



Agency for Healthcare Research and Quality

Advancing Excellence in Health Care

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



National  
Healthcare  
Disparities  
Report  
2008



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National  
Healthcare  
Quality Report  
2008





# Presentation Overview

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- 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

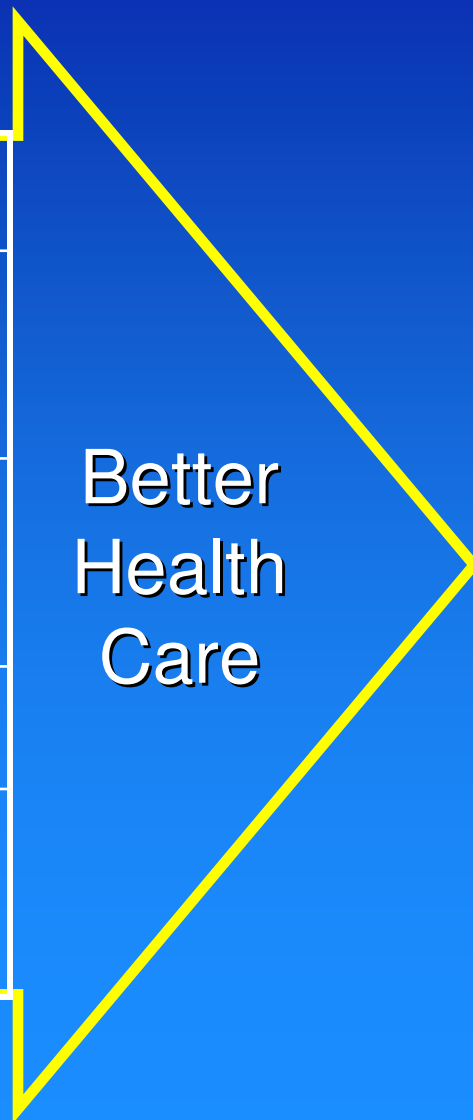
Improve care for all Americans: Unified team, Interagency Work Group, framework, data, methods, quality measures

<b>Quality Report</b>	<b>Disparities Report</b>
Snapshot & trends in quality of health care in America	Snapshot & trends in disparities in health care
Quality: Safety, effectiveness, timeliness, patient centeredness, efficiency	Quality + Access: Equity across race, ethnicity, & SES
Variation across states	Variation across populations



