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Aiming Higher

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On Behalf of the Commonwealth Commission on a High Performance Health System
And co-authors

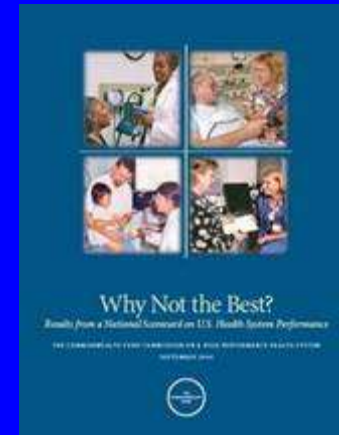
July 17, 2007

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Commonwealth Fund's Commission on a High Performance Health System

Objective:

- Move the U.S. toward a higher-performing health care system that achieves better access, improved quality, and greater efficiency, with particular focus on the most vulnerable due to income, gaps in insurance coverage, race/ethnicity, health, or age



State Scorecard: Purpose and Methods

- **Aims to stimulate discussion, collaboration, and policy action**
- **Modeled on National Scorecard**
 - **5 dimensions: access, quality, avoidable hospital use and costs, equity, and healthy lives**
 - **Contrasts to highest performers**
- **Ranks states on indicators and dimensions**
 - **32 indicators (31 in Kansas)**
 - **Dimension rank based on average of indicator ranks**
 - **Overall rank based on average of dimension ranks**
- **Equity**
 - **Gaps for vulnerable group (income, insurance, race/ethnicity) on subset of 11 indicators**



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**
 - **Quality not associated with higher cost across states**
- **All states have room to improve**
 - **Even best states perform poorly on some indicators**

Gains if Kansas Achieved Top State Performance

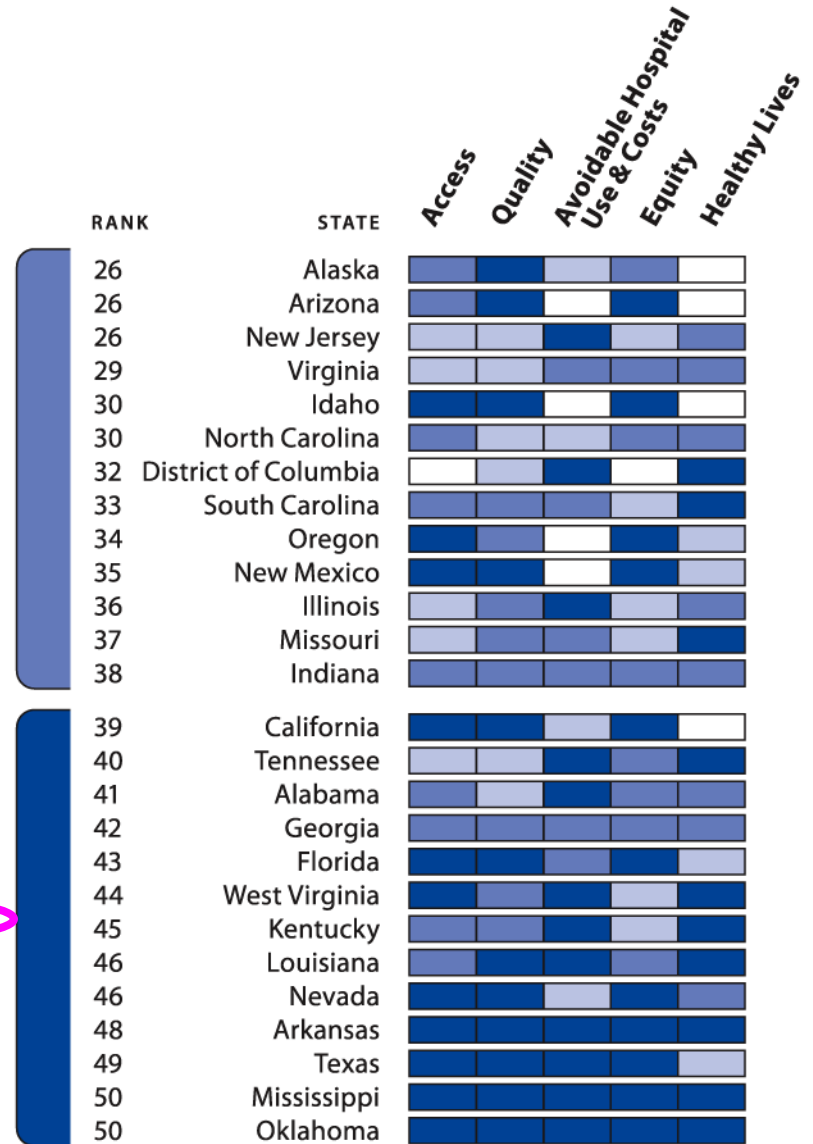
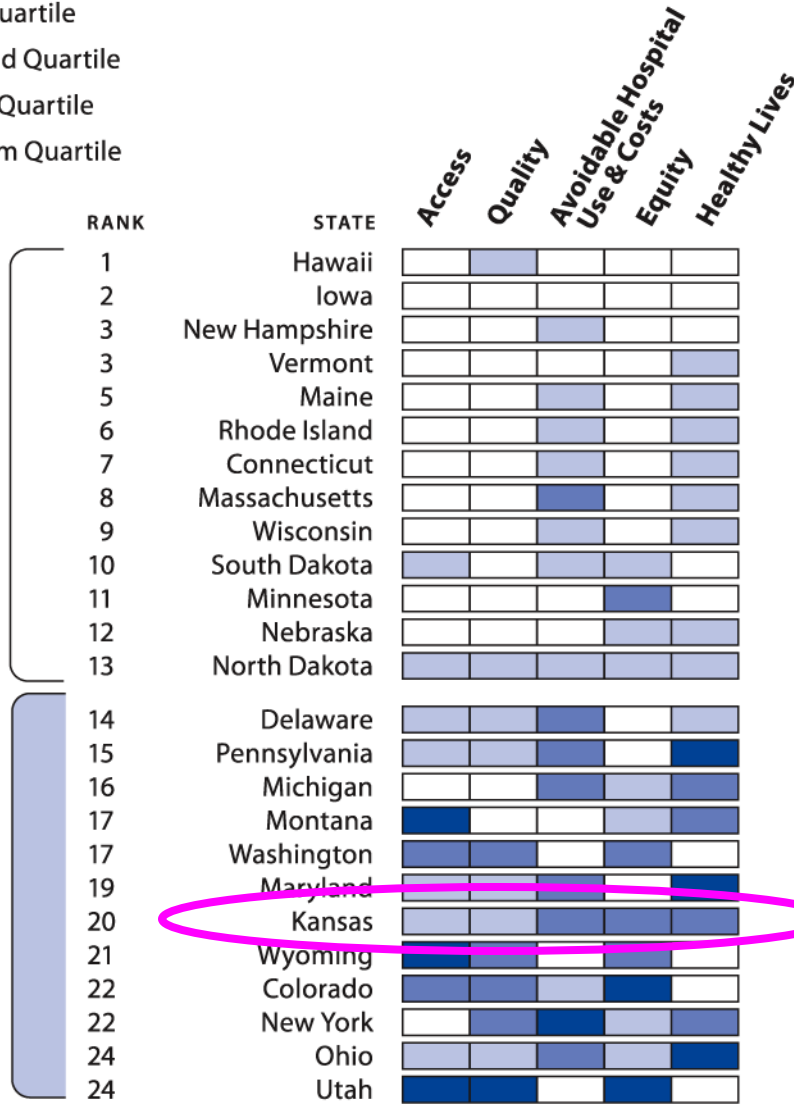
- **More People Covered**
 - More than 73,000 additional adults and children insured
- **More Getting the Right Care**
 - Almost 79,000 additional adults (age 50+) and nearly 30,000 diabetics would receive recommended care
 - Nearly 6,000 children immunized
- **More Getting Primary Care**
 - Over 106,000 adults and 77,000 children with primary care
- **Less Avoidable Hospital Utilization**
 - Almost 13,000 fewer Medicare hospital admissions and readmissions per year (Savings of \$78 million+ per year)
- **Healthy Lives**
 - 520 fewer premature deaths



