

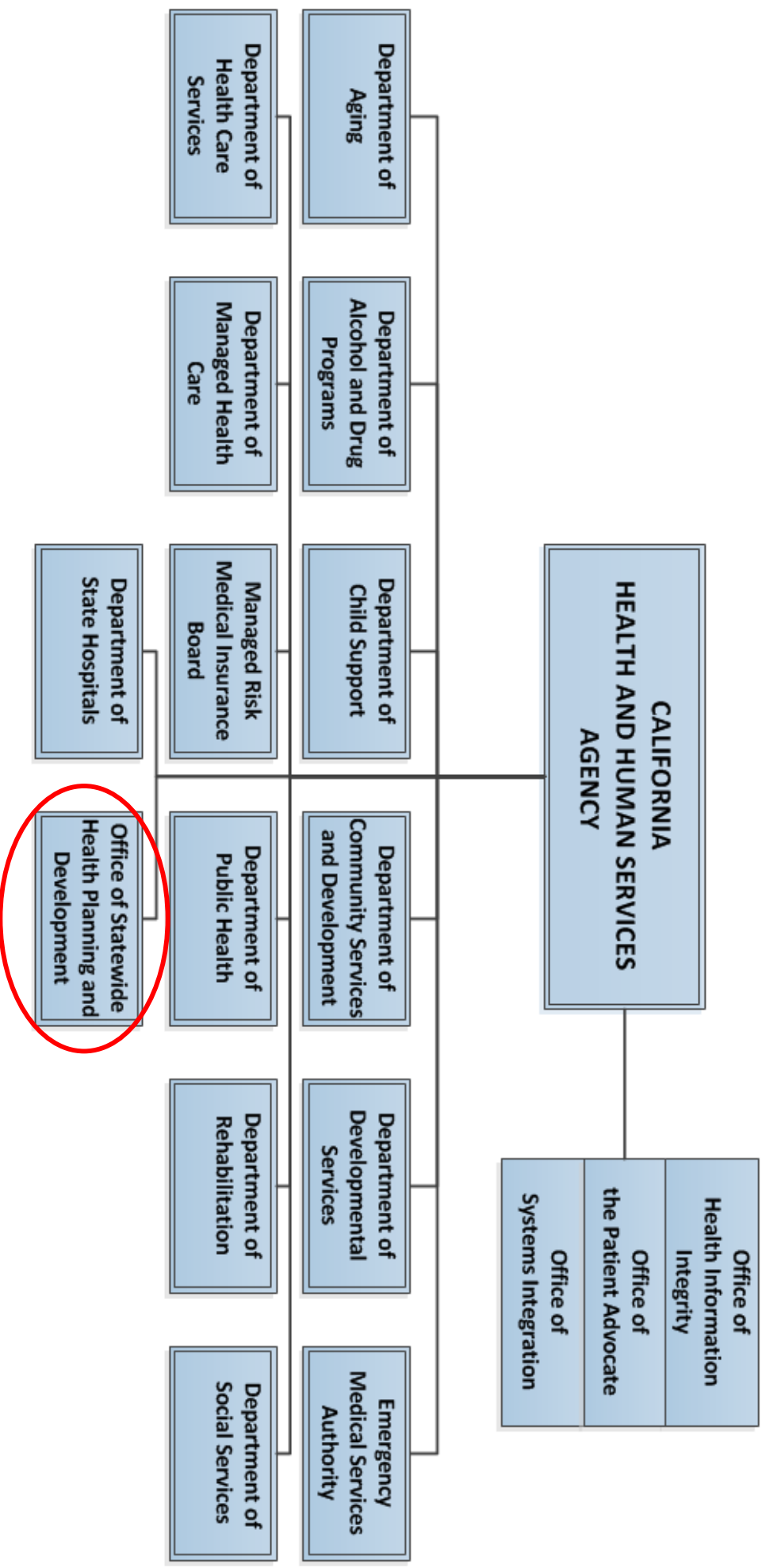
Using OSHPD Data to Track the Impact of the Affordable Care Act (ACA) on Population Health