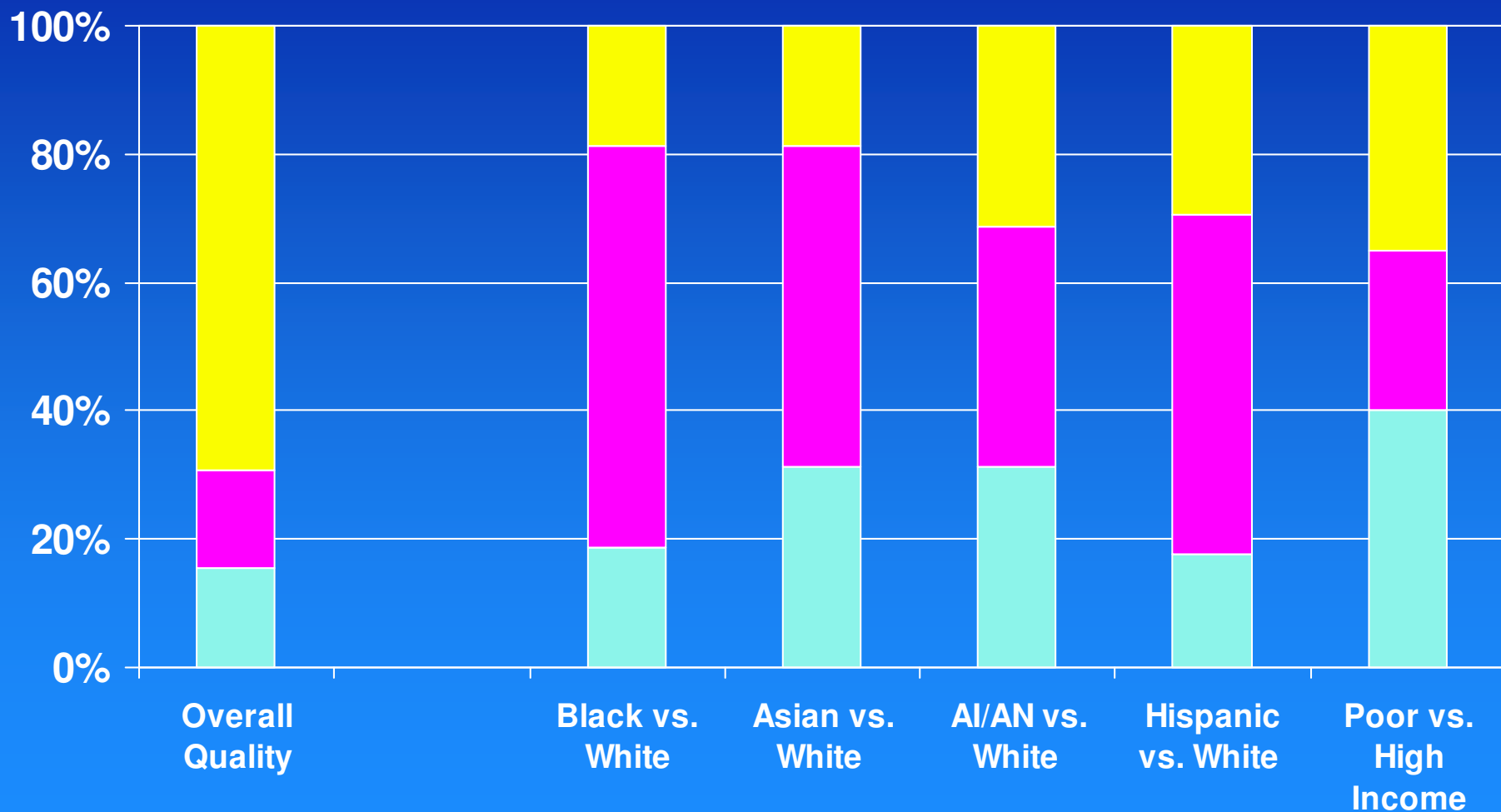
# From Reports to Action

Know	Plan	Do
See it happen	Help it happen	Make it happen
Policy Makers	Health Organizations	Providers
Screening	Diagnosis	Treatment
<b>NHQR/DR</b>	Local Benchmarks	<b>QI</b>