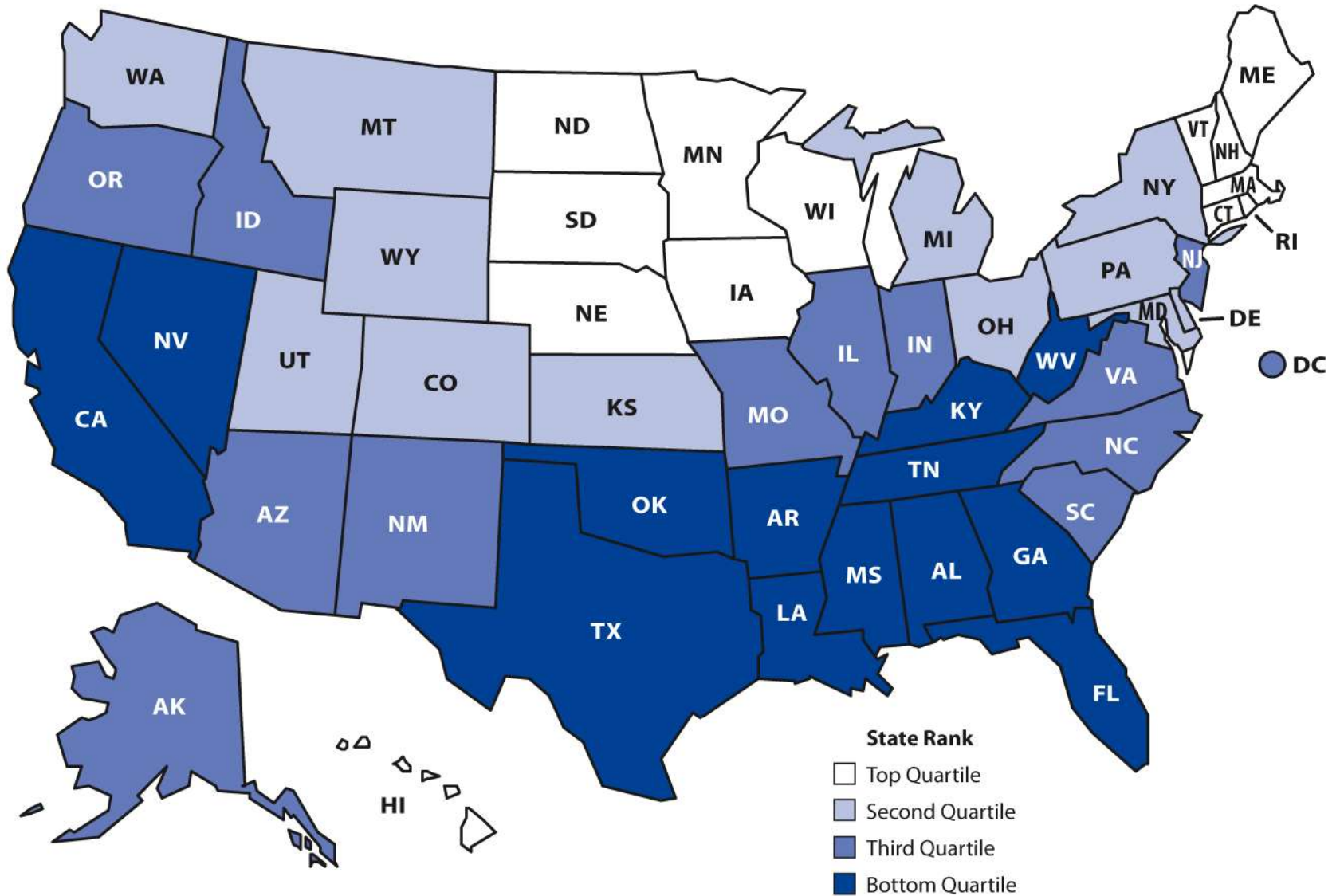
State Scorecard Summary of Health System Performance Across Dimensions

State Rank

- Top Quartile
- Second Quartile
- Third Quartile
- Bottom Quartile



State Ranking on Overall Health System Performance

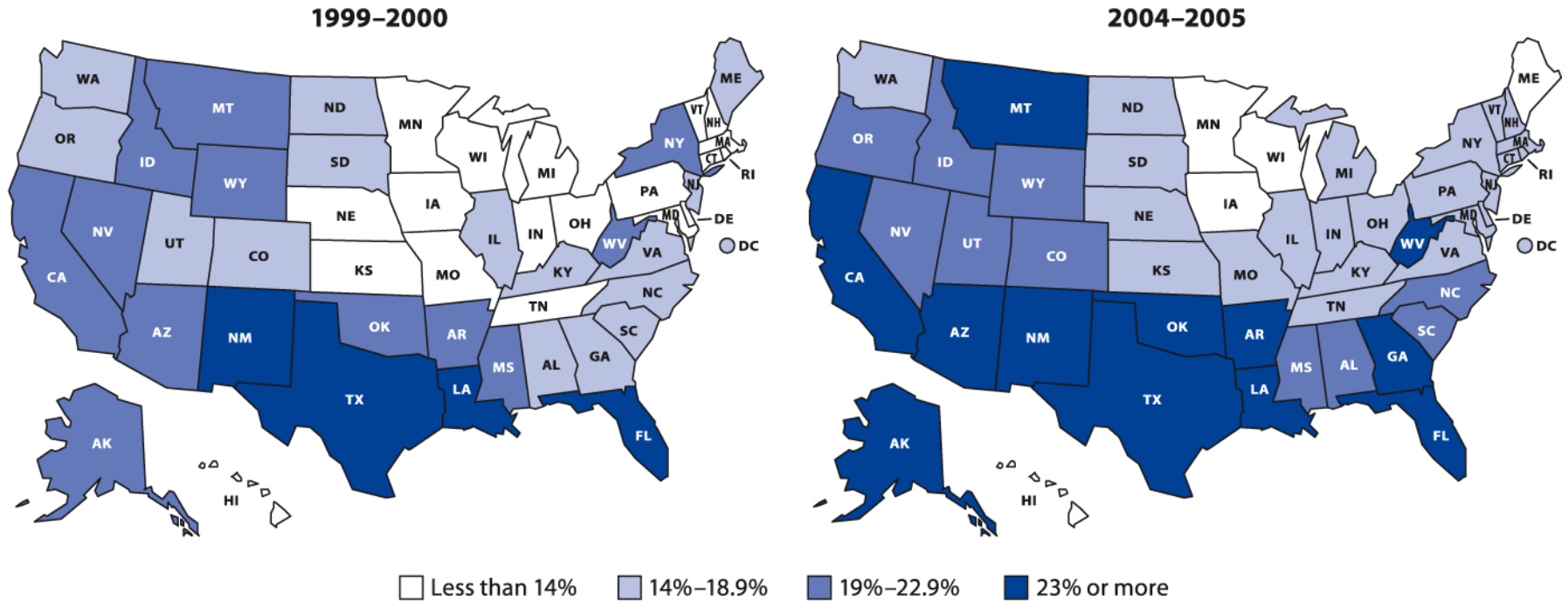


SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007

Summary of Indicator Rankings for Kansas

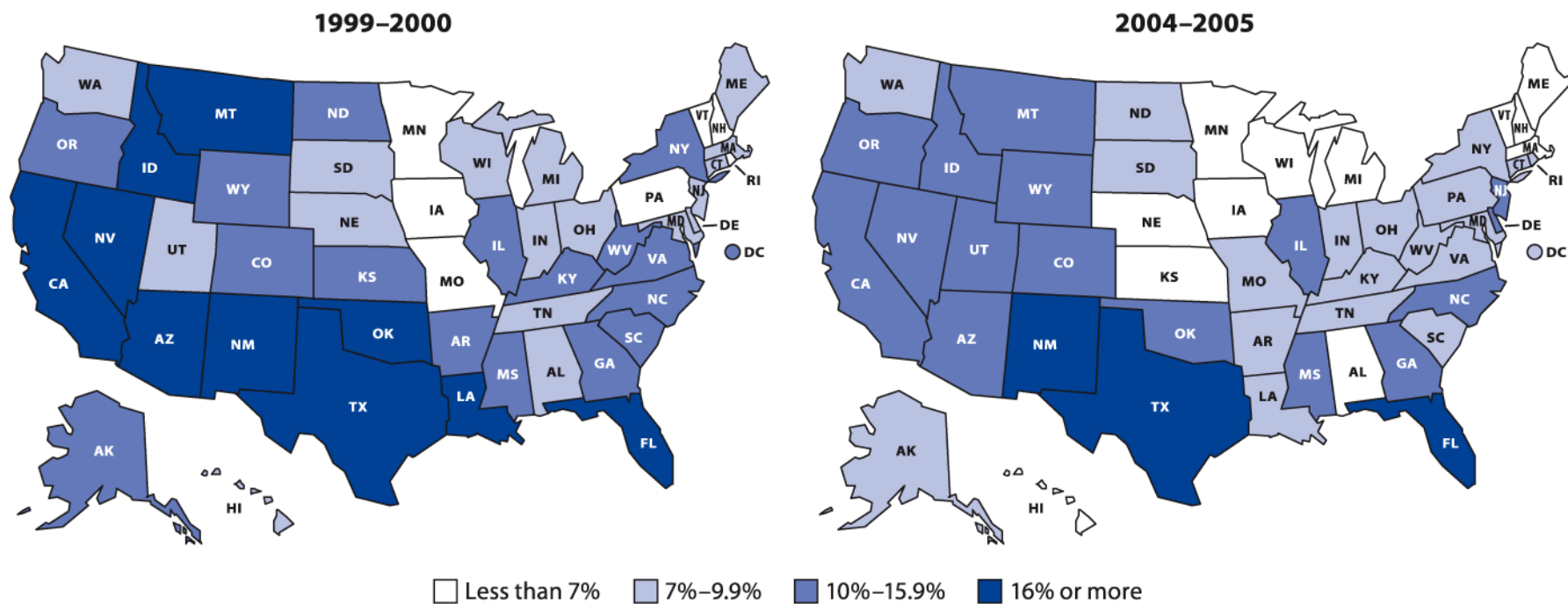
DOMAIN (# indicators):	Top Quartile	Second Quartile	Third Quartile	Bottom Quartile
ACCESS (4)	2	1	1	0
QUALITY (14)	4	6	3	1
AVOIDABLE USE/COSTS (8)	0	3	5	0
HEALTHY LIVES (5)	0	2	3	0
TOTAL (31)	6	12	12	1