PREVENTABLE HOSPITALIZATION MEASURES

April 4, 2013

Ron Spingarn, Deputy Director
Healthcare Information Division

<http://www.oshpd.ca.gov/HID>



Data, Reporting Entities & Patient Records, 2011

www.oshpd.ca.gov/hid

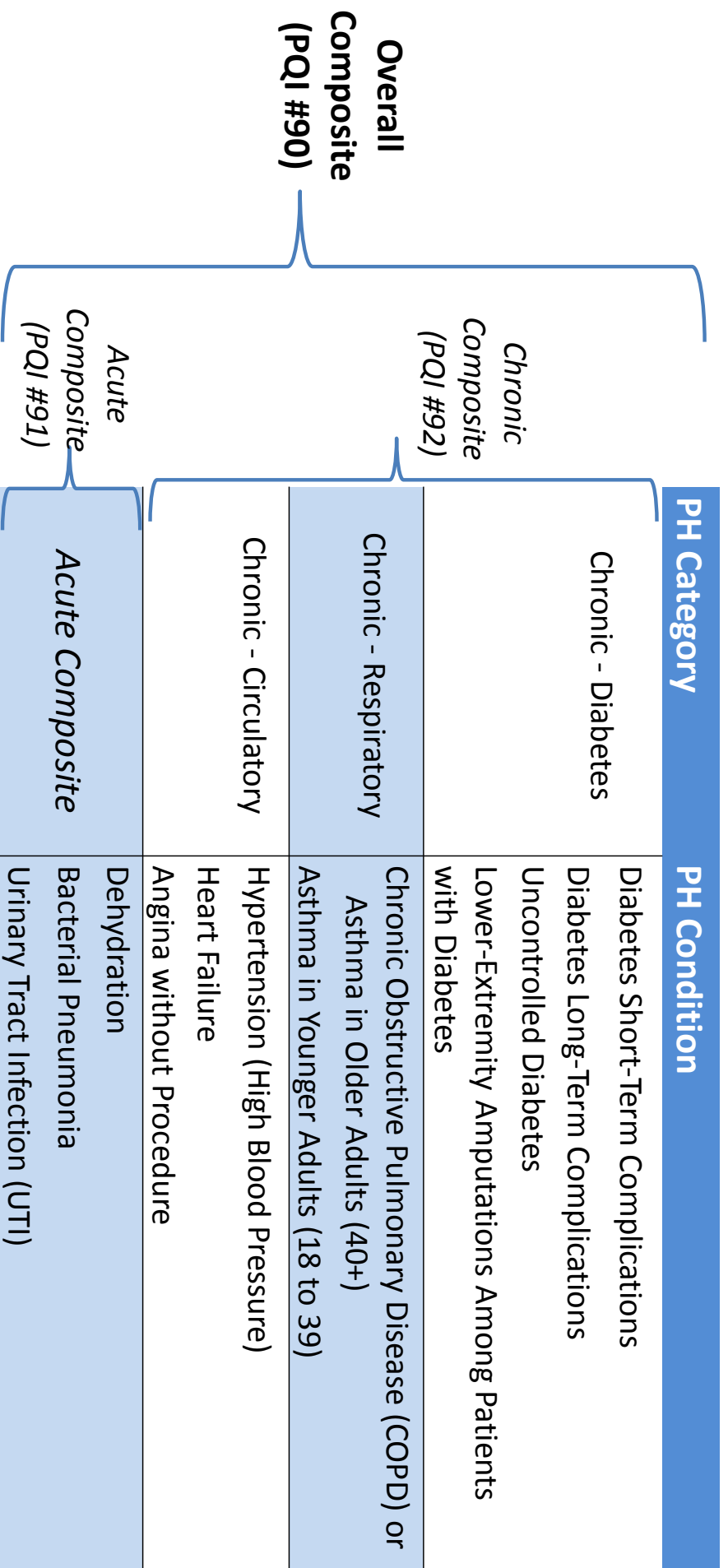
DATA TYPE	REPORTING ENTITY	2011	
		# ENTITIES	PATIENT RECORDS
1 INPATIENT DISCHARGE*	HOSPITAL	442	3.9 MILLION
2 EMERGENCY DEPT*	HOSPITAL	324	10.1 MILLION
3 AMBULATORY SURGERY*	HOSPITAL	373	2 MILLION
4 CORONARY ARTERY BYPASS GRAFT*	HOSPITAL	121	~ 20,000
5 ANNUAL UTILIZATION	HOSPITAL, LONG TERM CARE, CLINIC, HOME HEALTH, HOSPICE	5,266	N/A
6 ANNUAL FINANCIAL	HOSPITAL, LONG TERM CARE	1,640	
7 QUARTERLY UTILIZATION & FINANCIAL	HOSPITAL	442	
8 COMMUNITY BENEFIT PLANS	HOSPITAL	219	
9 CHARGEMASTERS	HOSPITAL	413	
10 FAIR PRICING POLICIES	HOSPITAL	403	
11 MIDWIFE UTILIZATION	LICENSED MIDWIFE	403	
12 PHYSICIAN OUTPATIENT TRANSFERS	PHYSICIAN		

*Blue shade (first four rows) = individual patient data; protected by statute

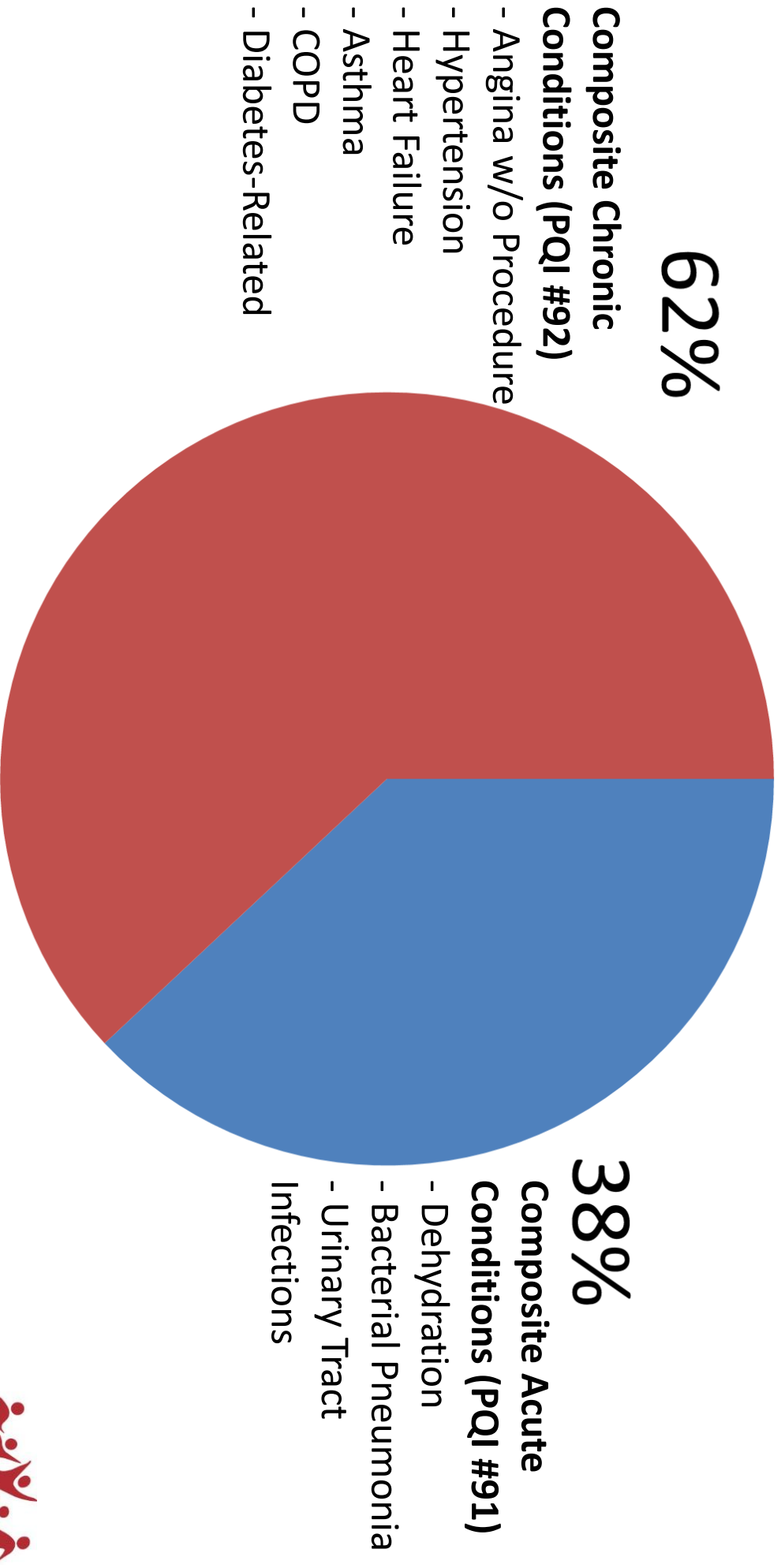
AHRQ Preventable Hospitalization Measures