# Lesson 1: Quality ≠ Disparities ..

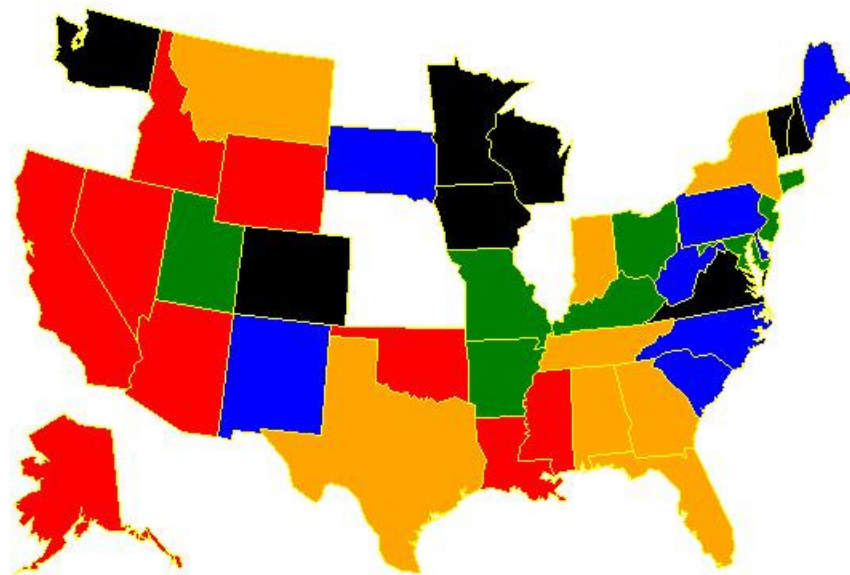


Source: 2007 NHQR/DR

Worsening Same Improving

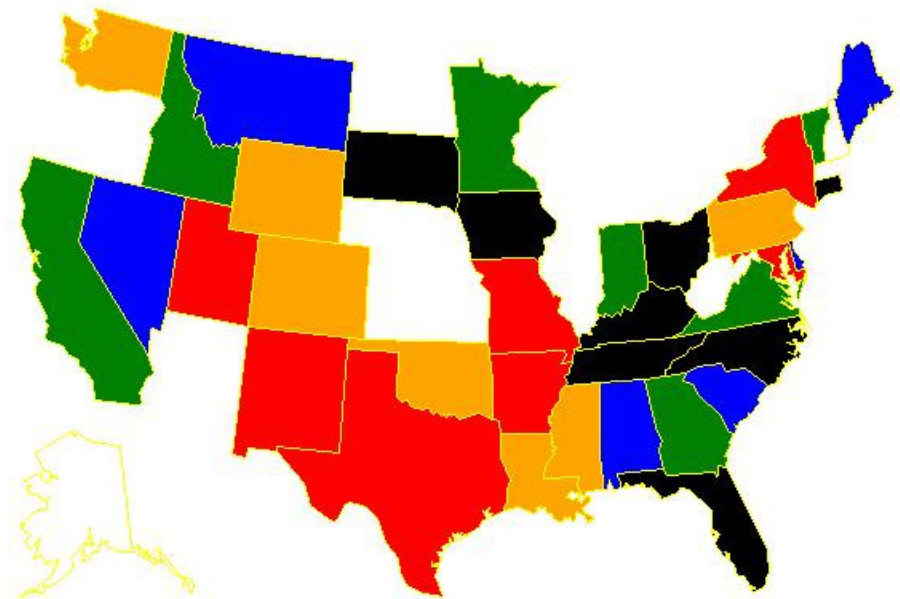


# So, if you want to change disparities, focus on disparities.



Dibetics w/o HbA1c

5.4 - 8.1	8.3 - 9.3
9.4 - 10.7	10.9 - 11.8
12.1 - 25.8	



Poor-Rich RR

0.5 - 1.1	1.2 - 1.8	1.9 - 2.9
3.0 - 4.1	4.6 - 9.6	

Source: BRFSS, 2005



