



HCUPnet for State Policymakers - Utah's Use Case



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 AHRQ State Quality Improvement Workshop
 December 6-7, 2007

Acknowledgment

to those who
 lead,
 guide, or
 support
 evidence-based
 policymaking




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LEAD the Evidence-based Policymaking

David Sundwall, MD, Exec Director
 Utah Department of Health


- A leader in using health data for evidence-based policymaking
- His leadership principle #2 is science-based practice and policy



Acknowledgment I

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GUIDE the Evidence-based Policymaking



- Clark Hinckley, Robert Huefner, Leslie Francis, Stephen Kroes and other members of Utah Health Data Committee for their guidance in vision & policy analysis to transform healthcare system

“We really are at a very exciting point in health care. Several years from now we will look back and see that the health care system that we know today has changed in sort of a revolutionary fashion.”


*-Clark B. Hinckley, Chairman, Health Data Committee
 Summary at the HDC Biennial Retreat, July 11, 2006*

Acknowledgment II

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STAFF SUPPORT to the Evidence-based Policymaking


- Mike Martin, Lori Brady, Keely Cofrin Allen, Lois Haggard and Barry Nangle in Utah Center for Health Data for their efforts in development and facilitation of discussion and uses of the report



Acknowledgment III

FEDERAL SUPPORT to States' Evidence-based Policymaking

- Support from 3 AHRQ Teams
 - The HCUP Team
 - The National Healthcare Quality Report team
 - The AHRQ Public Affairs Office




Acknowledgment IV

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Background




Utah Health Data Authority Act



26-33a-104

The purpose of the committee is to direct a statewide effort to *collect, analyze, and distribute* health care data *to facilitate the promotion and accessibility of quality and cost-effective health care* and also to facilitate interaction among those with concern for health care issues.

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Health Data Committee

Purchasers/Business

Clark Hinckley - Chair, Zions Bancorporation
 Stephen Kroes, Utah Foundation
 Marilyn Tang, Certified Handling Systems

Providers

Kim Bateman, M.D. Manti Medical Clinic and *HealthInsight*
 Gail McGill, R.N. Orem Community Hospital

Public Policy


Judy Buffmire, Former Legislator
 Robert Huefner – Vice Chair, Univ. of Utah, Political Sciences
 Leslie Francis, Univ. of Utah, Health Ethnicities

Patients/Consumers

Gary Nordoff, Housing for Low Income People
 Terry Haven, Utah Children

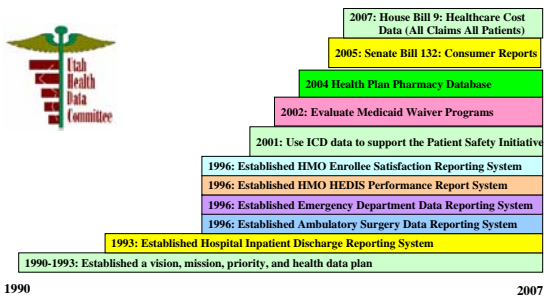
Payers and Health Systems

David Call, Deseret Mutual Benefits Administration
 Douglas Hasbrouck, Regence BC/BS of Utah
 Greg Poulsen, Intermountain Health Care



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Health Data Building Blocks for Policy Analysis, 1990-2007




- 2007: House Bill 9: Healthcare Cost Data (All Claims All Patients)
- 2005: Senate Bill 132: Consumer Reports
- 2004 Health Plan Pharmacy Database
- 2002: Evaluate Medicaid Waiver Programs
- 2001: Use ICD data to support the Patient Safety Initiative
- 1996: Established HMO Enrollee Satisfaction Reporting System
- 1996: Established HMO HEDIS Performance Report System
- 1996: Established Emergency Department Data Reporting System
- 1996: Established Ambulatory Surgery Data Reporting System
- 1993: Established Hospital Inpatient Discharge Reporting System
- 1990-1993: Established a vision, mission, priority, and health data plan

19902007


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Useful Data for State Policymakers

- Big pictures from a state to the nation
- Comparative summary indicators
 - State Ranking
 - Trend
- Cover all settings & types of health care
- Tied to state policy priorities
- Identify new issues
- Simple, short, & pictures



Use Case Examples





16 summary indicators in 3 areas

12

National-Comparative Data are Useful Sources for Policymakers

16 summary indicators in the report:

- 13 used national data or methods
 - 8 – AHRQ
 - 2 - CMS Health Care Expenditure Report
 - 1 - NCHS Hospital Survey
 - 1 - NCQA HEIDS
 - 1 - United Health Foundation
- 2 used Utah data and NYU methods (Access)
- 1 used Utah data and method (Rx data)



Utah's Overall Health Care Quality Performance Compared to All States



Source: Page 9, "Challenges in Utah's Health Care".

Quality Variation by Care Type and Setting

Category	Quality Rating	Description
Preventive Care	★★	On average
Acute Care	★★	On average
Chronic Care	★★★★	Strong/above average
Hospital Care	★★★★	Strong/above average
Nursing Home Care	★★	On average
Home Health Care	★★★★	Very strong/above average



Source: Page 10, "Challenges in Utah's Health Care".



