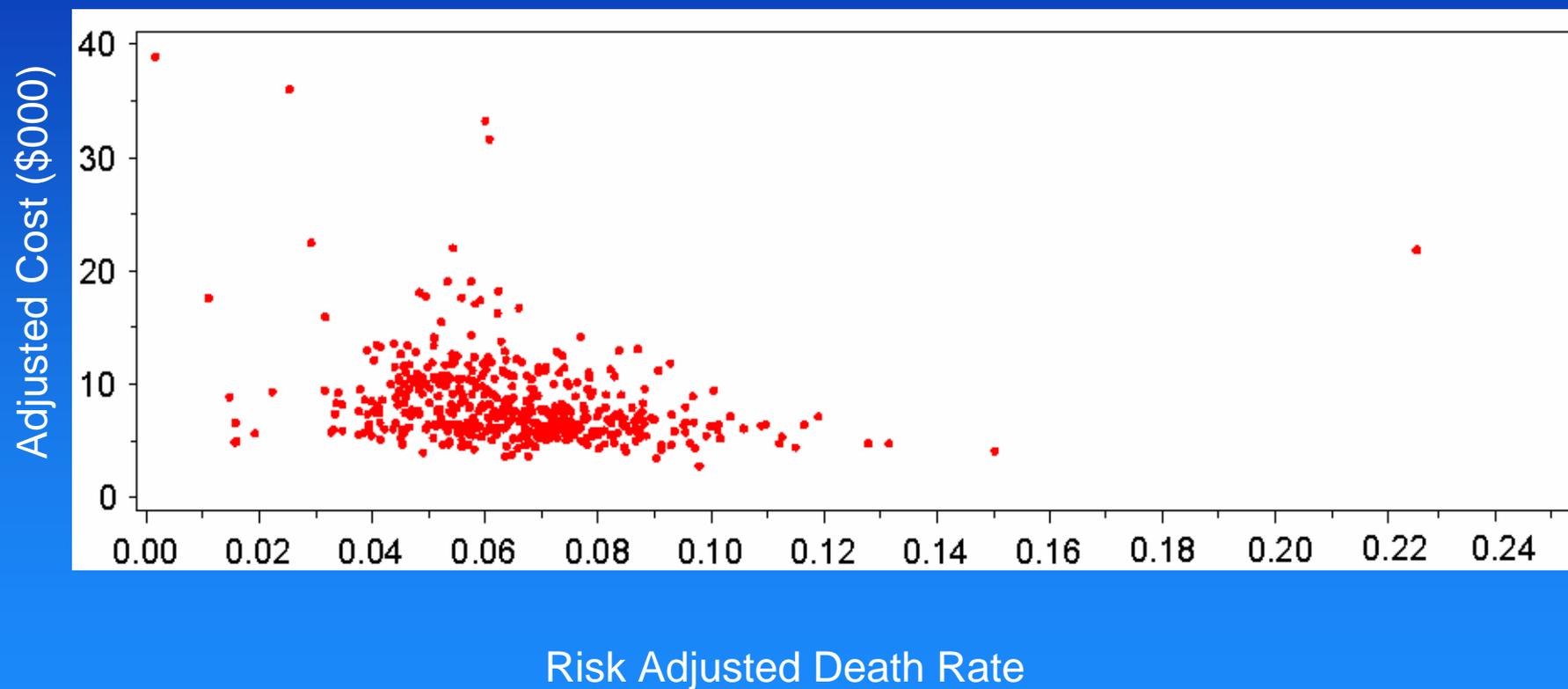
There are 39 hospitals in this table.





Variation in Mortality and Cost across US hospitals

(Using composite of 13 AHRQ Indicators; Cost adjusted for area wage index)





Future Directions for AHRQ QIs

- Guidance for new uses (reporting and payment)
- Respond to user needs
- Do additional validation studies
- Expand indicators
 - Pediatric
- Evaluate need for expanded datasets to include:
 - State-specific innovations (onset of diagnosis)
 - Ability to link data across hospital stays, outpatient settings
 - More clinical information





Home Page
<http://www.AHRQ.gov>

Center for Delivery, Org. & Markets
<http://www.AHRQ.gov/about/cods>

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