Percent of Adults Ages 18–64 Uninsured by State



DATA: Census Bureau's March 2000, 2001 and 2005, 2006 Current Population Survey
 SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007

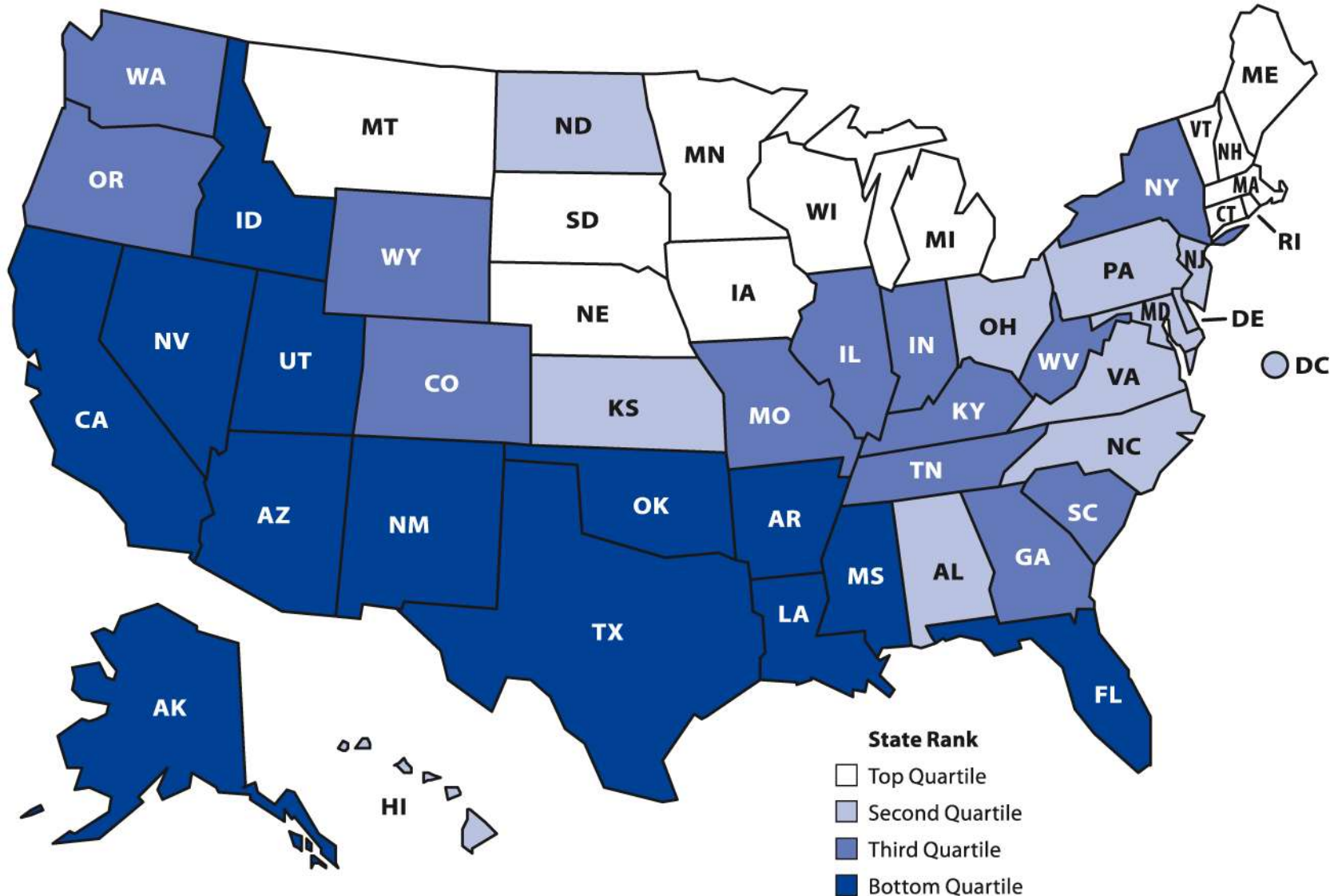
Percent of Children Ages 0–17 Uninsured by State