Performance Summary of AHRQ Patient Safety Indicators Utah: 2003-2005

Compared to States with Similar Patient Population	Number of Indicators	Indicator Label
★★★★ Better than expected	7	Decubitus Ulcer; Failure to Resuscitate; Selected Infections Due to Medical Care; Postoperative Physiologic & Metabolic Derangement; Obstetric Injuries, 3rd or 4th Degree Lacerations - Vaginal Delivery With Instrument; Obstetric Injuries, 3rd or 4th Degree Lacerations - Vaginal Delivery Without Instrument; Birth Injuries to Newborn
★★★ Same as expected	5	Postoperative Hip Fracture Rate; Postoperative Hemorrhage or Hematoma; Postoperative Respiratory Failure; Postoperative Sepsis; Postoperative Wound Dehiscence
★ Worse than expected	4	Accidental Puncture or Laceration; Complications of Anesthesia; Postoperative Pulmonary Embolism or Deep Vein Thrombosis; Iatrogenic Pneumothorax
Not Applicable (Too few cases)	4	Obstetric Injuries, 3rd or 4th Degree Lacerations; Cesarean Delivery; Foreign Body Left During Procedure; Death in Low DRGs; Transfusion Reaction

Source: Page 11, "Challenges in Utah's Health Care".



Public Reporting Can Reduce Performance Variations

★★★★ = Hospital performed **better than expected** than their peer hospitals in the nation that treated similar patients. In consumer reports

Numbers of Three-Star Hospitals in the Consumer Reports on Obstetric Safety: 2004 - 2005

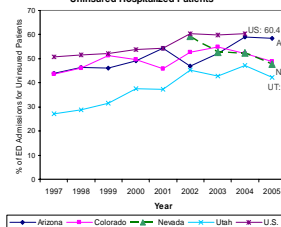
Patient Safety Indicator	2004	2005
Obstetric Injuries, 3 rd or 4 th Degree Lacerations - Vaginal Delivery <u>With</u> Instrument	4 hospitals	6 hospitals
Obstetric Injuries, 3 rd or 4 th Degree Lacerations - Vaginal Delivery <u>Without</u> Instrument	13 hospitals	19 hospitals

Source: Page 12, "Challenges in Utah's Health Care".

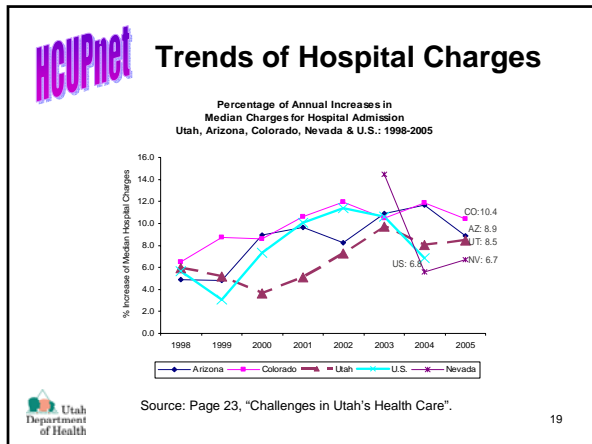


Increased Hospitalizations by Uninsured Residents in Utah, the U.S. and Selected States, 1997-2005

Percentage of Emergency Department Admissions for Uninsured Hospitalized Patients



Source: Page 16, "Challenges in Utah's Health Care".



HCUPnet Home

HCUPnet Home | Lay or researcher | Select type of query | Select year | Outcomes and measures | Patient and hospital characteristics | Results

Select outcomes and measures for which you want statistics

Check one or more

- Number of discharges
- Length of stay, mean
- Length of stay, median
- Hospital charges, mean
- Hospital charges, median
- Aggregate charges (the "national bill")
- Hospital costs, mean
- Hospital costs, median
- Aggregate costs
- Percent died in the hospital
- Discharge status
- Percent admitted from emergency department
- Percent admitted from another hospital
- Percent admitted from long term care facility

COST

Definitions

The unit of analysis for HCUP data is the hospital discharge (i.e., the hospital stay), not a person or patient.

Length of stay is the number of nights the patient remained in the hospital for this stay.

