

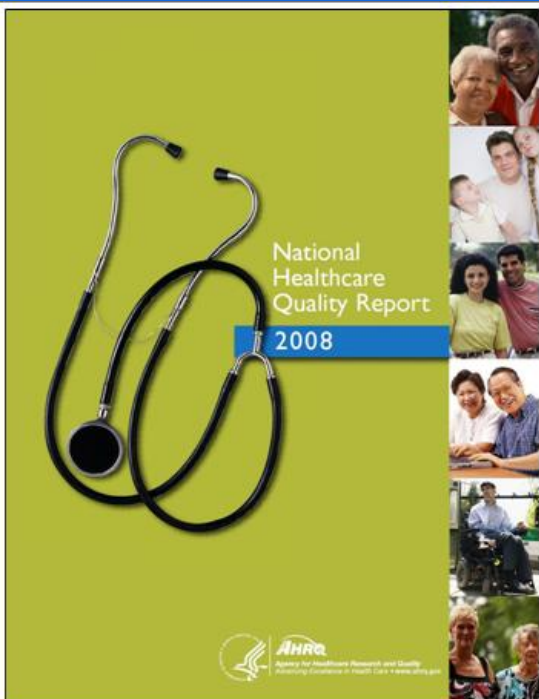


Agency for Healthcare Research and Quality

Advancing Excellence in Health Care

[www.ahrq.gov](http://www.ahrq.gov)

# The National Healthcare Reports: Challenges & Opportunities

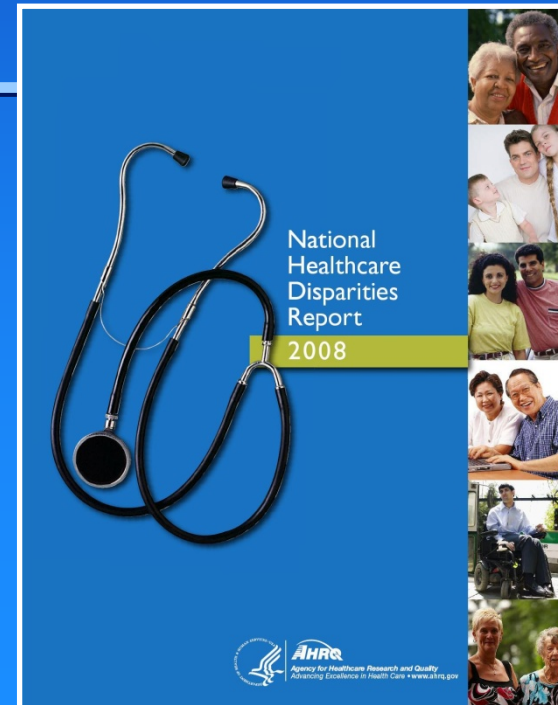


Ernest Moy

[Ernest.moy@ahrq.hhs.gov](mailto:Ernest.moy@ahrq.hhs.gov)

301-427-1329

[www.ahrq.gov/qual/qldr08.htm](http://www.ahrq.gov/qual/qldr08.htm)



# Origins of NHQR & NHDR

- Health and Human Services Secretary required to submit annual report to Congress:
  - National trends in health care quality (National Healthcare Quality Report, or NHQR)
  - Prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations (National Healthcare Disparities Report, or NHDR)



**Mandated by Congress in  
Healthcare Research and  
Quality Act (PL. 106-129)**



# Reporting Assumptions & Trade-offs

## ■ Assumptions

- 1<sup>o</sup> Audience: Policymakers; NOT QI
- 1<sup>o</sup> Use: Tracking; NOT public reporting, P4P
- 1<sup>o</sup> Analytic Unit: Area; NOT provider

