Aiming Higher
A State Scorecard on Health System Performance

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On Behalf of the Commonwealth Commission on a High Performance Health System

AcademyHealth
State Health Policy and Research Interest Group
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Aiming Higher
A State Scorecard on Health System Performance

Outline

• Purpose, approach, methods
• Select key findings
• Measuring equity
  – Implications of alternative strategies
• Data gaps
• Policy discussion
Purpose and Approach

• Aims to stimulate discussion, collaboration, and policy action

• Modeled on CMWF National Scorecard
  – Ranks states, contrasts to highest performers

• First to span five core dimensions
  – Access, Quality, Avoidable Hospital Use & Costs, Equity, Healthy Lives

• Public release June 13, 2007
Methods

- **Access, Quality, Avoidable Hospital Use & Costs, and Healthy Lives**
  - 32 indicators
  - Simple ranking on each indicator
  - Dimension rank based on average of indicator ranks
  - Overall rank is based on average of dimension ranks

- **Equity**
  - Gaps for vulnerable (income, insurance, race/ethnicity)
  - Uses subset of 32 Scorecard indicators
  - Scorecard shows contrasts to national average, within-state gap method also considered
Aiming Higher: Key Findings

• Wide variation among states, huge potential to improve
  – Two to three-fold differences in many indicators
  – Leaders offer benchmarks

• Leading states consistently out-perform lagging states
  – Suggests policies and systems linked to better performance
  – Distinct regional patterns, but also exceptions

• Access and quality highly correlated across states

• Significant opportunities to address cost, quality, access
  – Top performance on some indicators well below achievable
  – Quality not associated with higher cost across states

• All states have room to improve
  – Even best states perform poorly on some indicators
## State Scorecard Summary of Health System Performance Across Dimensions

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Access</th>
<th>Quality</th>
<th>Avoidable Hospital Use &amp; Costs</th>
<th>Equity</th>
<th>Healthy Lives</th>
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<td>Top Quartile</td>
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</table>
Access
Percent of Children Ages 0–17 Uninsured by State

1999–2000

2004–2005

SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007
Percent of Adults and Children Uninsured by State, 2004–2005

SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007
Quality

• Getting the Right Care
• Coordinated Care
• Patient-Centered Care
State Ranking on Access and Quality Dimensions

SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007
State Variation: Ambulatory Care Quality Indicators

<table>
<thead>
<tr>
<th>Category</th>
<th>Best State</th>
<th>Top 5 States Average</th>
<th>All States Median</th>
<th>Bottom 5 States Average</th>
<th>Worst State</th>
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<tr>
<td>Adults age 50+ received recommended preventive care</td>
<td>50</td>
<td>49</td>
<td>40</td>
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<td>Adult diabetics received three recommended diabetes services</td>
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<td>59</td>
<td>42</td>
<td>32</td>
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<td>Children ages 19–35 months received five vaccines</td>
<td>94</td>
<td>88</td>
<td>82</td>
<td>71</td>
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<td>Children with dental and medical preventive care visits</td>
<td>75</td>
<td>73</td>
<td>59</td>
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</table>

SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007
State Variation: Surgical Infection Prevention, 2005

Percent of adult surgical patients who received appropriate timing of antibiotics to prevent infections*

* Comprised of two indicators: before and after surgery.
DATA: 2005 CMS Hospital Compare
SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007
Avoidable Hospital Use and Costs
State Ranking on Potentially Avoidable Use of Hospitals and Costs of Care Dimension

SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007
AVOIDABLE HOSPITAL USE AND COSTS

State Variation: Hospital Admissions Indicators

Percent

- Best state
- Top 5 states average
- All states median
- Bottom 5 states average
- Worst state

<table>
<thead>
<tr>
<th>Category</th>
<th>Best State</th>
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<td>Medicare beneficiaries readmitted to hospital within 30 days</td>
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<td>14</td>
<td>18</td>
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<td>Nursing home residents admitted to hospital</td>
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<td>16</td>
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<tr>
<td>Nursing home residents readmitted to hospital within 3 months</td>
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<td>12</td>
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<tr>
<td>Home health patients admitted to hospital</td>
<td>18</td>
<td>20</td>
<td>27</td>
<td>27</td>
<td>46</td>
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</table>