Prevention Quality Indicators

http://www.qualityindicators.ahrq.gov/modules/pqi_resources.aspx



Most CA Preventable Hospitalizations Due to Chronic Conditions, 2011



Most Common California Preventable Hospitalizations, 2011

Source: OSHPD Patient Discharge Data

PQI #	Condition	PH Volume	Total Charges	Median Charge Per Discharge
PQI #8	Heart Failure	72,401	\$3,457,171,525	\$39,159
PQI #11	Bacterial Pneumonia	57,822	\$2,921,246,641	\$37,852
PQI #5	COPD or Asthma (Adults, 40 and older)	51,729	\$2,273,294,451	\$34,082
PQI #12	Urinary Tract Infections	39,784	\$1,334,859,034	\$28,177
PQI #3	Diabetes Long-term Complications	30,189	\$1,676,652,190	\$38,704
PQI #10	Dehydration	21,066	\$686,444,965	\$26,561
PQI #1	Diabetes Short-term Complications	14,908	\$586,500,382	\$31,791
PQI #7	Hypertention (high blood pressure)	9,532	\$294,701,016	\$25,099
PQI #13	Angina without Procedure	6,150	\$146,988,402	\$22,681
PQI #16	Lower-extremity Amputations (Diabetes patients)	3,920	\$560,154,676	\$108,941
PQI #15	Asthma (Younger Adults, 18-39)	3,454	\$90,331,494	\$21,326
PQI #14	Uncontrolled Diabetes	3,199	\$86,551,835	\$20,902
Total		312,157	\$13,898,500,851	- - - -

Notes:

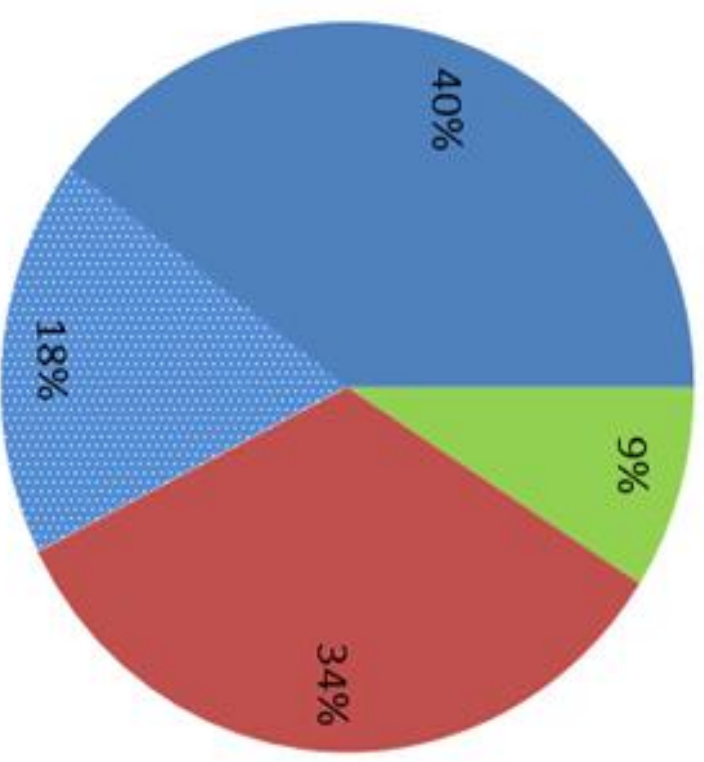
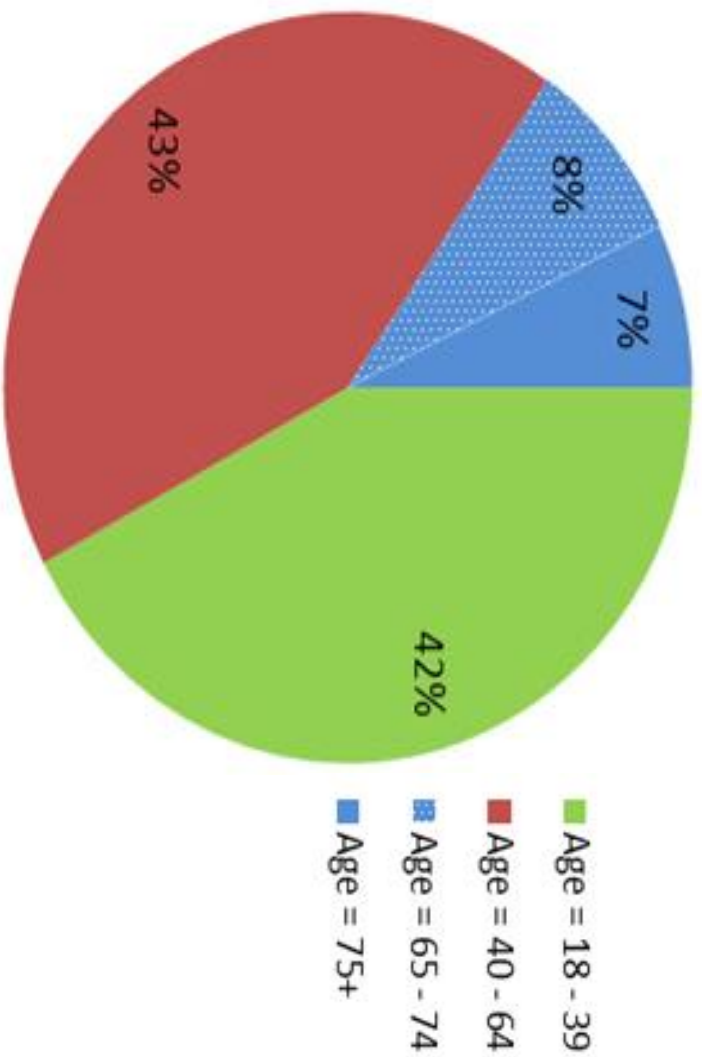
Kaiser does not report charges, is excluded from Median Charge Calculation.

Individual PQIs do not sum to Total Volume due to some diabetes-related hospitalizations counted in more than one PQI.