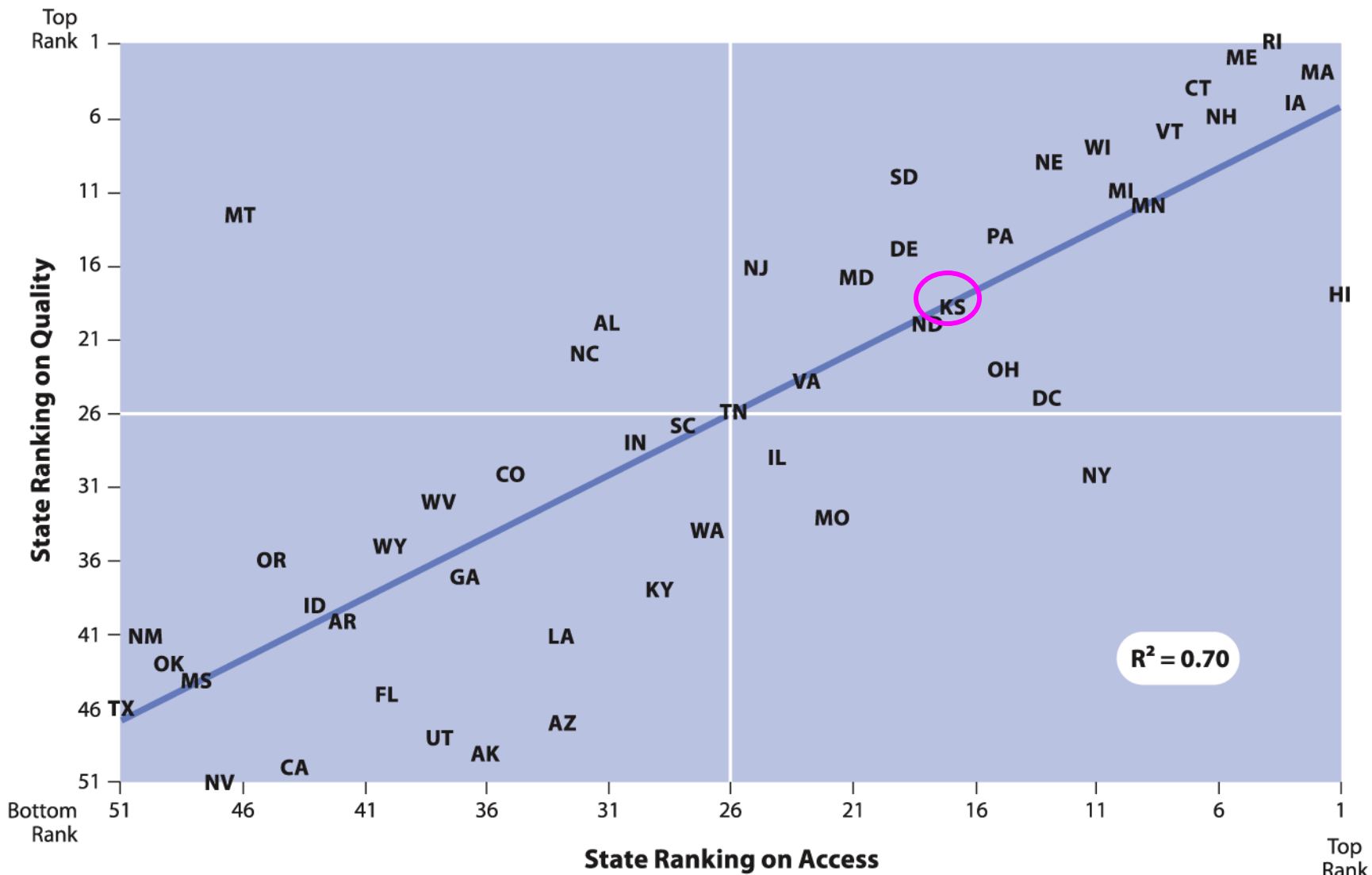
QUALITY

- **Getting the Right Care**
- **Coordinated Care**
- **Patient-Centered Care**

State Ranking on Quality Dimension



State Ranking on Access and Quality Dimensions

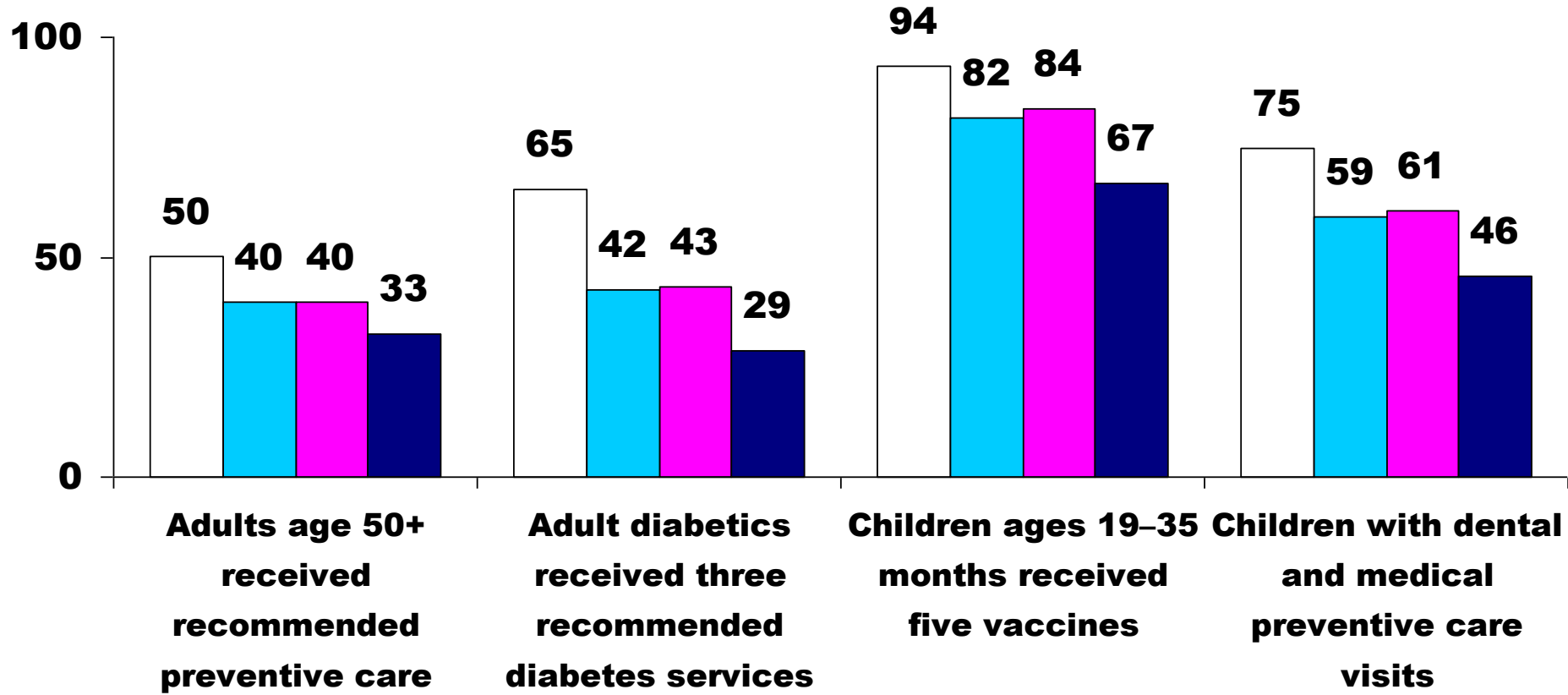


SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007

State Variation: Ambulatory Care Quality Indicators

Percent

Best State All States Median Kansas Worst State

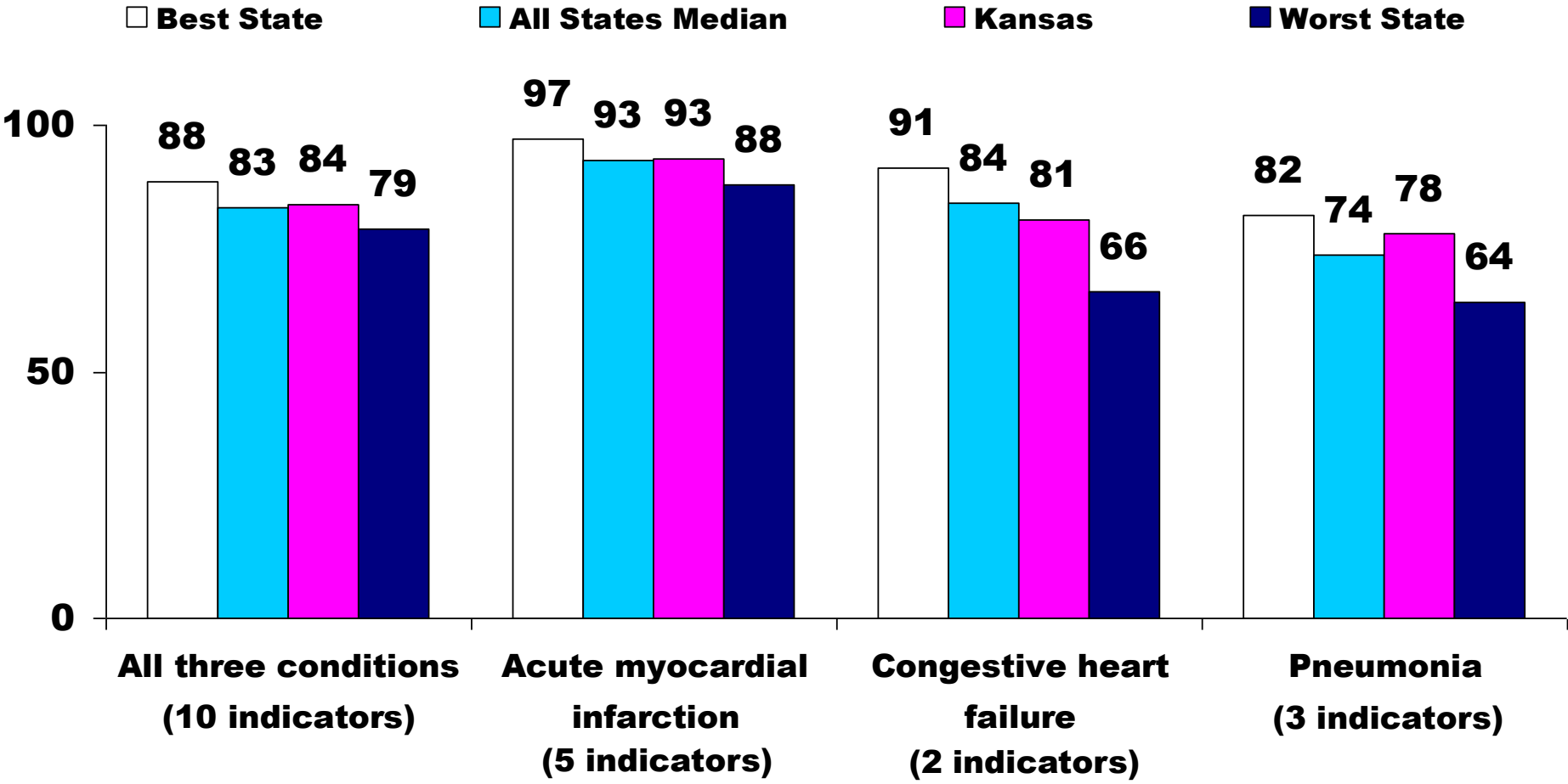


DATA: Adult preventive care – 2002/2004 BRFSS; Adult diabetic preventive care – 2002/2004 BRFSS; Child vaccines – 2005 National Immunization Survey; Child medical and dental visits – 2003 National Survey of Children’s Health