DATA: Medicare readmissions – 2003 Medicare SAF 5% Inpatient Data; Nursing home admission and readmissions – 2000 Medicare enrollment records and MedPAR file; Home health admissions – 2004 Outcome and Assessment Information Set
SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007
Avoidable Hospital Use and Costs

Medicare Reimbursement and 30-Day Readmissions by State, 2003

DATA: Medicare reimbursement – 2003 Dartmouth Atlas of Health Care; Medicare readmissions – 2003 Medicare SAF 5% Inpatient Data
SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007
Healthy Lives
State Ranking on Healthy Lives Dimension

SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007
Mortality Amenable to Health Care by State, 2002

Deaths* per 100,000 Population
U.S. Average = 103 Deaths per 100,000

Quartile (range)
- Top (70.2–83.8)
- Second (85.9–96.9)
- Third (98.5–111.5)
- Bottom (112.8–160.0)

* Age-standardized deaths before age 75 from select causes; includes ischemic heart disease

SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007
Equity
Assessing Equity

• Gaps for most vulnerable
  – Low income (below poverty or below 2x poverty)
  – Uninsured
  – Racial, ethnic minority

• Alternative benchmarks, relative to...
  – National average
  – Each state’s most advantaged
Lack of Recommended Preventive Care by Income and Insurance

Percent of adults age 50+ who did not receive recommended preventive care

By income:
- More than 200% of poverty:
  - National average: 54
  - Top 5 states average: 61
  - Bottom 5 states average: 76
- 200% of poverty or less:
  - National average: 71
  - Top 5 states average: 61
  - Bottom 5 states average: 76

By insurance:
- Insured:
  - National average: 59
  - Top 5 states average: 54
  - Bottom 5 states average: 60
- Uninsured:
  - National average: 78
  - Top 5 states average: 65
  - Bottom 5 states average: 87

Note: Top 5 states refer to states with smallest gap between national average and low income/uninsured. Bottom 5 states refer to states with largest gap between national average and low income/uninsured.

DATA: 2002/2004 BRFSS
SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007
Mortality Amenable to Health Care by Race, National Average and State Variation

Deaths* per 100,000 Population

* Age-standardized deaths before age 75 from select causes; includes ischemic heart disease

Note: Top 5 states refer to states with smallest gap between national average and black. Bottom 5 states refer to states with largest gap between national average and black.

Comparison of Equity Benchmarks
States changing ranks by 10 or more
Gains if All Achieved Top State Benchmarks...

• More People Covered
  – 17.2 million adults
  – 4.3 million children

• More Getting the Right Care
  – 8.6 million adults (50+) receive recommended care
  – 3.6 million diabetics receive basic care
  – 750,000 children immunized

• More Getting Primary Care
  – 22 million adults with “usual source”
  – 10 million children with “medical home”

• Less Avoidable Utilization
  – 1 million fewer Medicare hospital admissions ($5 billion)
  – 200,000 fewer Medicare readmissions ($2.3 billion)
  – 125,000 fewer nursing home residents hospitalized ($1.2 billion)

• Healthy Lives
  – 90,000 fewer premature deaths
State Level Data Limitations

• Quality
  – Right care: Chronic disease under control
  – Coordination: Medication review at discharge, discharge follow-up
  – Patient-centered care: No data for under-65; hospital-patient
  – No safety indicators

• “Efficiency”
  – Overuse/waste: duplicate tests, medical records/tests not reaching doctor in time, unnecessary imaging studies
  – Avoidable ED use
  – Spending on administration & insurance
  – IT

• Equity: Multiple data gaps
State Level Data Limitations

- **Focus on state-level average**
  - Masks intra-state variability
  - Ecological associations limit causal inference
  - Healthy lives indicators reflect much more than system performance
Aiming Higher: The Need for Action to Improve Performance

Urgent need for action that takes a whole-population perspective and addresses access, quality, and efficiency

• Universal coverage with meaningful access: foundation for quality and efficient care
• Wide variations point to opportunities to learn
• Information systems and better information are critical for improvement
• National leadership and public and private collaborative improvement initiatives
Discussion

• How best can we use the Scorecard to stimulate discussion, collaboration, and policy action?
• How best can we build on this 5 dimension framework at the state level?
• What types of communication strategies and forums would be useful? Regional?
• What are key areas for national versus state policy action?
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