Adult Age Distribution: CA Population & Preventable Hospitalizations

Sources: US Census, 2010; OSHPD Patient Discharge Data, 2011

California Population CA Preventable Hospitalizations

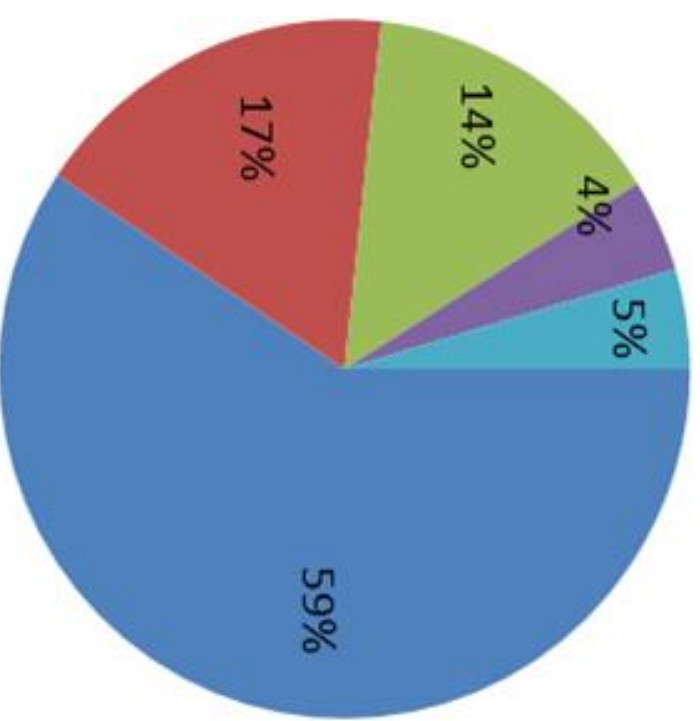
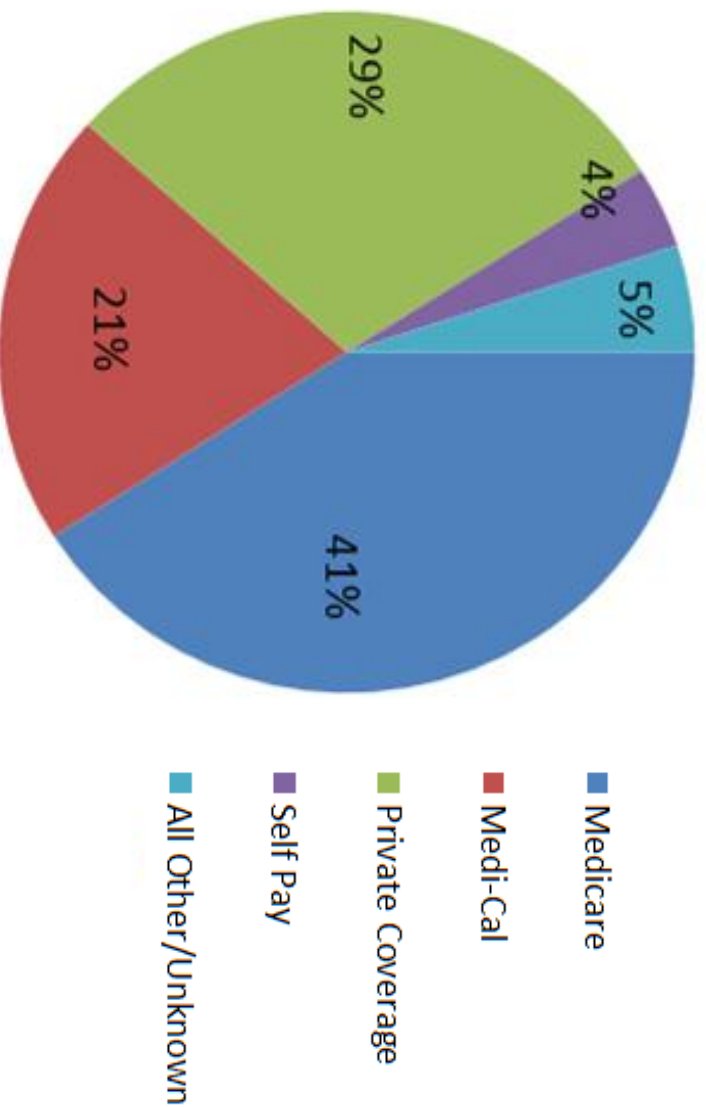


By Payer: CA Hospitalizations & Preventable Hospitalizations

Source: OSHPD Patient Discharge Data, 2011

N = 2.8 million total hospitalizations; 312,157 preventable hospitalizations

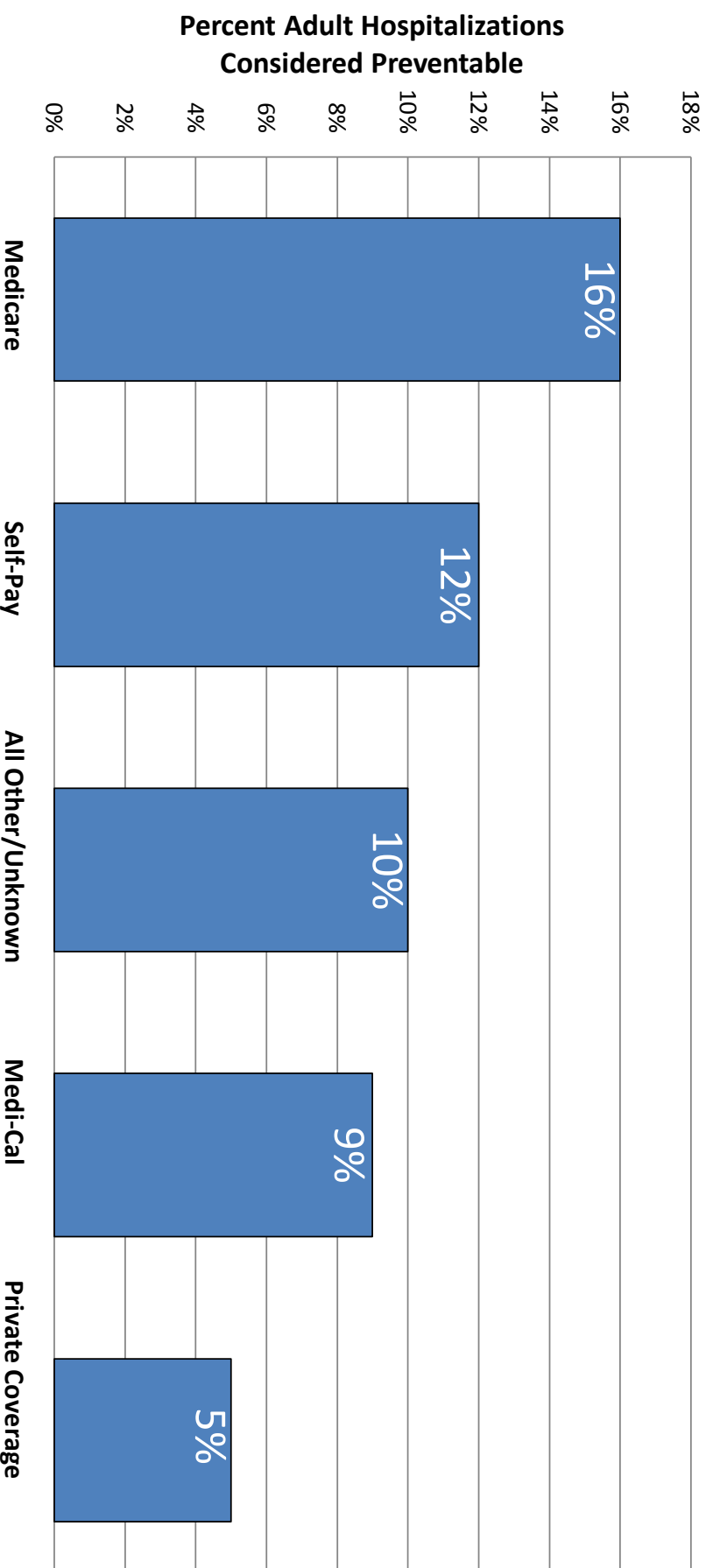
All CA Hospitalizations CA Preventable Hospitalizations