## 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...

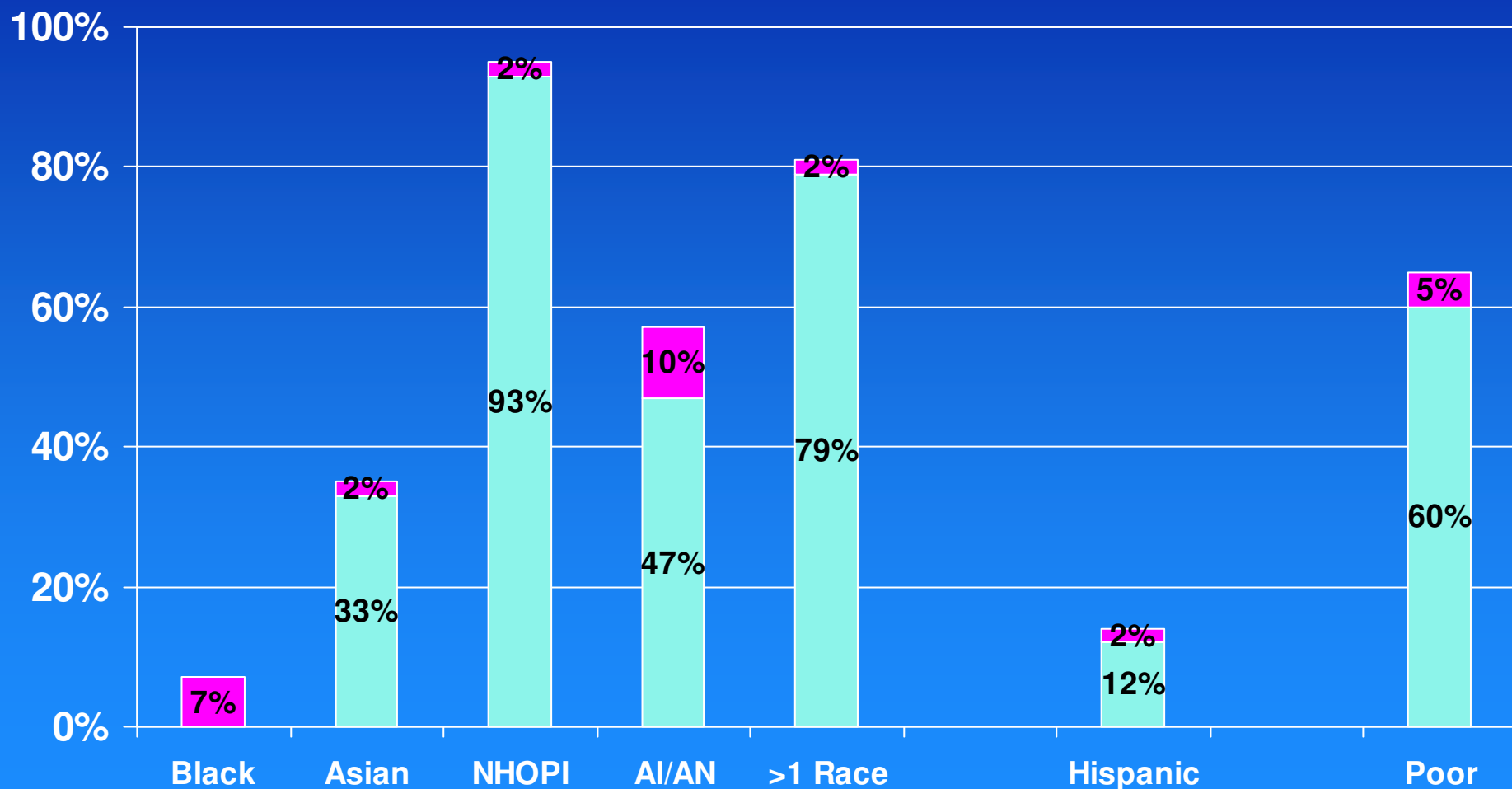
Access to Care					Quality of Care			
Entry Barriers	Structural Barriers	Cultural Barriers	Use	Cost	Effective-ness	Safety	Timeli-ness	Patient Centered-ness
Staying Healthy					Staying Healthy			
Getting Better					Getting Better			
Living with Illness or Disability					Living with Illness or Disability			
Coping with the End of Life					Coping with the End of Life			