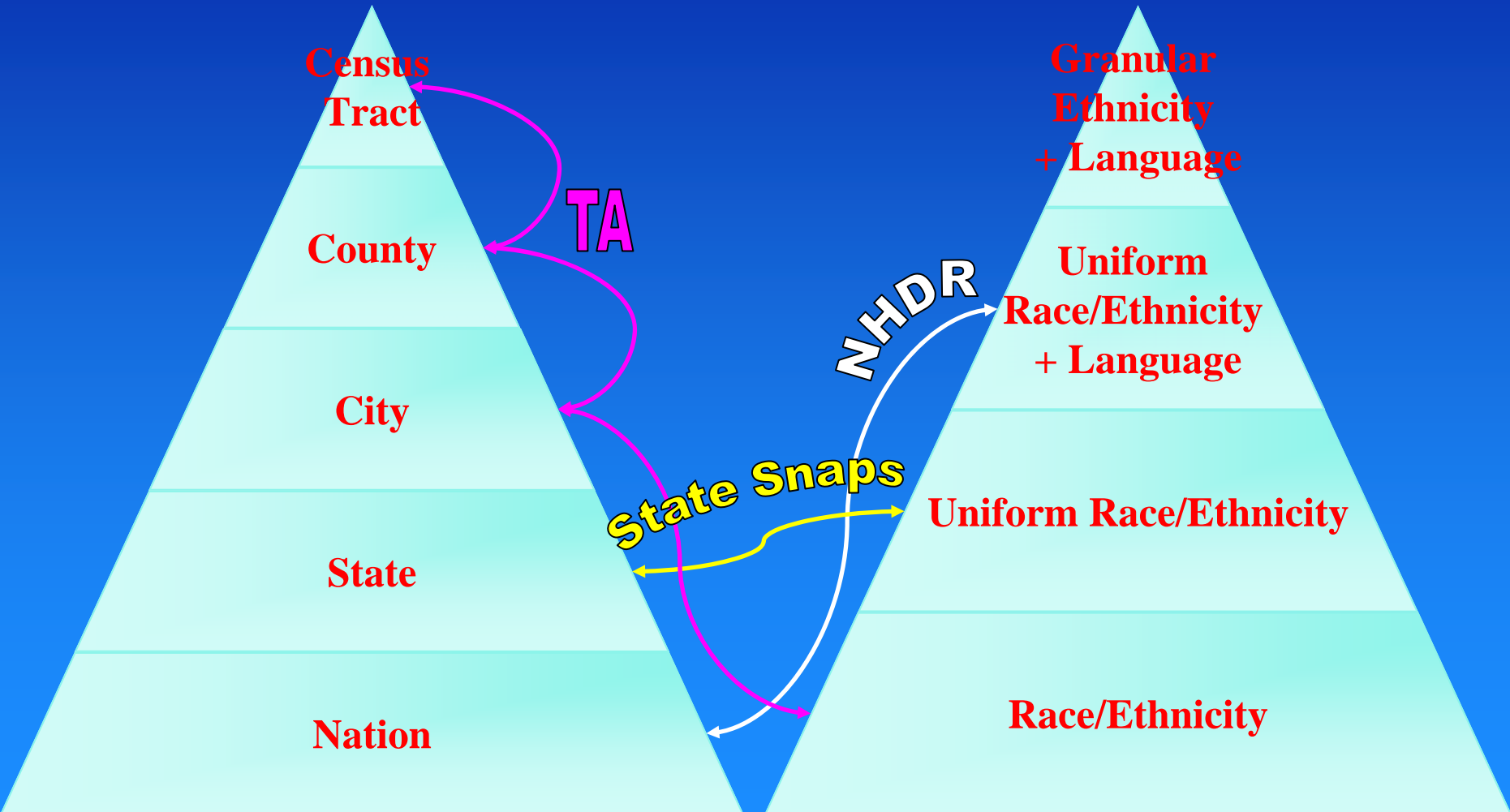
## ■ Measurement Implications

- Broad & Shallow > Narrow & Deep
- Consensus > Cutting Edge
- Composite > Granular

## ■ Reporting Implications

- Analysis: Simple > Complex
- Examples: Typical > Exceptional
- Products: Family > One