By Payer: CA % Adult Preventable Hospitalizations

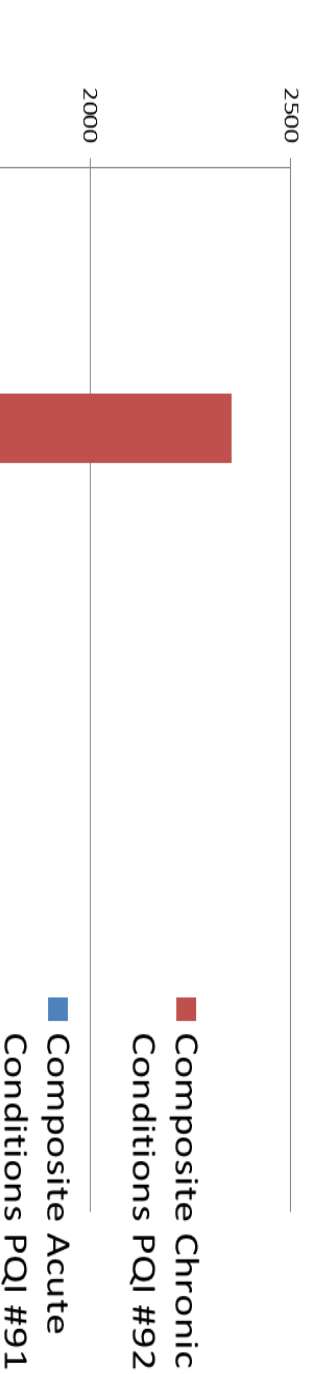
Source: OSHPD Patient Discharge Data, 2011

N = 2.8 million total hospitalizations; 312,157 preventable hospitalizations



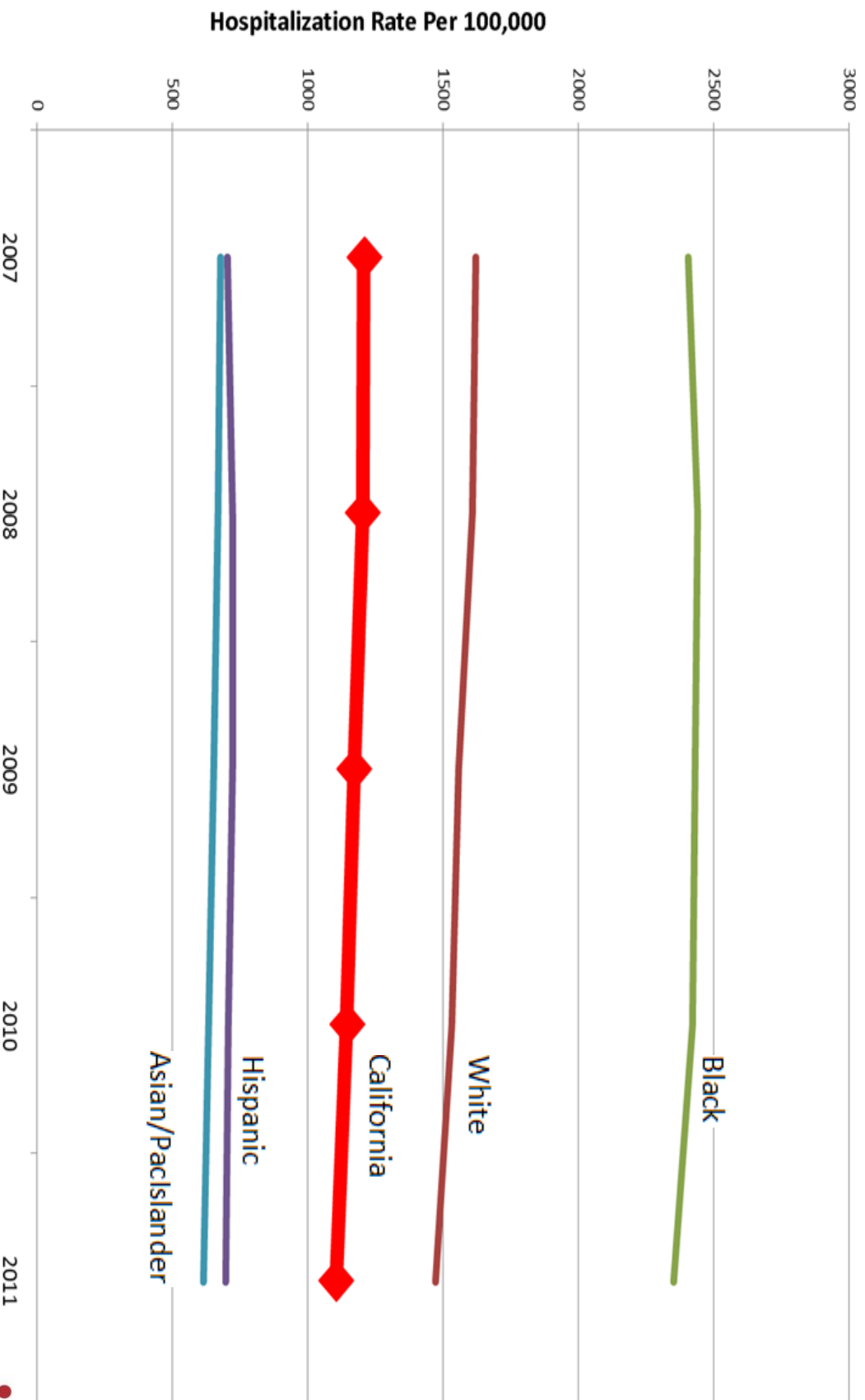
Preventable Hospitalizations by Race-Ethnicity