Disparities

Health Status / Health Care Need



# And expect data gaps



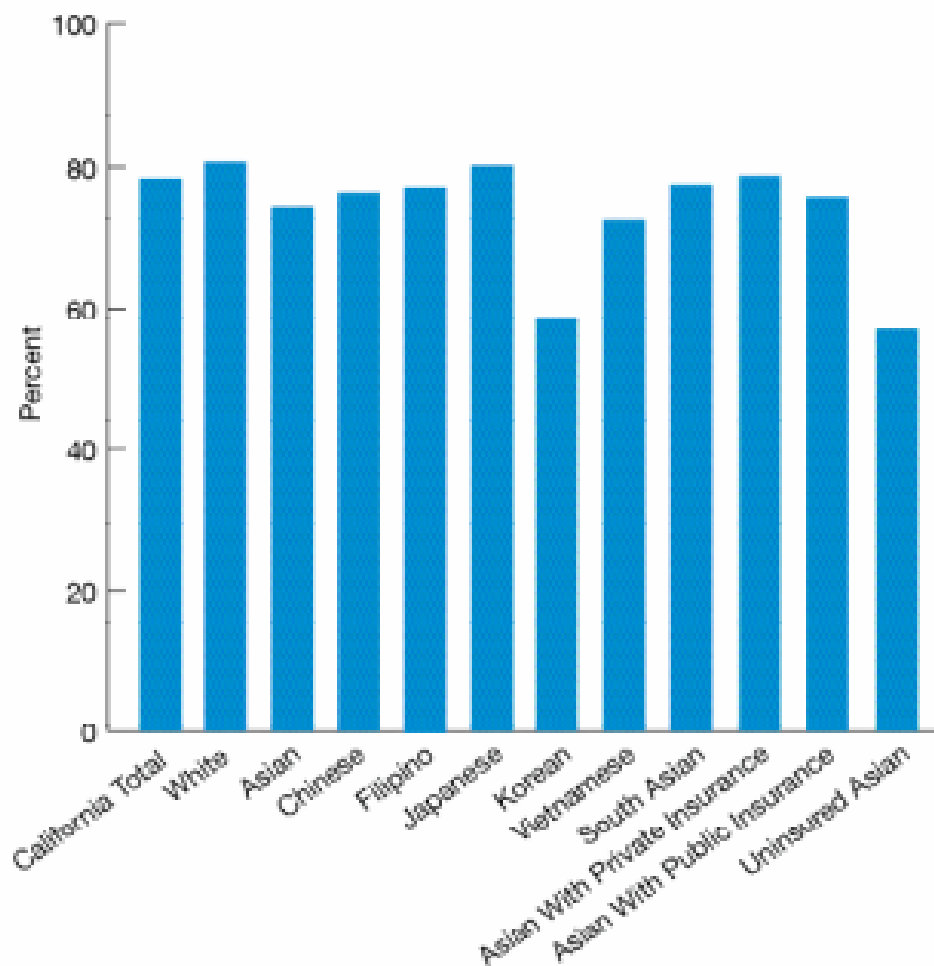
Source: 2006 NHDR

■ No estimate 
 ■ Poor power



# And minimal data on Asian subpopulations

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 ( $\Delta = 0$ ).

[2007 State Snapshots Home](#)

**Getting Started**

[State Selection Map](#)

[What's New](#)

**State-Specific Information**

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[Overall Health Care Quality](#)

[Strongest and Weakest Measures](#)

[Types of Care](#)

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[Care by Clinical Area](#)

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[Focus on Healthy People 2010](#)

[Focus on Clinical Preventive Services](#)

[State Rankings for Selected Measures](#)

[Contextual Factors](#)

**Other Information**

[All-State Data Tables for All Measures](#)

[Snapshot Print Version](#)

[Other State Snapshot Years](#)

[Step-by-Step User's Guide](#)

[Interpretation of Results](#)

[Methods](#)

[Technical Assistance](#)

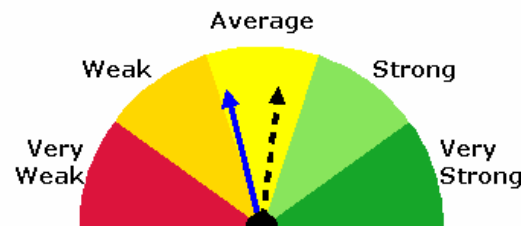
**Related Links**

[Measuring Healthcare Quality](#)

## Maryland

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

#### How Has That Performance Changed?



**Performance Meter:  
All Measures**

= 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? \(select this link or Contextual Factors\)](#)

**My State Compared to:**

[All States](#)

[South Atlantic States](#)

[Best Performing States](#)