# Disparities Data Challenge: Much less information as unit of analysis narrows



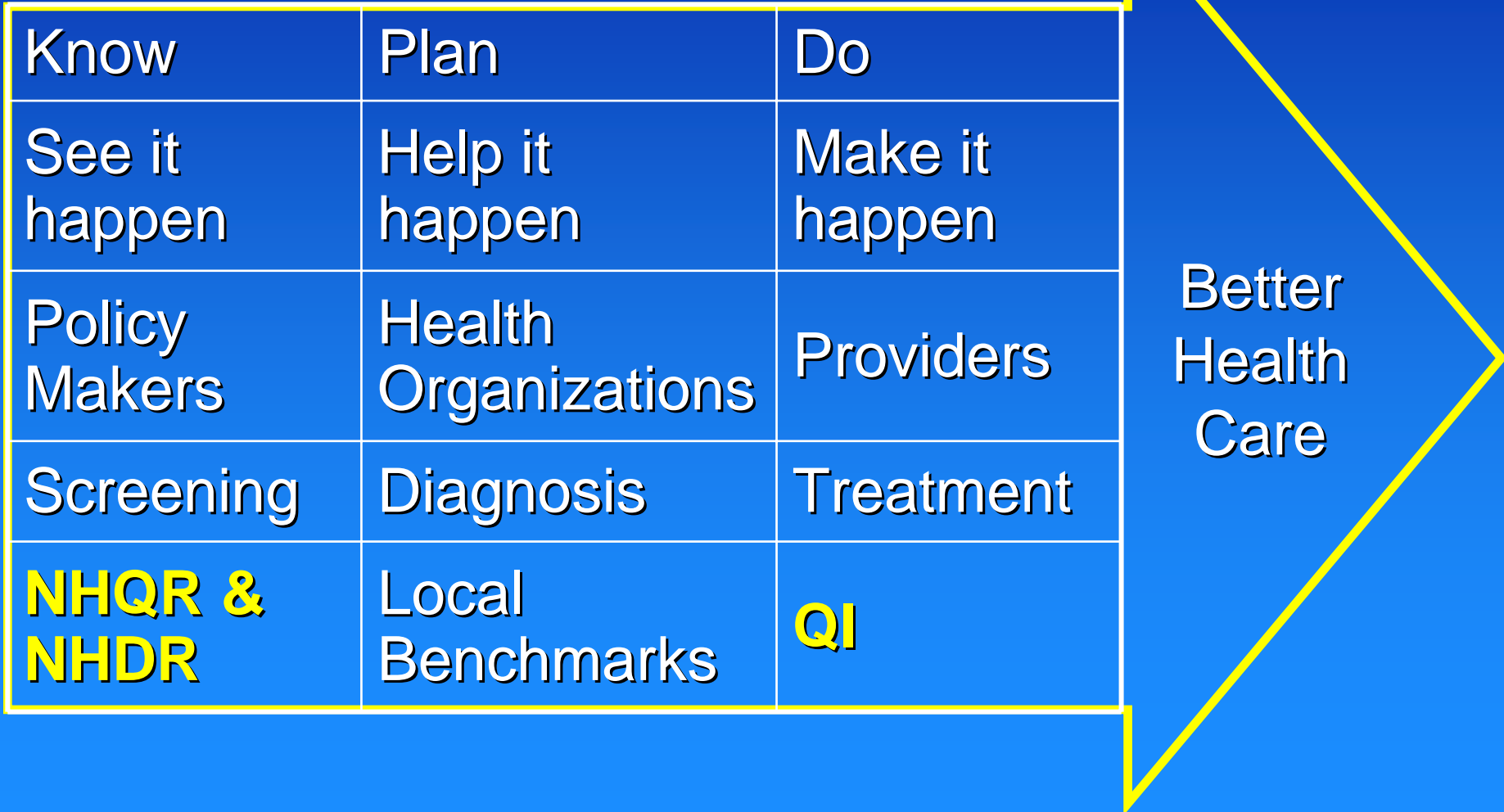


# Linkage Between NHQR & NHDR

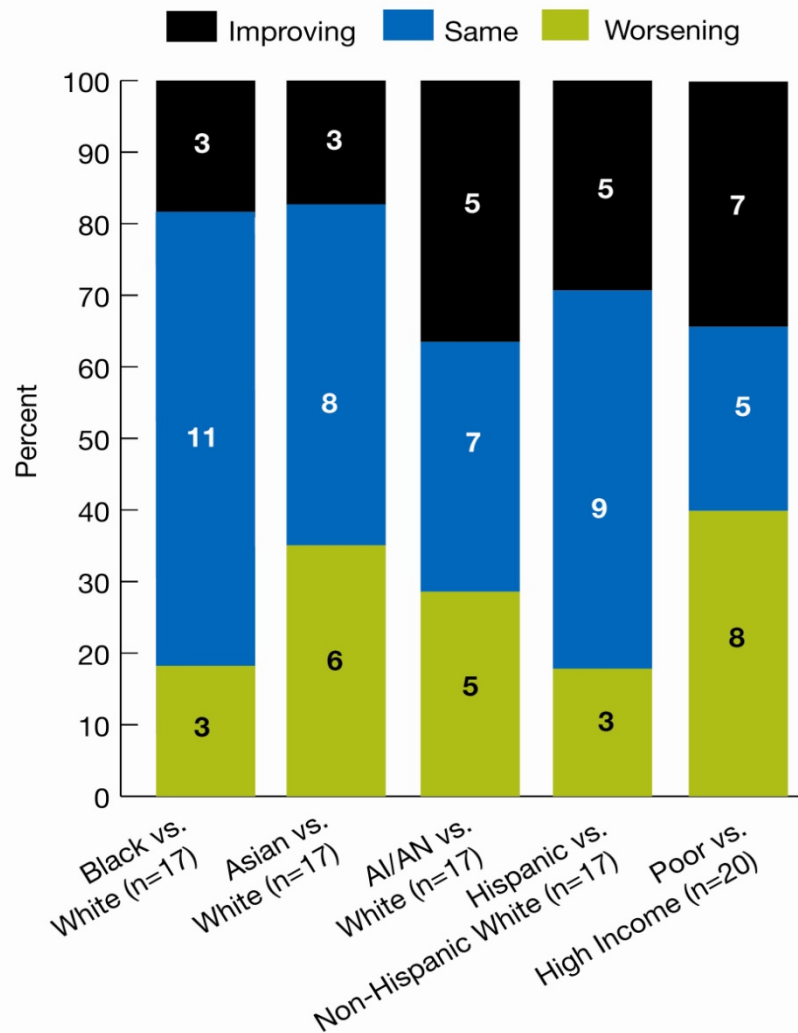
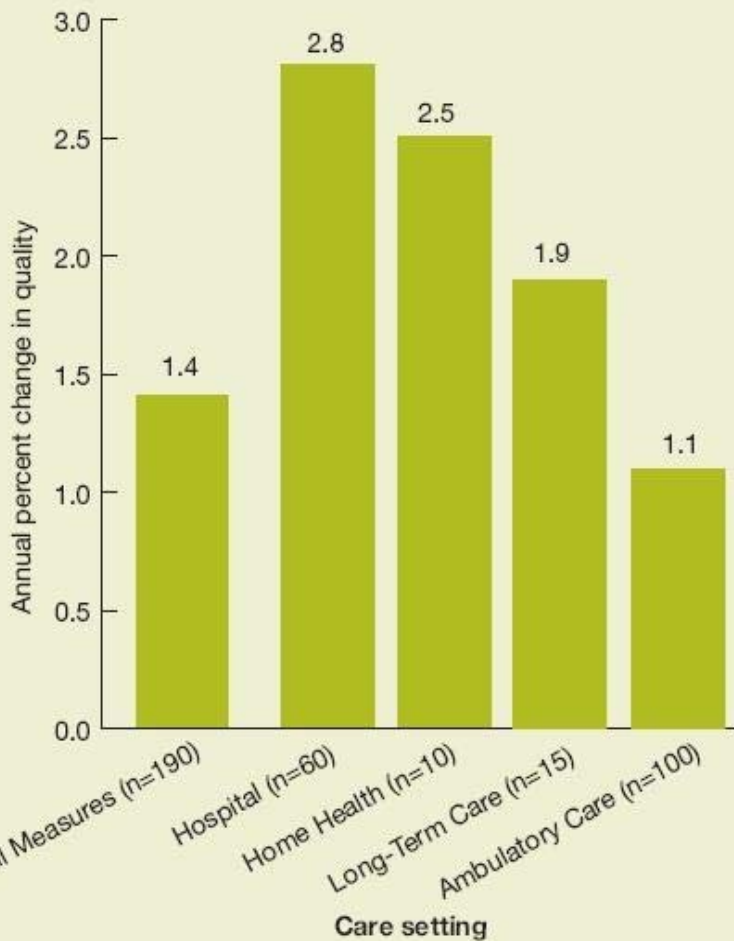
| NHQR   | NHDR   |
|--|--|
| Snapshot of quality of health care in America                                | Snapshot of disparities in health care in America    |
| Quality: Safety, effectiveness, timeliness, patient centeredness, efficiency | Quality + Access: Equity across race, ethnicity, SES |
| Variation across States  | Variation across populations                         |