Source: CA OSHPD Patient Discharge Data, 2011



CA Preventable Hospitalization Rates by Race-Ethnicity

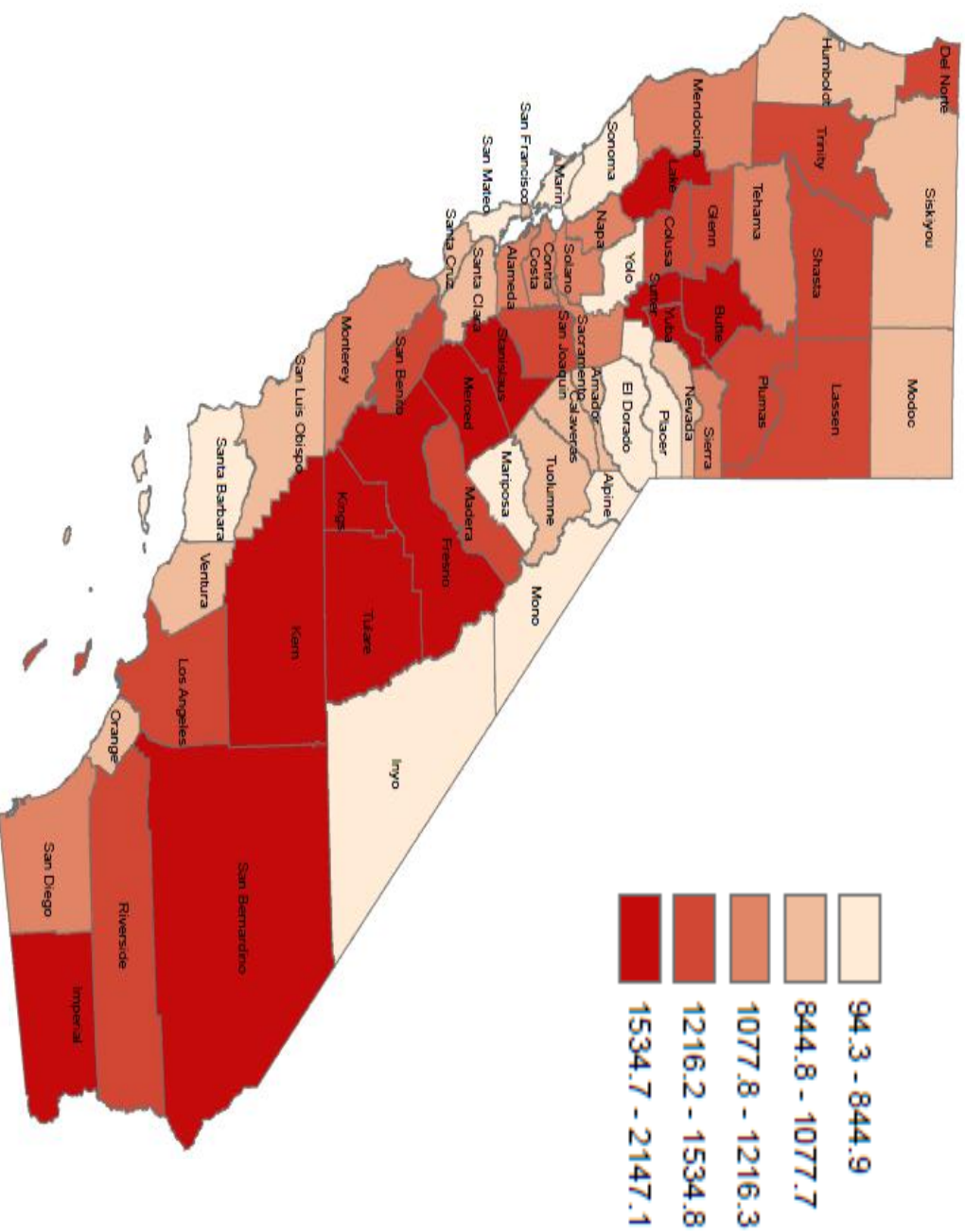
Source: OSHPD Patient Discharge Data, 2007 - 2011



CA Preventable Hospitalization Rates by County

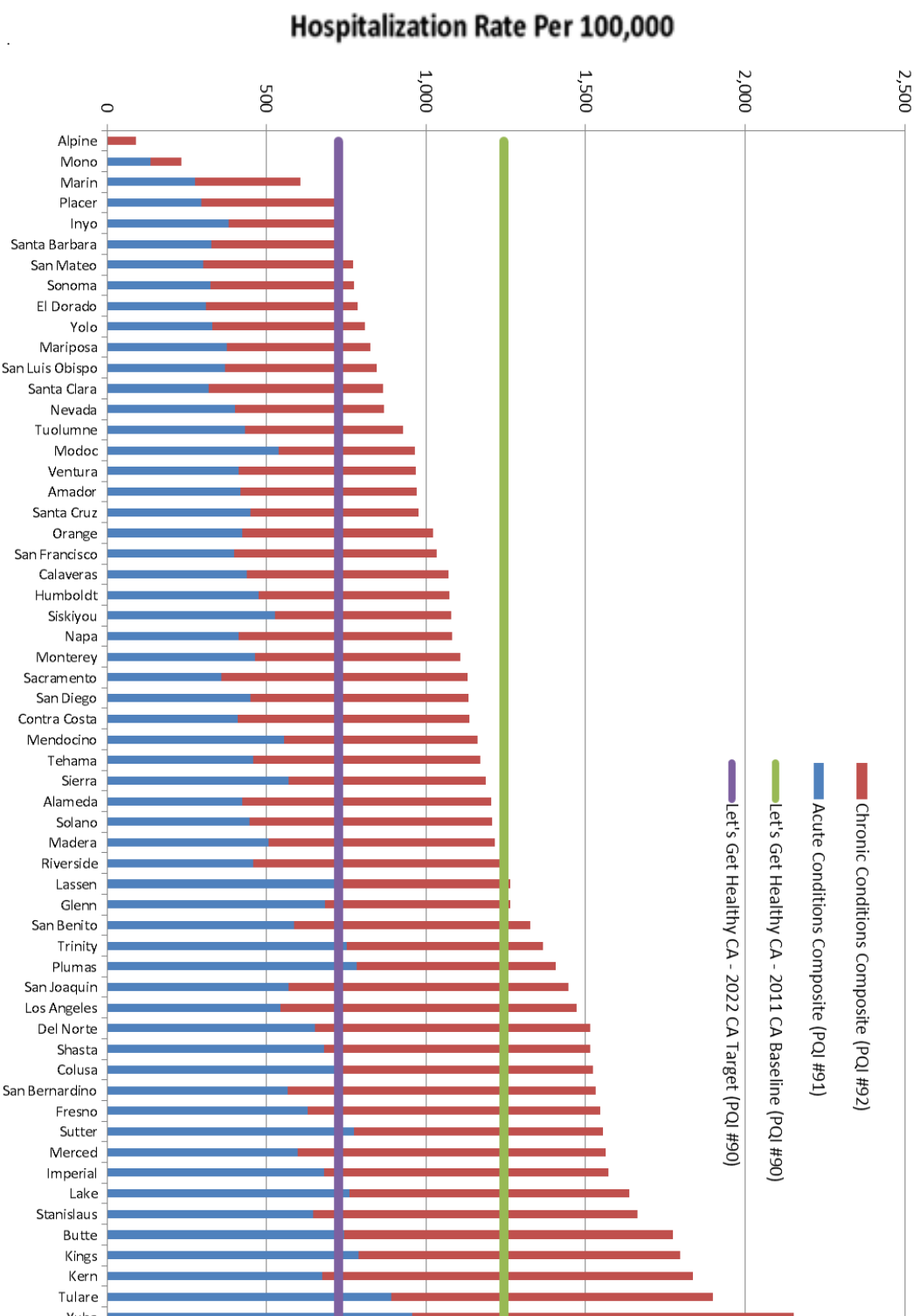
Source: OSHPD Patient Discharge Data, 2011; Age-Sex Adjusted Rates