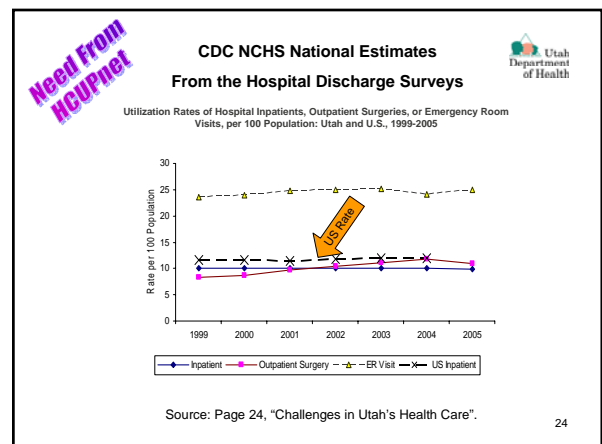
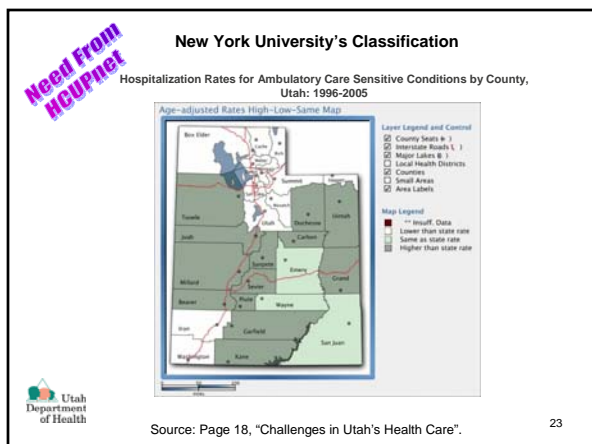
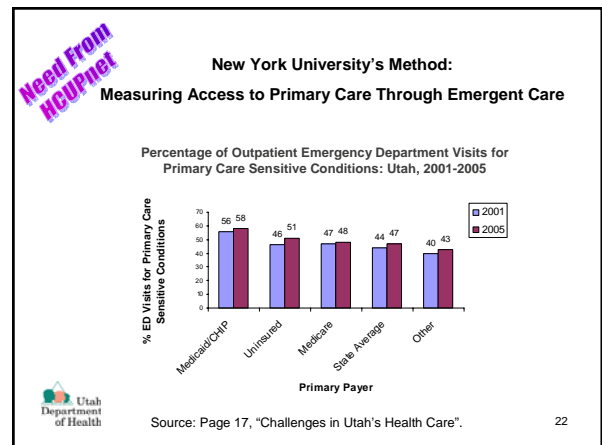
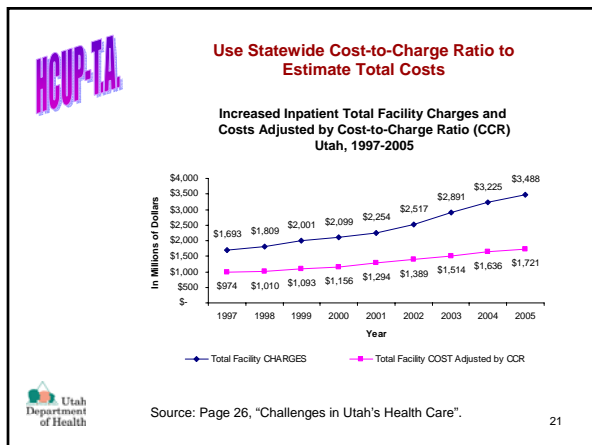
Hospital charges is the amount the hospital charged for the entire hospital stay. It does not include professional (MD) fees.

Aggregate charges or the "national bill" is the sum of all charges for all hospital stays in the U.S.

Costs Total charges were converted to costs using cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services (CMS).

Aggregate costs are the sum of all costs for all hospital stays. See **Costs** and **Aggregate charges** for details.

Died generally indicates in-hospital mortality. Some unknown number of cases may have died outside the hospital, but still be included in the data.



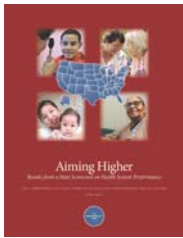
Utah's Self Rating on Trends of Quality and Patient Safety

Trend	Highlights	Page
→	Utah's overall health care quality was ranked as "Strong" in the 2006 National Healthcare Quality Report.	9
↓	Significant quality variations existed among types of care and care settings. Utah's nursing home care quality was weaker than hospital or home health care.	10
→	Baseline measures of hospital patient safety are established.	11
↑	Public reporting on quality and safety can reduce performance variations among hospitals.	12
↓	Utah faces huge challenges in promotion of preventive care.	13



Source: Page 8, "Challenges in Utah's Health Care".

UDOH released the report on the same day when AHRQ released the National Quality Report.



State Ranking Dynamics

- Commonwealth Fund Health System Report Card (2007), released 06/13/07

Rank	Access	Quality	Avoidable hospital use & cost	Equity	Healthy lives
Utah	38	48	1	42	1

Ranking Dynamics (cont.)



- Dr. Sundwall, Exec. Director led the investigation
 - Are the indicators comparable?
 - Are the methods comparable?
 - Are the data comparable?
 - What can we learn from the Commonwealth Fund report?
- The Utah Medical Ethics Committee (UMEC) had a rich discussion on August 28, 2007

UMEC Summary



- The distinction between outcome measures and process measures was evident in the various ranking schemes.
- The nation seems to be at a point where our measure definitions are standardized but the validity of each specific measure can't be taken for granted.

Take Home Message:

- Interaction between policymakers and analysts is the starting point for evidence-based policymaking
- "Play" with HCUPnet to explore answers for your policy questions
- Ask HCUP for technical assistance, if HCUPnet doesn't have the data you need.



Thank you.

Questions?

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