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

State Variation: Hospital Care Quality Indicators, 2004

Percent of patients who received recommended care

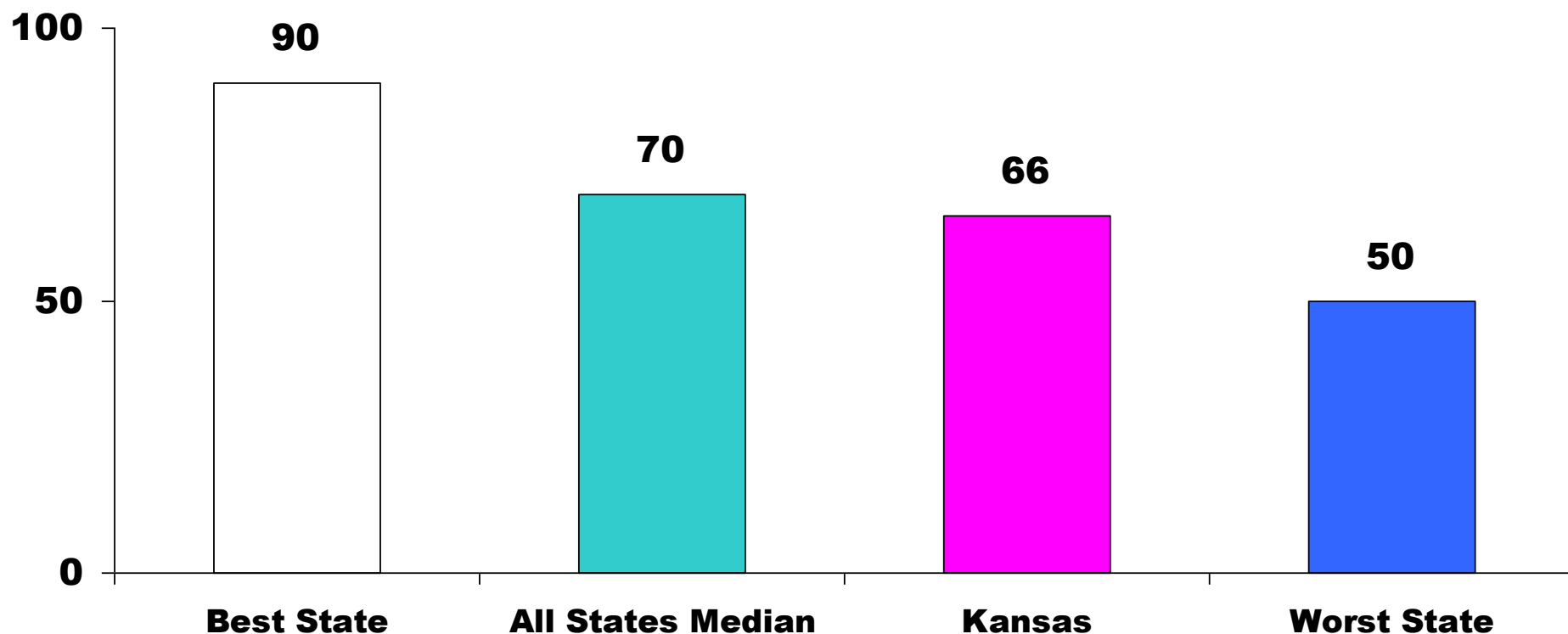


DATA: 2004 CMS Hospital Compare

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

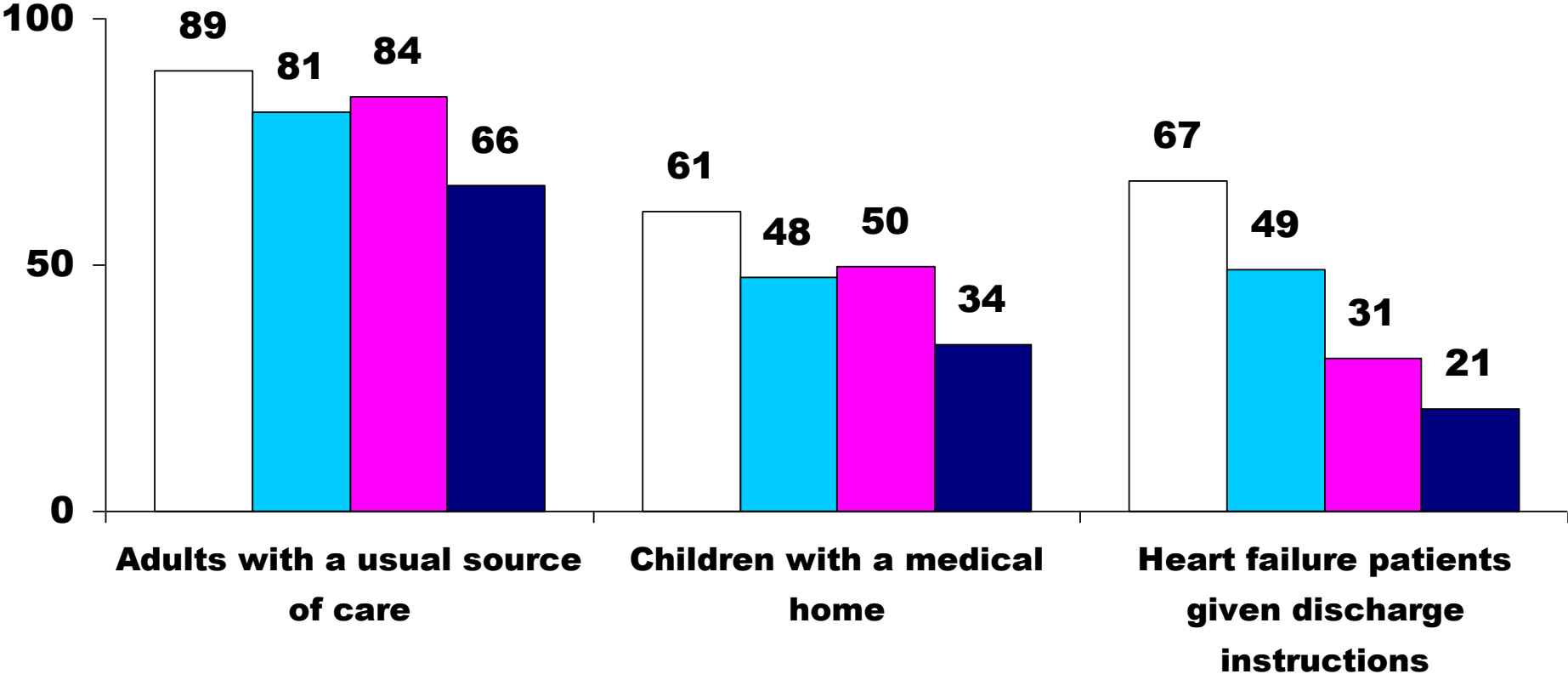
SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007

QUALITY: COORDINATED CARE

State Variation: Coordination of Care Indicators

Percent

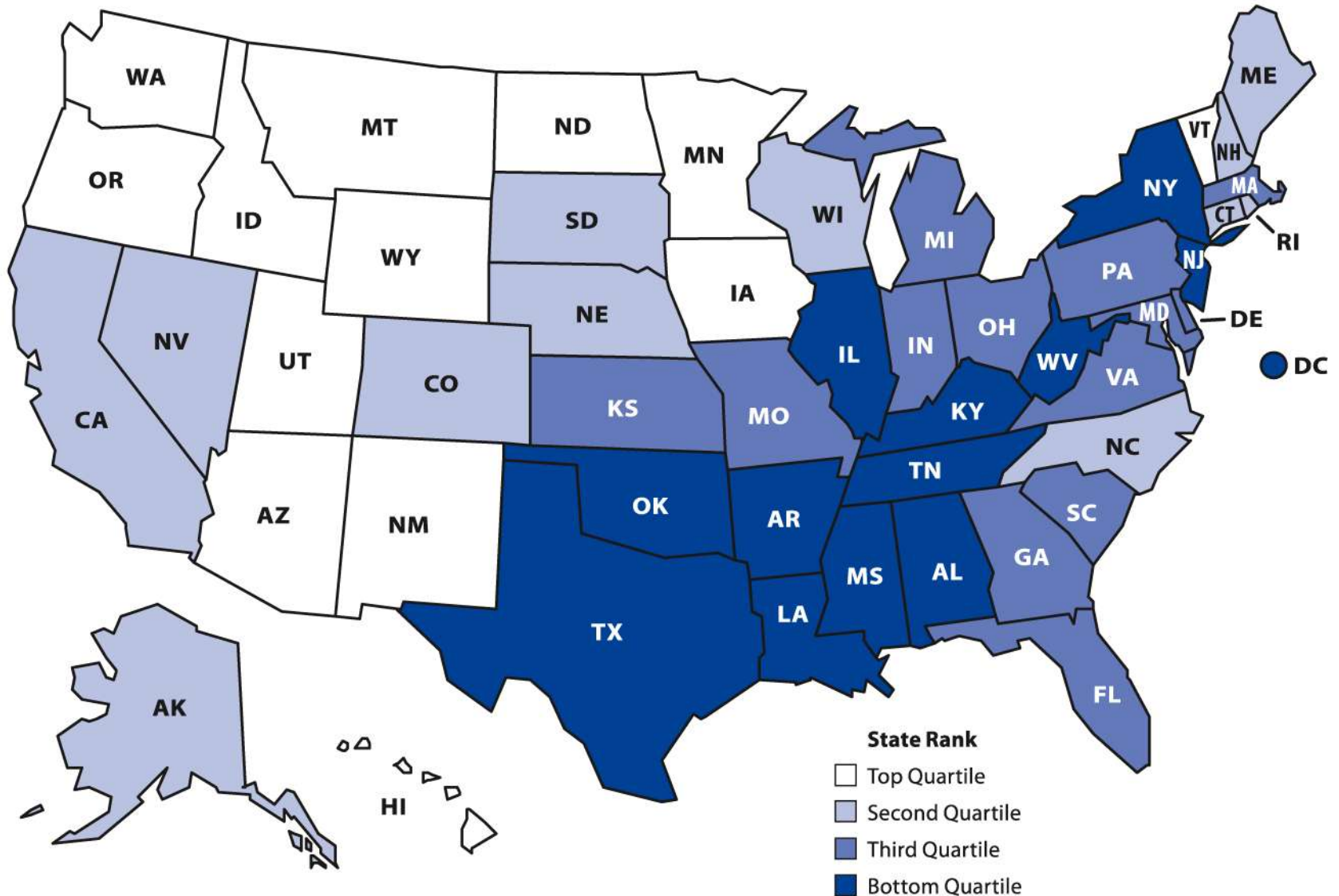
□ **Best State** ■ **All States Median** ■ **Kansas** ■ **Worst State**