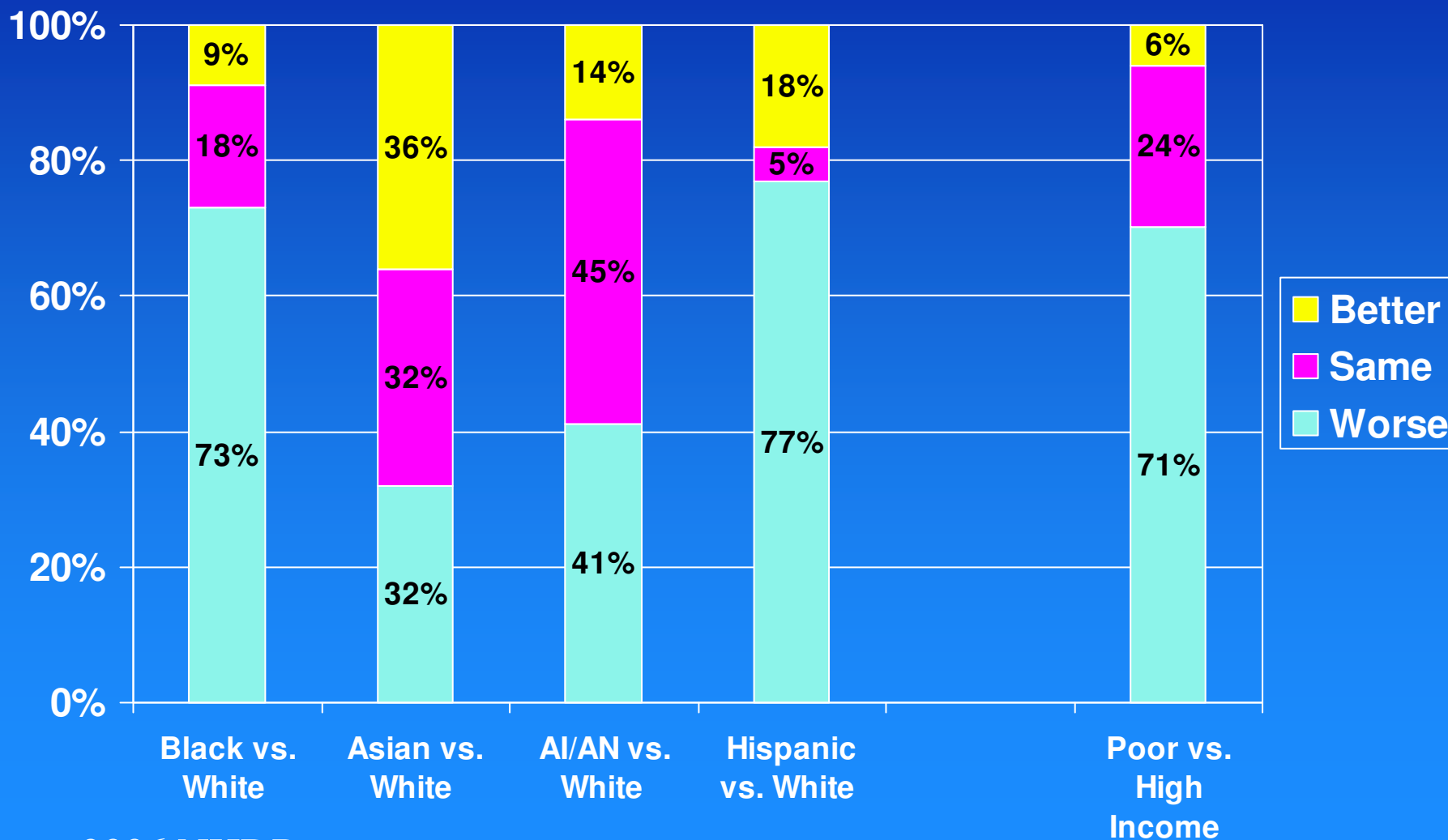
HP 2010  
Target?

Mean  
Median  
90%  
100%?

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*.



