

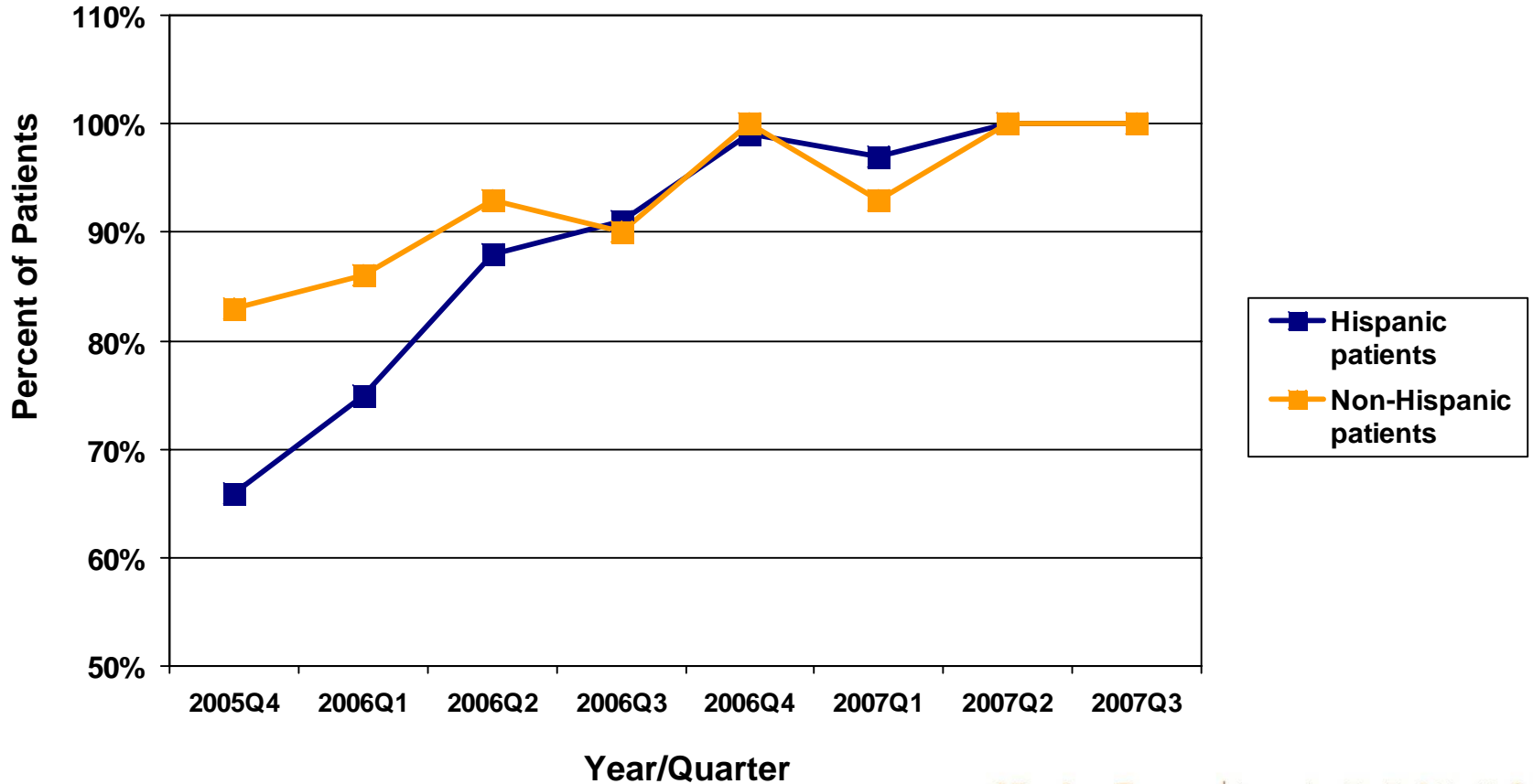
Generating Quality Reports: Opportunities and Challenges