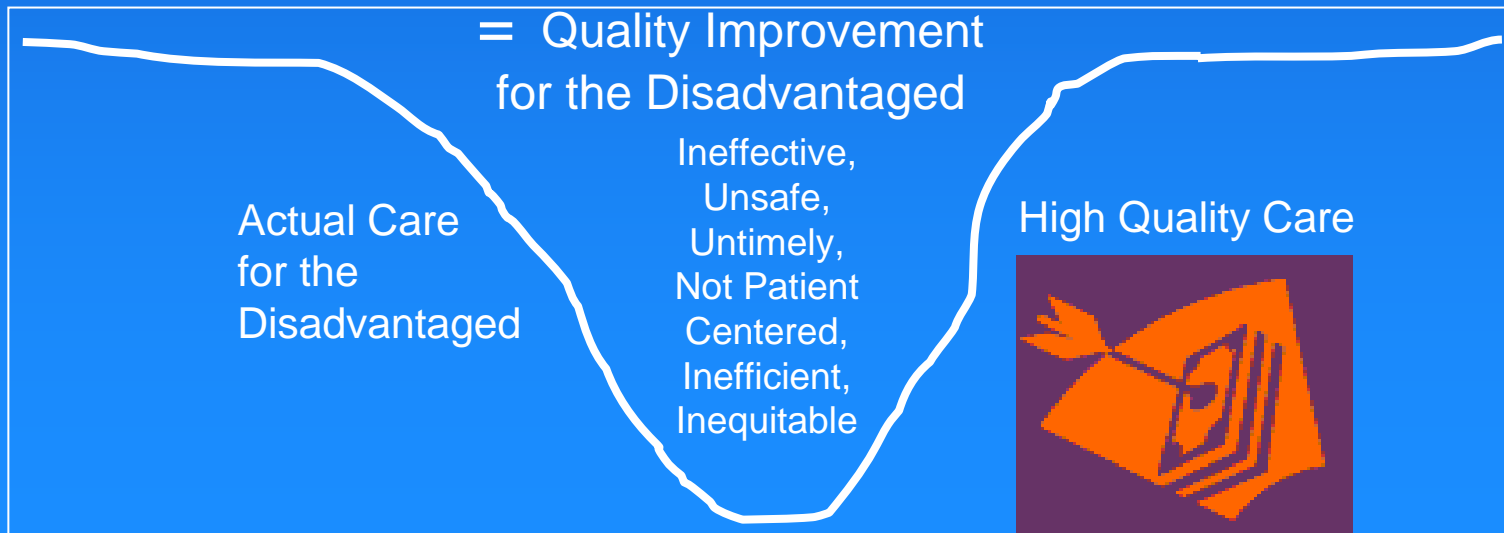
# Long Path from Reports to Action



# NHDR Use #1: Raise Awareness / Make Case for Action



# NHDR Use #2: Target Interventions







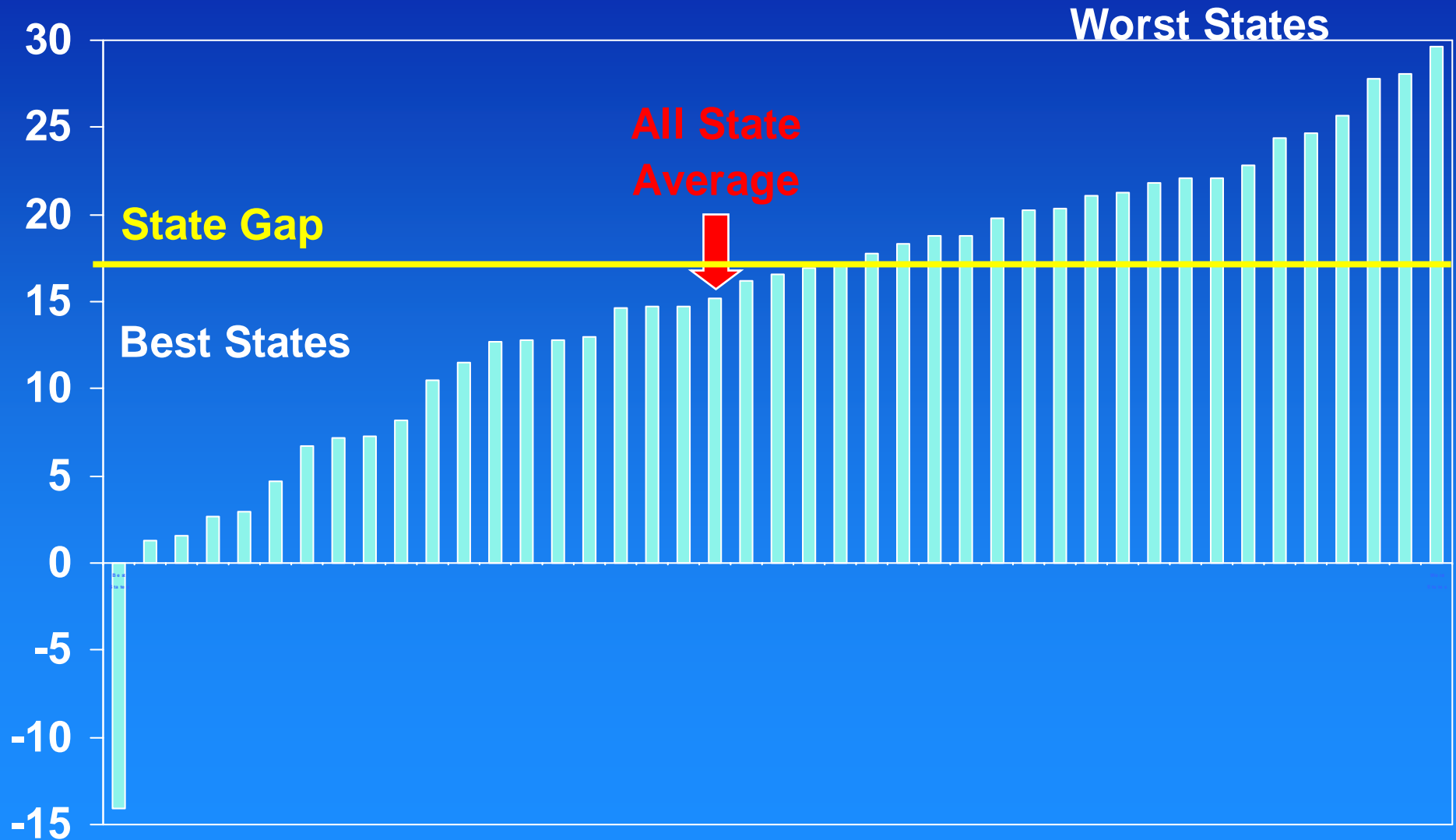
# Targeting Services that Affect Multiple Racial & Ethnic Group

| Topic                             | Measure  | Blacks | Asians | AI/ANs | Hispanics |
|-----------------------------------|--|--------|--------|--------|-----------|
| Cancer                            | Adults age 50 and over who received a colonoscopy, sigmoidoscopy, proctoscopy, or fecal occult blood test                | *      | *      | *      | *         |
| Mental health and substance abuse | Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months | *      |        |        | *         |
| Respiratory diseases              | Adults age 65 and over who ever received pneumococcal vaccination  | *      | *      |        |           |
| Patient centeredness              | Adults with poor provider-patient communication  | *      | *      |        |           |

**Note:** A complete table of the disparities that worsened for specific populations can be found in Chapter 4, Priority Populations.



# Targeting States with Large Hispanic-White Disparities (Colorectal Screening)





# NHDR Use #3: Standardize 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*.



# Conclusions

- Many trade-offs in developing national reports; NHDR driven by 1<sup>o</sup> assumptions.
- NHDR not designed to direct action but can
  - Make case for action
  - Identify QI opportunities: Populations, services, communities
  - Help pick measures & methods
- Reducing disparities is efficient QI.
- Providers with local data do the actual QI.