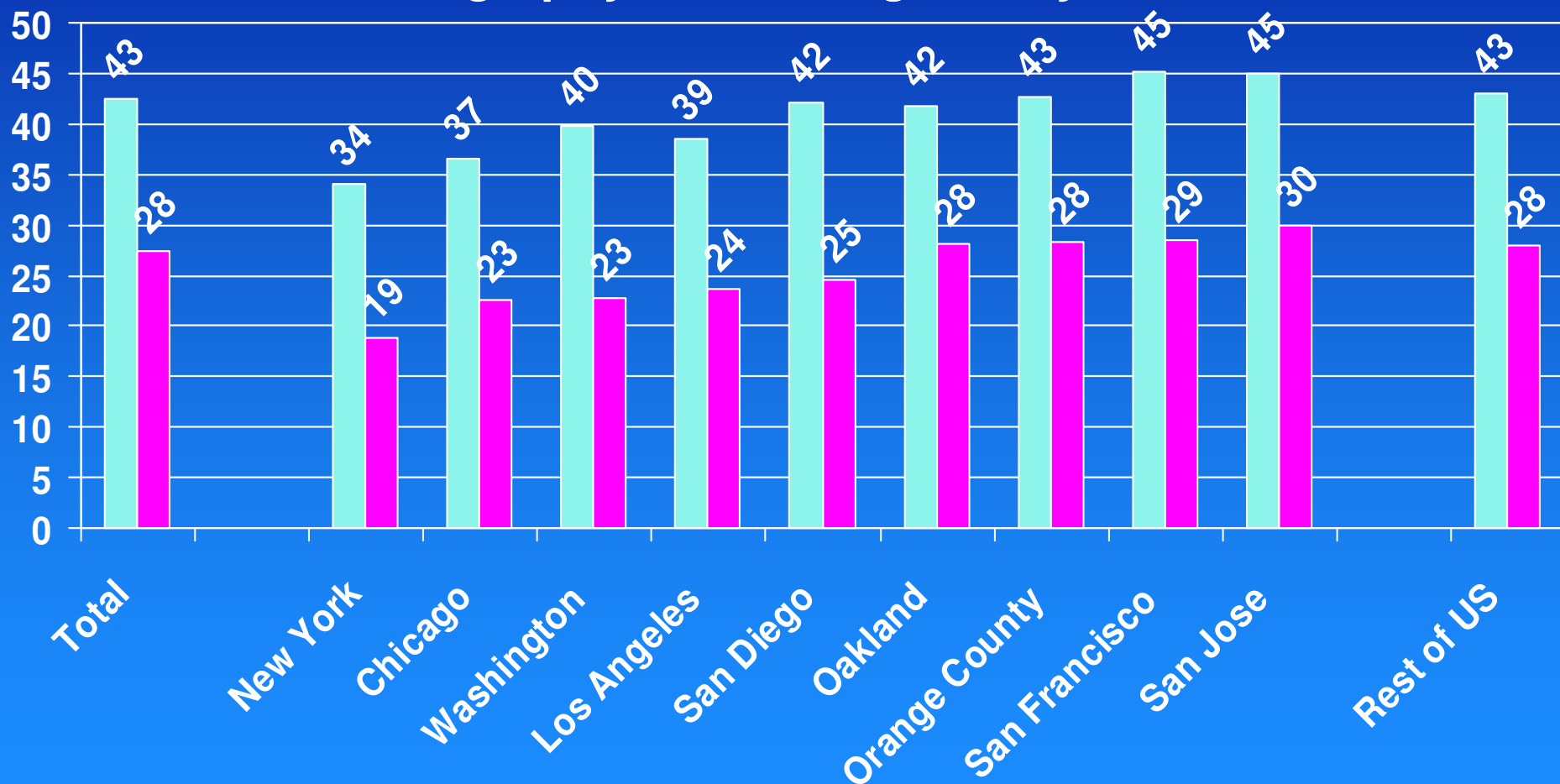
# Use 3: Summarize findings

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

Group	Preventive services	Acute illness treatment	Chronic disease management	Timeliness	Patient centeredness
Black vs. White			Hospital admissions for lower extremity amputations in patients with diabetes.  Hospital admissions for pediatric asthma.		Adults with provider communication problems.  Children whose parents report provider communication problems.
Asian vs. White	Adults age 65 and over who ever received pneumococcal vaccination.			Appropriate timing of antibiotics received by adult Medicare patients having surgery.  Illness/injury care as soon as wanted.	Adults with provider communication problems.
American Indian/Alaska Native vs. White		Tuberculosis patients who complete a curative course of treatment.	Hemodialysis patients with appropriate urea reduction ratio.  Long-stay nursing home residents who were physically restrained.  Home health care patients who had to be admitted to the hospital.		
Hispanic vs. non-Hispanic White	Obese patients age 18 and over given advice about exercise.  Adults age 65 and over who ever received pneumococcal vaccination.		Hospital admissions for lower extremity amputations in patients with diabetes.  Hospital admissions for pediatric asthma.		Adults with provider communication problems.  Children whose parents report provider communication problems.
Poor vs. high income		Hospital admissions for pediatric gastroenteritis.	Adults with diabetes who had 3 major exams in past year.  Hospital admissions for lower extremity amputations in patients with diabetes.  Hospital admissions for pediatric asthma.	Illness/injury care as soon as wanted.	Adults with provider communication problems.