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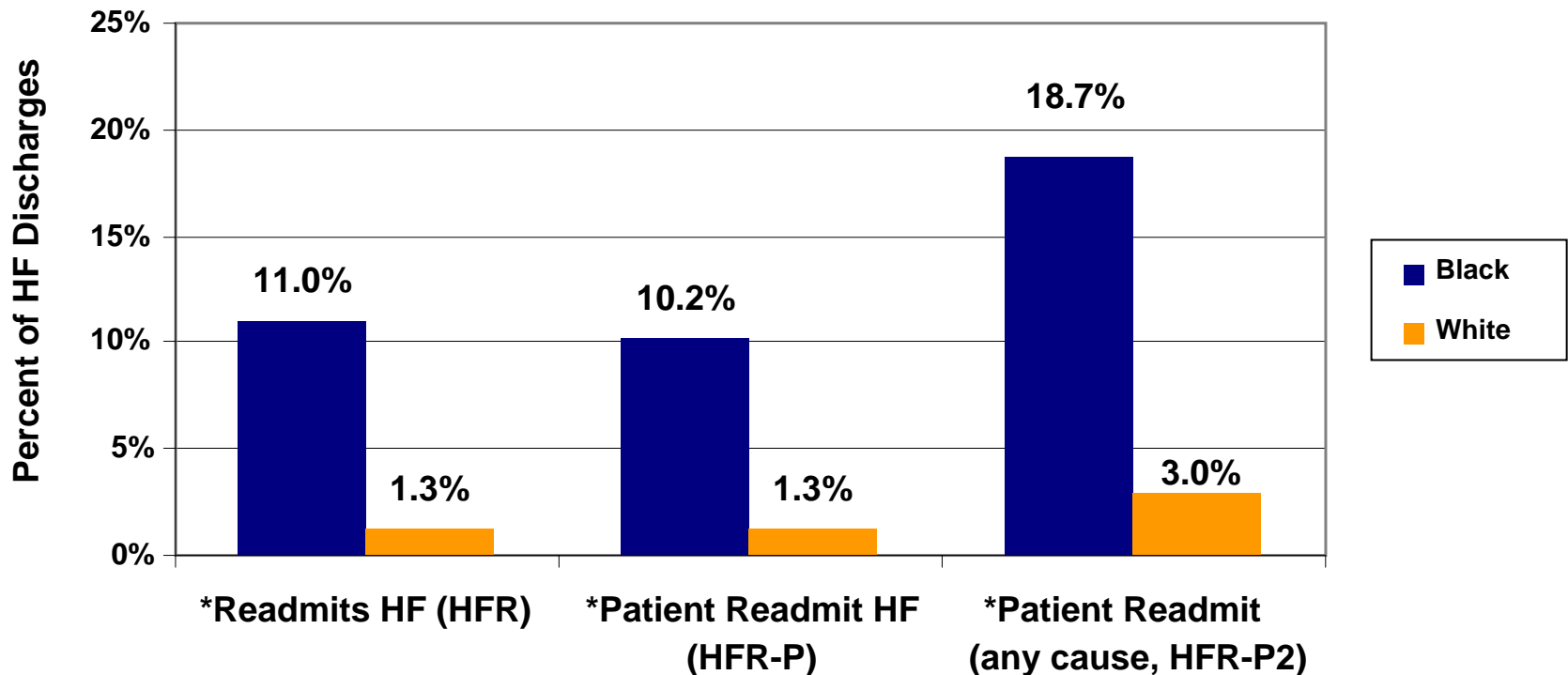
Closing the Gap

Hospital Y
Percent of Heart Failure Patients Receiving Discharge
Instructions by Ethnicity 2005 Q4 - 2007 Q3



Disparities and Readmissions

Hospital B
Readmissions Within 30 Days by Race
Q4 2005 through Q4 2006



*p<.05

So What Do We Know?

- We can collect patient race/ethnicity/language data; and then
- Generate actionable quality reports
- We can also provide person-centered care
 - Language services
 - Educational materials
 - Cultural competence
- Analyze service lines
 - Identify marketing opportunities
- Capture changes in hospital demographic trends

Real Stories

- Hospitals
 - Hospital “N”: Network quality
 - University of Mississippi and language services
- Physician Groups
 - HealthPartners: Colon & breast cancer screenings in MN¹
- Health Plans
 - Harvard Pilgrim and retinal screening for Hispanic diabetics²

1. Lerner, Maura. “Using race to reduce incidence of cancer.” *Star Tribune*. 21 Jan. 2010

2. Lurie, Nicole et al. “The National Health Plan Collaborative to Reduce Disparities and Improve Quality.” *The Joint Commission Journal on Quality and Patient Safety* 34.5 (2008) 256-265

Moving to a Regional Approach

- In *Aligning Forces*, several approaches
 - Commercial and/or Medicaid Claims
 - Clinical EMR-based
 - Coupled with improved collection of patient demographics
- May find large differences in quality
 - Geographic and inter-provider variation
- Provider acceptance will be the issue
 - Need to uncouple technical challenges from politics
- Public Reporting: Million dollar question