http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRO/pqi_overview.html



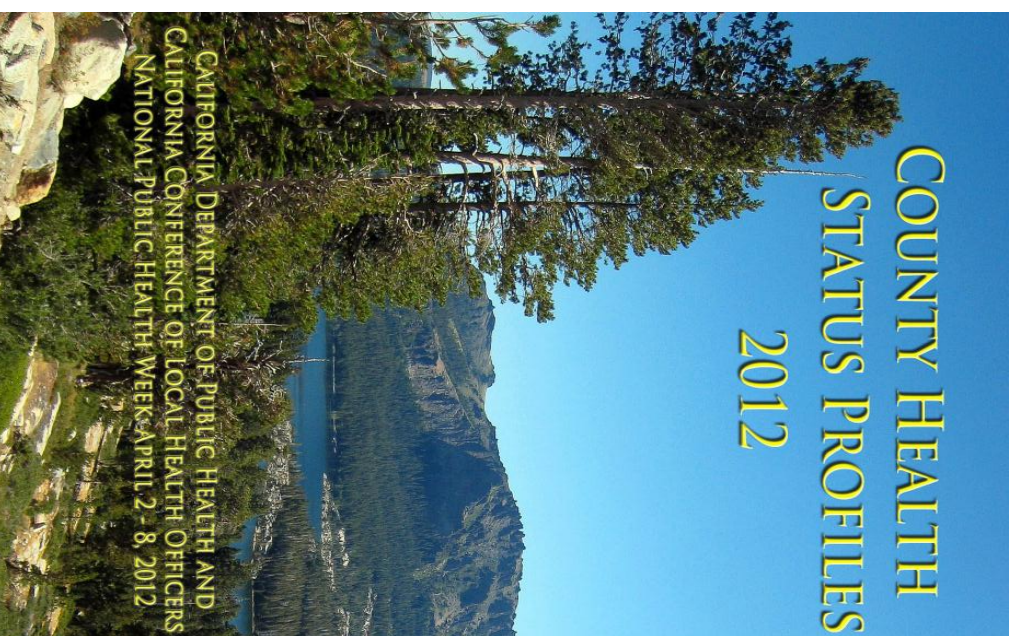
CA Preventable Hospitalization Rates by County

Source: OSHPD Patient Discharge Data, 2011; Age-Sex Adjusted Rates



CA COUNTY HEALTH STATUS PROFILES

<http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx>



MORTALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2008-2010 DEATHS (AVERAGE)	CRUDE DEATH RATE	AGE-ADJUSTED DEATH RATE	95% CONFIDENCE LIMITS LOWER UPPER	NATIONAL OBJECTIVE	AGE-ADJUSTED DEATH RATE NATIONAL	STATEWIDE	
13	ALL CAUSES	8,994.3	583.9	600.4	587.8 613.0	a	741.1	632.7	
23	ALL CANCERS	2,191.0	142.2	147.5	141.2 153.8	158.6	173.2	151.7	
32	COLORECTAL CANCER	209.3	13.6	14.1	12.1 16.0	13.7	15.9	14.1	
17	LUNG CANCER	504.7	32.8	34.5	31.4 37.6	43.3	48.5	36.1	
23	FEMALE BREAST CANCER	168.7	21.4	19.7	16.7 22.8	21.3	22.3	20.7	
43	PROSTATE CANCER	132.0	17.5	23.2	19.2 27.2	28.2	22.0	21.2	
41	DIABETES	296.3	19.2	20.0	17.7 22.3	b	20.9	19.5	
29	ALZHEIMERS DISEASE	335.7	21.8	22.5	20.0 24.9	a	23.5	28.2	
18	CORONARY HEART DISEASE	1,474.3	95.7	98.3	93.2 103.4	162.0	126.0	121.6	
30	CEREBROVASCULAR DISEASE (STROKE)	558.7	36.3	38.0	34.8 41.2	50.0	38.9	37.4	
29	INFLUENZA/PNEUMONIA	229.3	14.9	15.2	13.2 17.2	a	16.2	17.2	
9	CHRONIC LOWER RESPIRATORY DISEASE	425.3	27.6	29.7	26.9 32.6	a	42.3	36.7	
5	CHRONIC LIVER DISEASE AND CIRRHOSIS	136.7	8.9	8.4	6.9 9.8	3.2	9.2	10.8	
6	ACCIDENTS (UNINTENTIONAL INJURIES)	344.7	22.4	21.8	19.5 24.1	17.1	37.3	27.1	
11	MOTOR VEHICLE TRAFFIC CRASHES	77.3	5.0	5.0	4.0 6.3	8.0	11.7	7.9	
57	SUICIDE	139.0	9.0	8.7	7.3 10.2	4.8	11.8	9.7	
42	HOMICIDE	140.0	9.1	9.1	7.6 10.6	2.8	5.5	5.3	
13	FIREARM-RELATED DEATHS	168.7	10.9	11.0	9.3 12.6	3.6	10.1	7.8	
13	DRUG-INDUCED DEATHS	149.7	9.7	9.0	7.6 10.5	1.2	12.6	10.5	
MORBIDITY									
RANK ORDER	HEALTH STATUS INDICATOR	2008-2010 CASES (AVERAGE)	CRUDE CASE RATE	95% CONFIDENCE LIMITS LOWER UPPER	NATIONAL OBJECTIVE	CRUDE CASE RATE NATIONAL	STATEWIDE		
57	AIDS INCIDENCE (AGE 13 AND OVER)	181.7	14.2	12.1 16.3	1.0	du	9.4		
50	CHLAMYDIA INCIDENCE	6,928.0	449.7	439.1 460.3	d	c	389.6		
56	GONORRHEA INCIDENCE	1,828.7	118.7	113.3 124.1	19.0	99.1	66.8		
55	TUBERCULOSIS INCIDENCE	161.3	10.5	8.9 12.1	1.0	3.8	6.5		
INFANT MORTALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2007-2009 DEATHS (AVERAGE)	BIRTH COHORT INFANT DEATH RATE	95% CONFIDENCE LIMITS LOWER UPPER	NATIONAL OBJECTIVE	BIRTH COHORT INFANT DEATH RATE NATIONAL	STATEWIDE		
18	INFANT MORTALITY: ALL RACES	90.0	4.3	3.5 5.3	4.5	6.7	5.2		
32	INFANT MORTALITY: ASIAN/PI	20.0	3.5	2.1 5.4	4.5	4.8	4.5		
35	INFANT MORTALITY: BLACK	22.0	8.9	5.6 13.5	4.5	13.3	11.8		
14	INFANT MORTALITY: HISPANIC	24.0	3.6	2.3 5.4	4.5	5.5	5.0		
24	INFANT MORTALITY: WHITE	20.7	4.1	2.5 6.2	4.5	5.6	4.5		