# Use 4: Partner with AHRQ

## Mammography rate among elderly Asian women

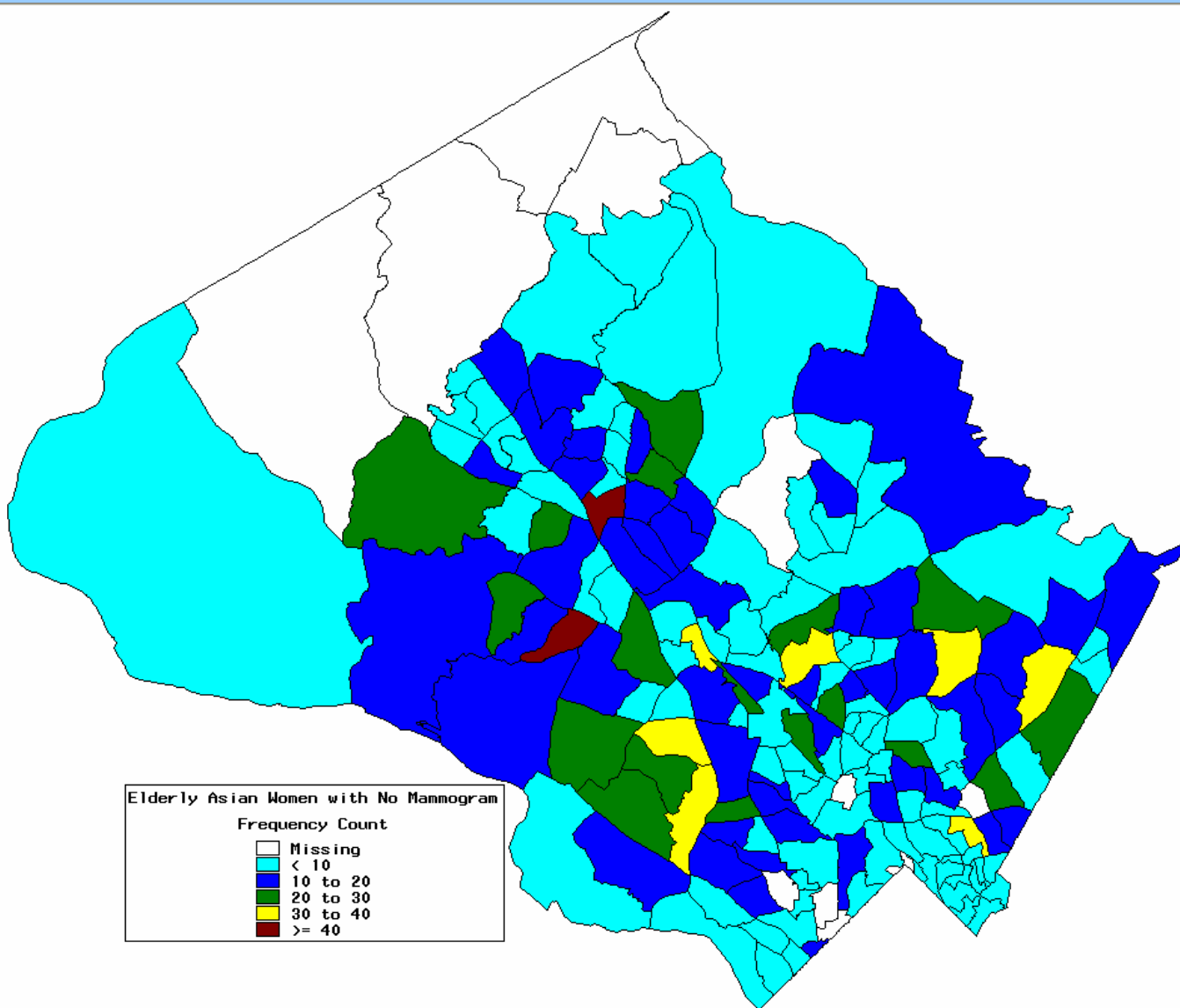


Source: Medicare claims, 2002

White Asian



# Target Specific Census Tracts





# 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