



*Agency for Healthcare Research and Quality*

*Advancing Excellence in Health Care*

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# 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

NHQR	NHDR
Snapshot of quality of health care in America	Snapshot of disparities in health care in American
Quality	Quality + Access
Variation across states	Variation across populations





# Linking Disparities & Quality





# 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
- SAMHSA, National Household Survey of Drug Abuse (NHSDA), 2000.

## ■ 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 (NHHCSS), 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 (NHHCSS), 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's National Nursing Home Survey (NNHS), 1999
- NIH, United States Renal Data System (USRDS), 2000
- SAMHSA, Client/Patient Survey Sample (CPSS), 1997.
- CMS, Quality Indicators program, 1998-1999.

## ■ Data extracted from administrative data systems of health care organizations:

- AHRQ, Healthcare Cost and Utilization Project State Inpatient Databases 16- State database (HCUP SID), 2000
- Medicare claim data from CMS
- HIV Research Network data (HIVRN), 2000.

## ■ Data from surveillance and vital statistics systems:

- CDC-National Center for HIV, STD, and TB Prevention, HIV/AIDS Surveillance System, 2000
- CDC-National Center for HIV, STD, and TB Prevention, TB Surveillance System, 1998-1999
- 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



# Preliminary NHDR Findings

- **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

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



# Filling Measurement Gaps

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- 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



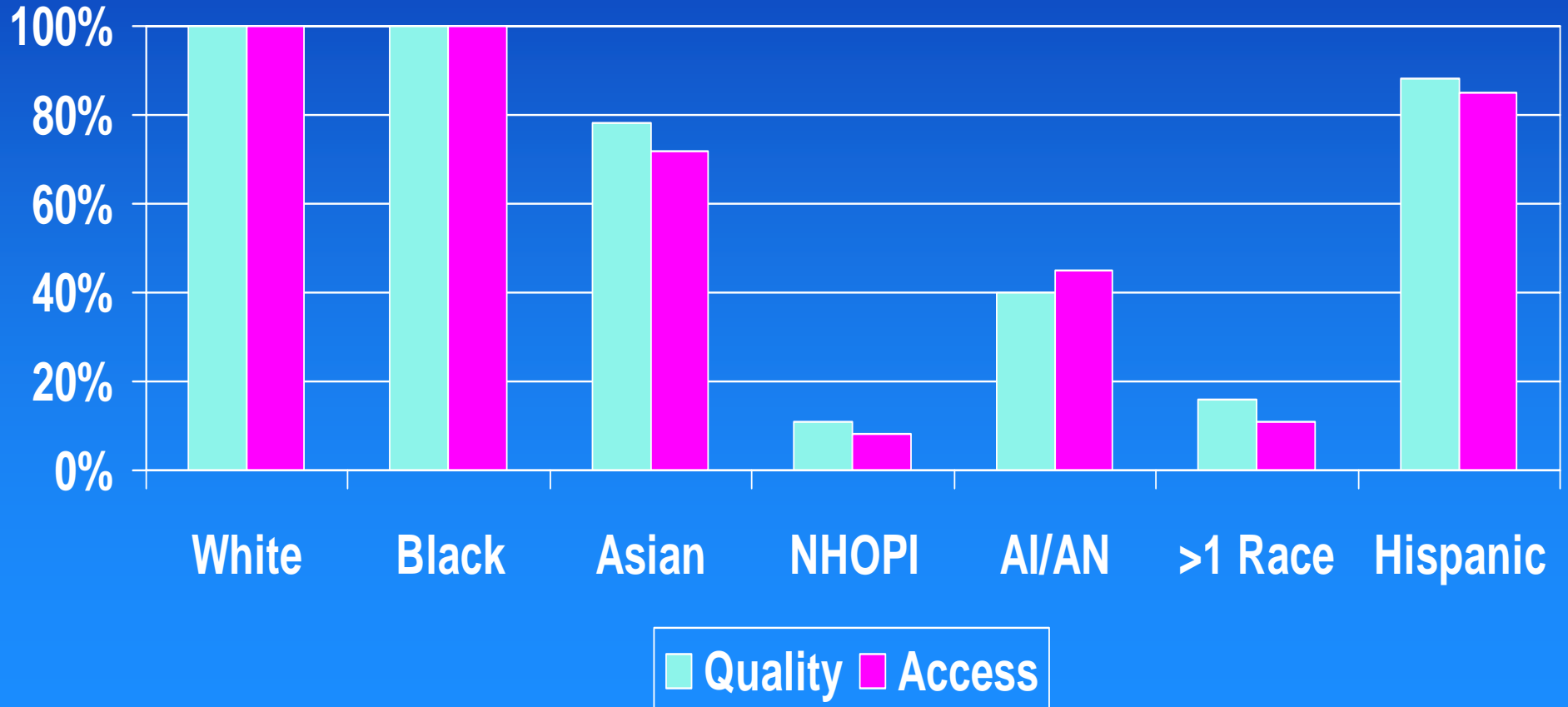
# Need Help with Data Gaps

- 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







# 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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