DATA: Adult usual source of care – 2002/2004 BRFSS; Child medical home – 2003 National Survey of Children’s Health; Heart failure discharge instructions – 2004-2005 CMS Hospital Compare

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

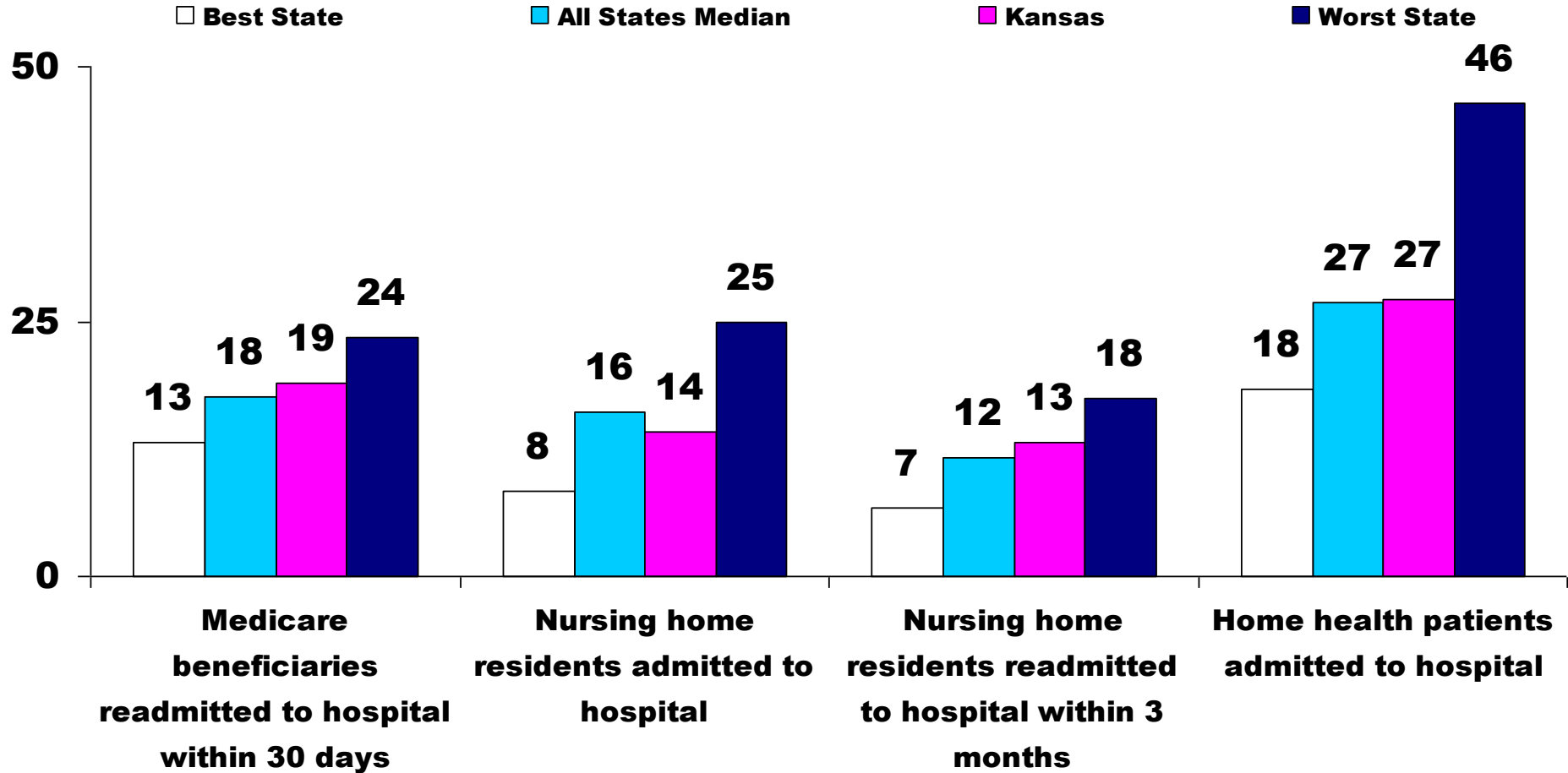
State Ranking on Potentially Avoidable Use of Hospitals and Costs of Care Dimension



AVOIDABLE HOSPITAL USE AND COSTS

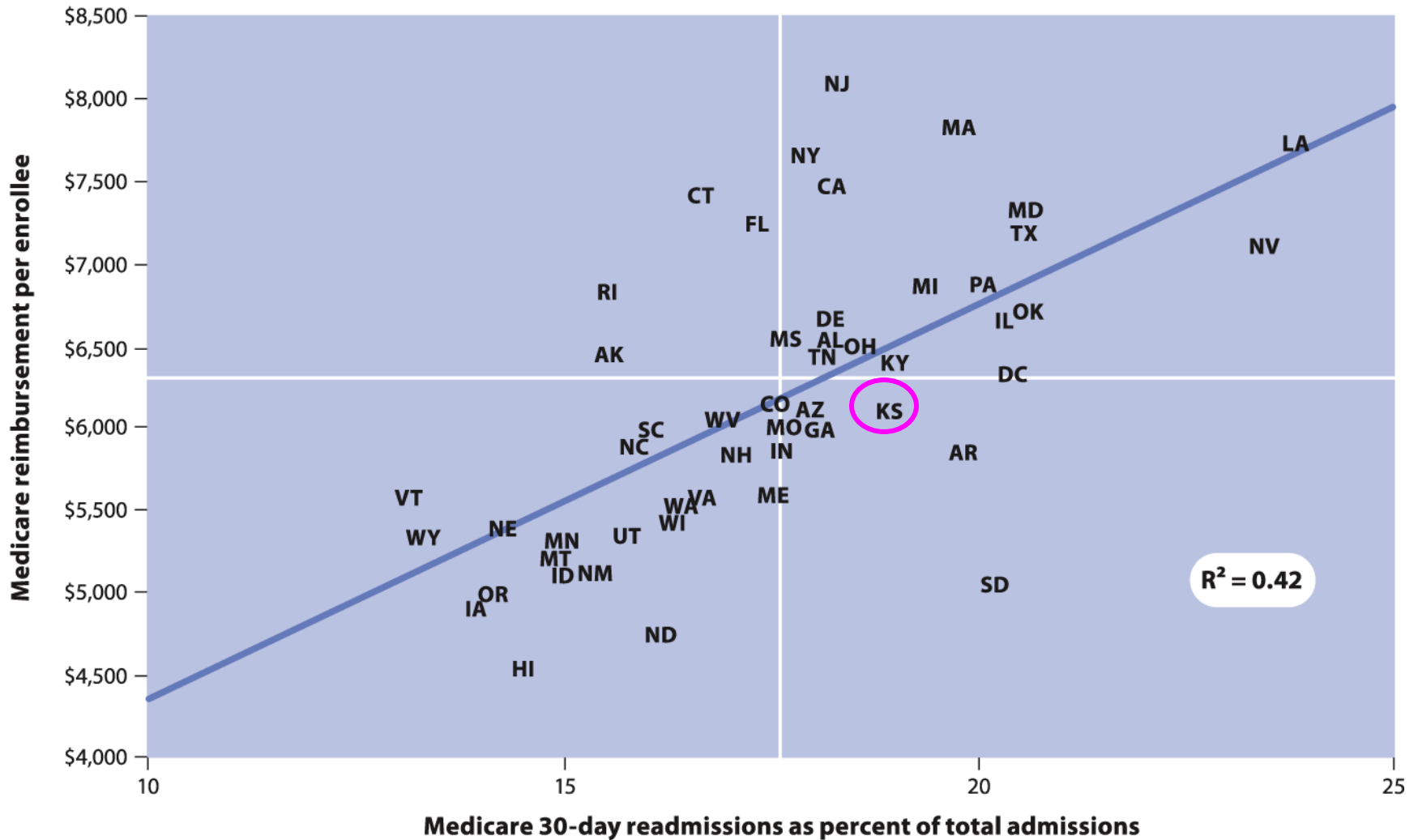
State Variation: Hospital Admissions Indicators