IN SAN FRANCISCO: PH = ACTIONABLE ANALYTICS

<http://www.healthmattersinsf.org/>

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco Community Health Assessment + Profile

September 2012



Increase Access to Quality Health Care & Services

2010 Community Vital Signs

98 percent of San Franciscans have health insurance or enrolled in a comprehensive access program (Goal = 100%).
Preventable emergency room visits:
Current: 237.8/10,000
Target: 234.6/10,000
Hospitalization rate due to congestive heart failure
Current: 30.9/10,000
Target: 18.3/10,000
Hospitalization rate due to uncontrolled diabetes
Current: 0.40/10,000
Target: 0.40/10,000
Hospitalization rate due to immunization-preventable pneumonia or flu
Current: 7.1/10,000
Target: 2.6/10,000

Community Themes & Strengths

- Need for culturally competent health care services, incl. language access
- Individuals experience limited access to health care services due to unlimited hours of operation
- Need for greater access to affordable dental, vision, and urgent care services
- Medi-Cal recipients expressed a desire for more options when choosing a health care provider
- Cost is a barrier to care, particularly for the uninsured
- Long travel time from home to health facilities to home, particularly via public transit
- Long wait times for appointments
- Overall satisfaction with services, and many noted the importance of customer service in the provision of health care
- Support services, such as navigators and "promotoras" are important
- Lack of information or knowledge about health care resources
- Ensure collaboration between San Francisco's existing health and social services networks and the community
- Need sustainable health information technology systems
- Explore incentives for the development of needed health care infrastructure.
- Promote the development of cost-effective health care delivery models

Community Health Status

- More than 12 languages are spoken in San Francisco, a sign of its cultural diversity.
- San Francisco offers a rich array health care services and resources to residents; however, resource availability does not necessarily equate with access
- Tenderloin, South of Market and Bayview-Hunters' Point neighborhoods far exceed the citywide rate and goal for preventable emergency room visits

Local Public Health System

- Moderate activity to evaluate the effectiveness, accessibility, and quality of services
- Moderate activity to inform, educate, and empower individuals and communities about health issues
- Moderate activity by the local public health system to link people to needed personal and health services & assure the provision of health care when otherwise available.

Forces of Change

- Health Reform will increase demand on health resources
- Health care financing affects provision & outcomes of care
- Innovations in technology offer potential to improve access and care
- 24% of San Franciscans speak English less than well
- Some subpopulations experience limited health literacy
- Connectivity gaps (e.g., transportation, language access) present barriers to care
- Promote community collaboration to improve outreach, education & services delivery



Resources

- **Agency for Healthcare Research & Quality, Quality Indicators:** <http://www.qualityindicators.ahrq.gov/Default.aspx>
- **Let's Get Healthy California Task Force:** <http://www.chhs.ca.gov/Pages/HealthCaITaskforce.aspx>
- **CA County Health Ranking:** www.countyhealthrankings.org/
- **A Framework for Tracking the Impacts of the Affordable Care Act in CA, 2011 (SHADAC):** <http://www.shadac.org/publications/framework-tracking-impacts-affordable-care-act-in-california>

OSHPPD

- **California AHRQ Prevention Quality Indicators:** http://oshpd.ca.gov/HID/Products/PatDischargedData/AHRQ/pqi_overview.html
- **Healthcare ATLAS: Map Tool:** <http://gis.oshpd.ca.gov/atlas>
- **Healthcare Information Center:** phone (916) 326-3802; hircweb@oshpd.ca.gov

APPENDIX

PREVENTABLE HOSPITALIZATIONS

NATIONAL QUALITY STRATEGY AND PREVENTABLE HOSPITALIZATIONS

The Affordable Care Act (ACA) requires the Secretary of Health and Human Services to “*establish a national strategy to improve the delivery of healthcare services, patient health outcomes, and population health.*”

HR 3590 §3011, amending the Public Health Service Act (PHSA) by adding §399HH (a)(1)

National Healthcare Quality Report

National Healthcare Disparities Report

Preventable hospitalizations (Chapter 7, “Efficiency”)

Potentially avoidable hospitalization rates for adults.

Excess avoidable hospitalizations.

Potentially avoidable hospitalizations among Medicare home health patients.

FEDERAL PROGRAM QUALITY MONITORING AND PREVENTABLE HOSPITALIZATIONS

Medicaid: Health Care Quality Measures (for Medicaid-Eligible Adults)

Measure performance and develop action plans for better care, healthier people, and affordable care

- PQI #1 – Diabetes Short-Term Complications
- PQI #5 – Chronic Obstructive Pulmonary Disease
- PQI #8 – Congestive Heart Failure
- PQI #15 – Adult Asthma

Medicare Shared Savings Program (for Medicare Fee-For-Service)

Facilitate coordination and cooperation among providers to improve the quality of care for beneficiaries and reduce unnecessary costs

- PQI #05 – Chronic Obstructive Pulmonary Disease
- PQI #08 – Congestive Heart Failure