Percent



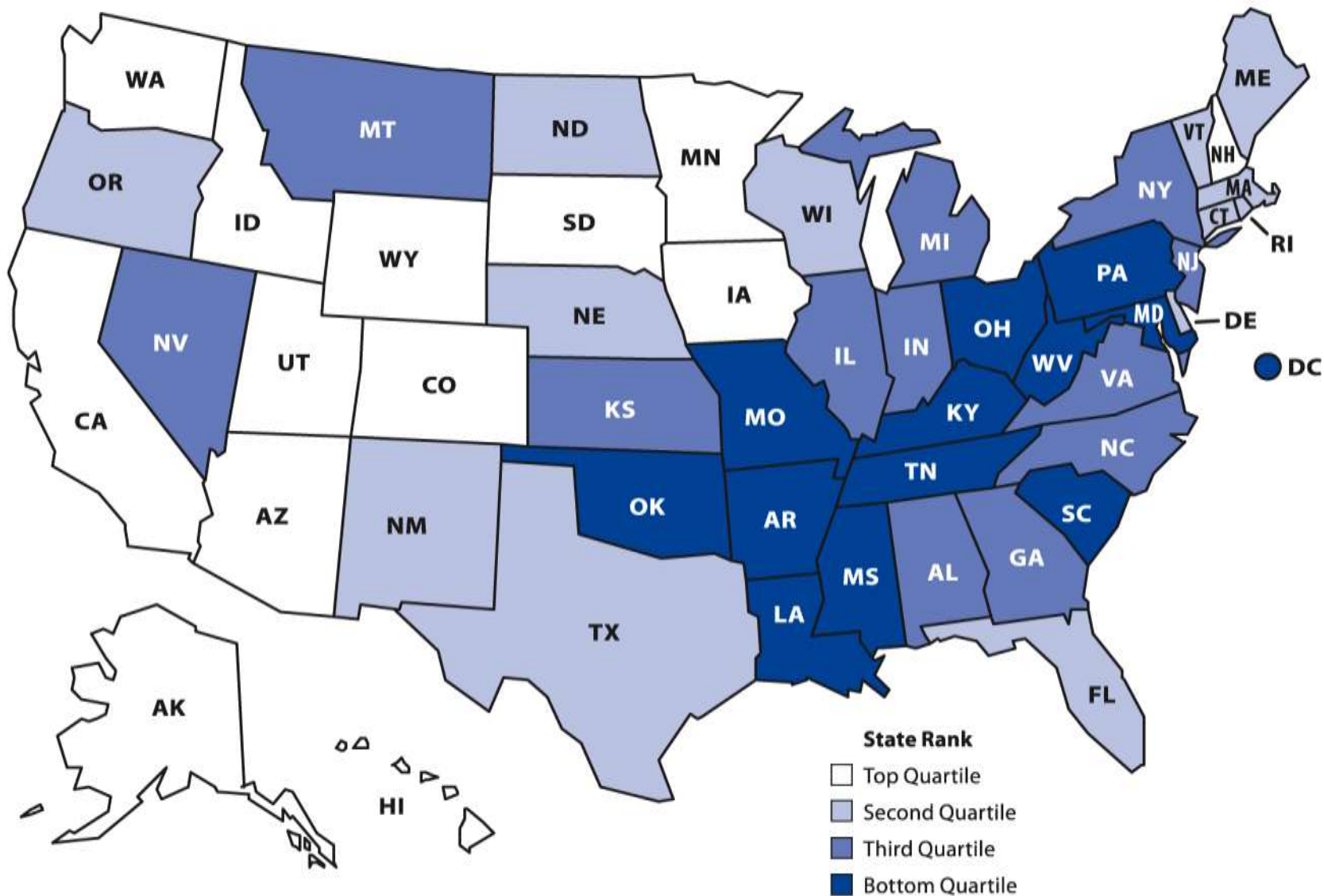
DATA: Medicare readmissions – 2003 Medicare SAF 5% Inpatient Data; Nursing home admission and readmissions – 2000 Medicare enrollment records and MedPAR file; Home health admissions – 2004 Outcome and Assessment Information Set
SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007

Medicare Reimbursement and 30-Day Readmissions by State, 2003



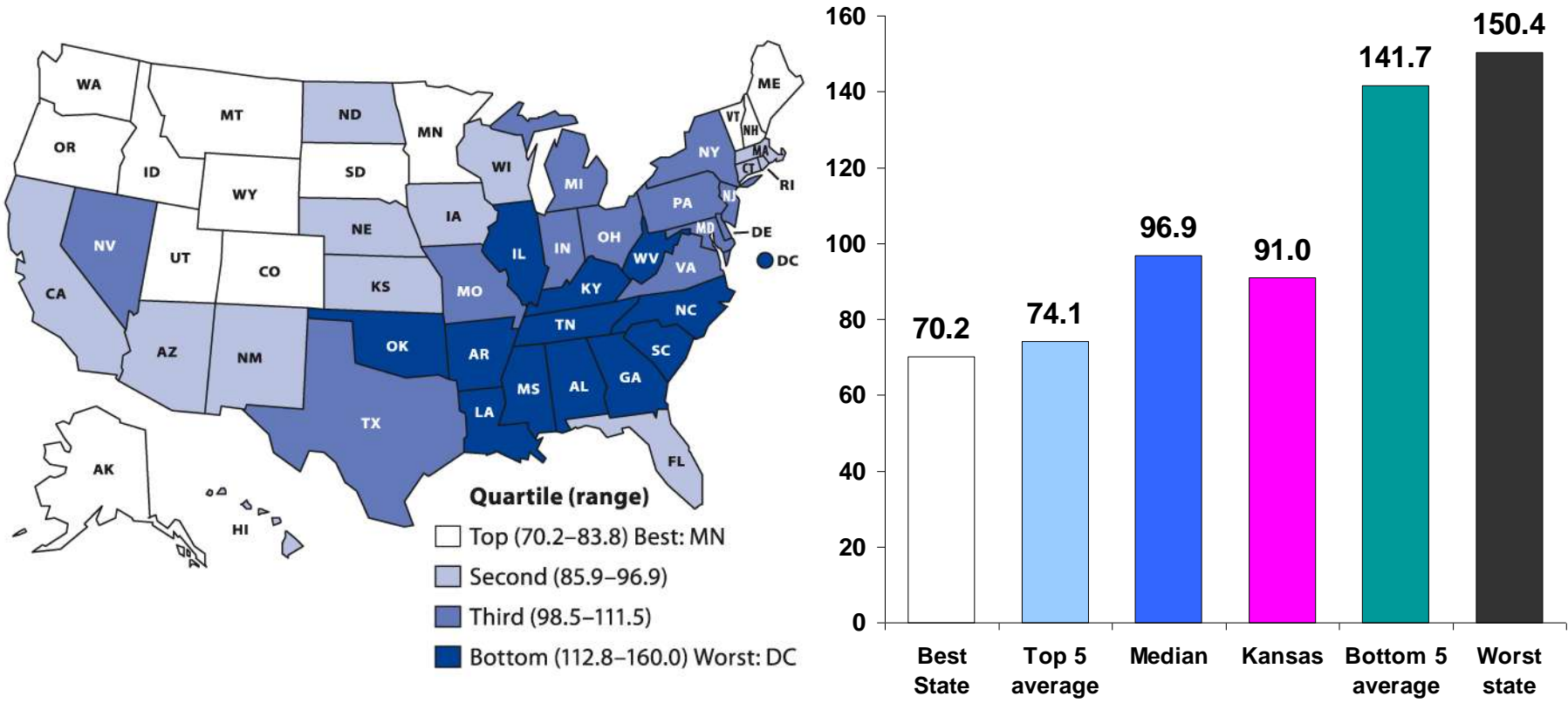
DATA: Medicare reimbursement – 2003 Dartmouth Atlas of Health Care; Medicare readmissions – 2003 Medicare SAF 5% Inpatient Data
 SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007

State Ranking on Healthy Lives Dimension



Mortality Amenable to Health Care by State, 2002

Deaths* per 100,000 Population
U.S. Average = 103.3 deaths per 100,000



*Age standardized deaths before age 75 from select causes; includes ischemic heart disease
DATA: Analysis of 2002 CDC Mortality Cause-of-Death data files using Nolte and McKee methodology, BMJ 2003.
SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007

EQUITY

- **Based on gaps between most vulnerable to national average**
 - **Low-income (below 100% or 200% of poverty)**
 - **Uninsured**
 - **Racial, ethnic minority**

EQUITY

Lack of Recommended Preventive Care by Income and Insurance

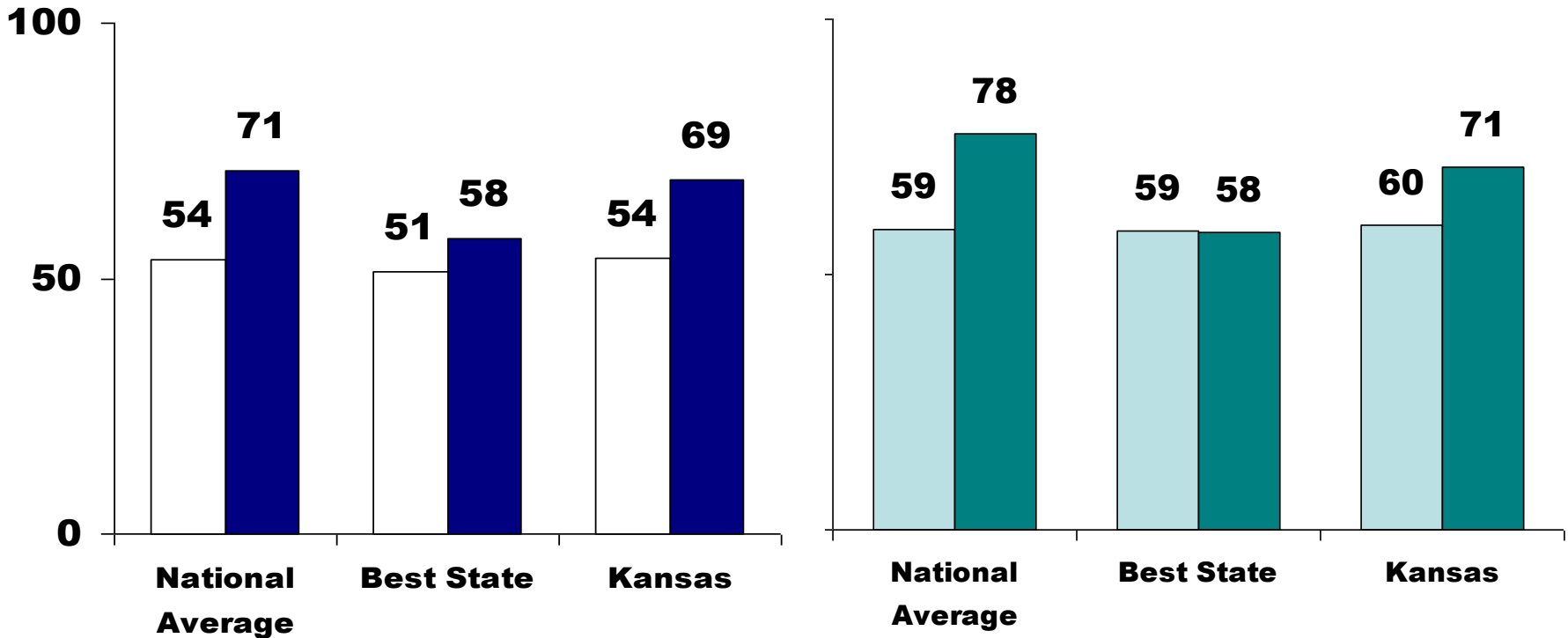
Percent of adults age 50+ who *did not* receive recommended preventive care

By income

By insurance

□ >200% of poverty ■ 200% of poverty or less

□ Insured ■ Uninsured



Note: Best state refers to state with smallest gap between national average and low income/uninsured.

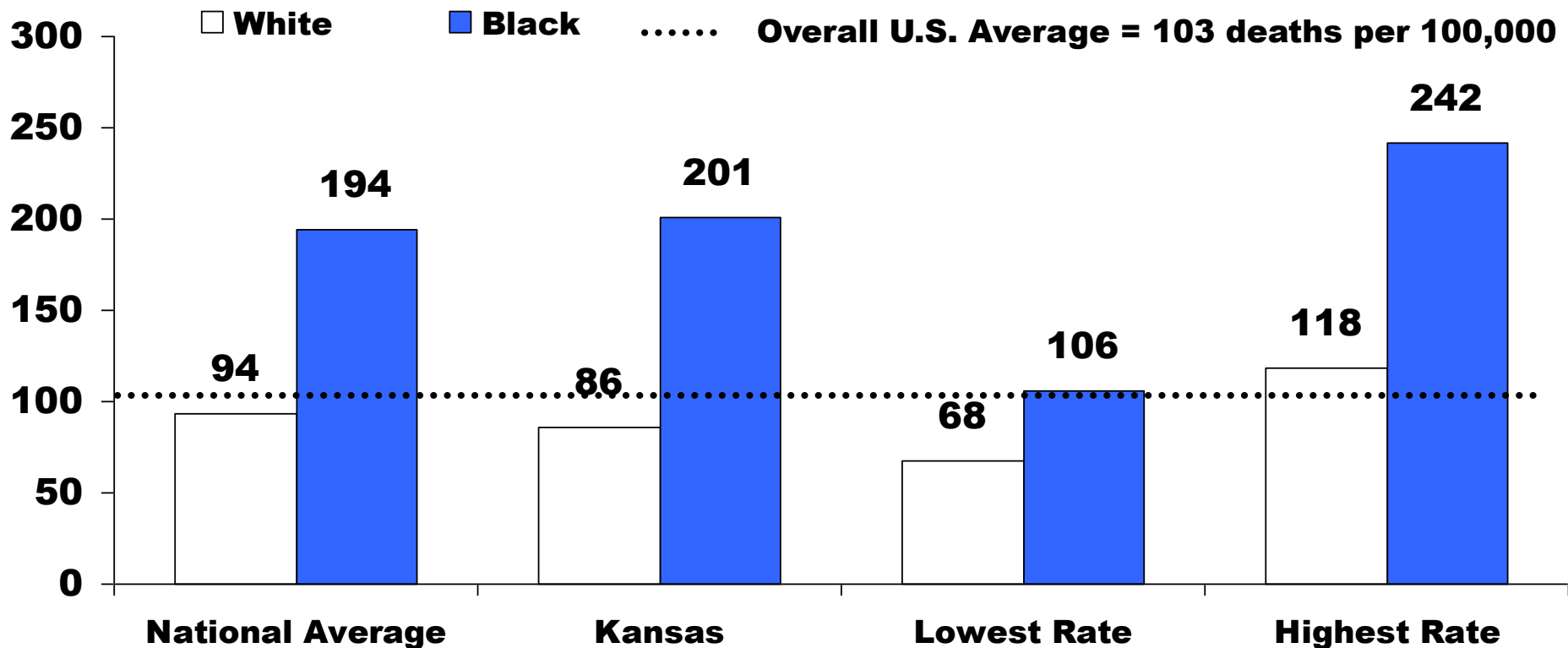
DATA: 2002/2004 BRFSS

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

HEALTHY LIVES

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

DATA: Analysis of 2002 CDC Multiple Cause-of-Death data files using Nolte and McKee methodology, *BMJ* 2003.

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

Aiming Higher

Urgent need for action that takes a whole-system 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**

What States Can Do to Promote a High Performance Health System: *Strategies to Expand Coverage*

- **Shared responsibility: state, employers, individuals**
 - Expand public programs
 - Employer “pay-or-play” and encourage offering Section 125 benefit plans
 - Mandate individuals to purchase coverage
 - Provide financial assistance to low income workers and employers
- **Pool purchasing power and promote new benefit designs to make coverage more affordable**
- **Develop reinsurance programs to make coverage more affordable in the small group and individual markets**
- **Require insurers to raise age limit for dependents**



What States Can Do to Promote a High Performance Health System: *Strategies to Improve Quality and Efficiency*

- **Pay for quality – align incentives (RI)**
- **Information technology/exchange (NY, DE)**
- **Primary care/medical home**
- **Quality improvement collaboratives (IA, NJ)**
- **Transparency and public reporting**
- **Promote population health (AR)**

Acknowledgements and Related Commission Reports

- ***Aiming Higher: Results from a State Scorecard on Health System Performance (June 2007).*** The Commonwealth Fund Commission on a High Performance Health System. Authors:
 - Joel C. Cantor and Dina Belloff, Rutgers University Center for State Health Policy
 - Cathy Schoen, Sabrina K.H. How, and Douglas McCarthy, The Commonwealth Fund
- **Related Commonwealth Fund Commission Reports**
 - ***Why Not the Best? Results from a National Scorecard on U.S. Health System Performance (Sept. 2006).*** The Commonwealth Fund Commission on a High Performance Health System.
 - ***Framework for a High Performance Health System for the United States (Aug. 2006).*** The Commonwealth Fund Commission on a High Performance Health System.

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Measuring Health System Performance: How the States Stack Up

June 13, 2007 - The Commonwealth Fund and Commission on a High Performance Health System has released the first-ever comparison of health system performance in all 50 states. *Aiming for Healthy Lives: A Scorecard on Health System Performance* ranks states on 32 performance measures, including quality, avoidable hospital use and costs, equity, and "healthy lives." [Read more »](#)

DC Policy Updates

Washington Health Policy Week in Review
Legislators promote their goals for SCHIP reauthorization; study tracks slowdown in Medicaid spending; and more. [Read more »](#)

From the President

How Employers Can Help Create a High Performance Health System
As the largest collective purchasers of health insurance, employers can and should drive the fundamental health system reform our country needs—and that Americans want. [Read more »](#)

Commission on a High Performance Health System

Controlling Health Care Spending: What Are the Options?
This report illuminates factors contributing to high health care expenditures and examines strategies that have the potential to

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Testimony on Enhancing Value in Medicare: Chronic Care Initiatives

June 11, 2007 - In his recent testimony before the U.S. Senate, The Fund's Stuart Guterman reviewed Medicare's initiatives to improve care for beneficiaries with chronic conditions. [Read more »](#)

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Thank You!



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