

Quality Measurement for System and Patient Needs: *Understanding Disparities in VA*

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Why Measure Quality Disparities in VA?

- Stakeholder interest
- Critical dimension of Quality (IOM)
 - Effective
 - Safe
 - Efficient
 - Patient centered
 - Timely
 - Equitable
- Financial barriers to care are minimal, allowing closer study of patient & provider factors

| 2009 |

National Healthcare Disparities Report



AHRQ

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2010 VHA Facility Quality and Safety Report

Department of Veterans Affairs
Veterans Health Administration
August 2010





HEALTH CARE - VETERANS HEALTH ADMINISTRATION

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Hospital Report Card 2009

The Veterans Health Administration (VHA) is nationally and internationally known for its commitment to innovative quality and safety programs and for its transparency in being accountable for the results achieved by those programs.

In 2008, VHA issued its first comprehensive facility-level report of quality and safety data, reporting on care provided in inpatient and outpatient settings, quality of care within specific patient populations, and patient satisfaction and outcomes.

The report was improved and re-issued in 2009. Raw data from both reports are published on data.gov to allow Veterans and the public to track changes, improvements in care, and the results of initiatives to address issues noted in previous reports. Further information may be found at hospitalcompare.hhs.gov.

Links to 2009 Hospital Quality Report Card

- [Press Release](#)
- [Report Card](#)
- Data.gov links:
 - Infrastructure: <http://www.data.gov/details/1287>
 - Population Quality of Care: <http://www.data.gov/details/1288>
 - Hospital Settings: <http://www.data.gov/details/1289>
 - Patient Satisfaction: <http://www.data.gov/details/1290>

Links to 2008 Hospital Quality Report Card

- [Press Release](#)
- [Report Card](#)
- Data.gov link: <http://www.data.gov/details/1208>

Note: Some links will take you outside of the Department of Veterans Affairs Website.





External Comparisons for 2008/2009

Clinical Indicator	VA Average 2009 ⁽¹⁾	VA Average 2008 ⁽¹⁾	HEDIS Commercial 2008 ⁽²⁾	HEDIS Medicare 2008 ⁽²⁾	HEDIS Medicaid 2008 ⁽²⁾	HEDIS 90th Percentile (All) ⁽⁶⁾
Breast Cancer Screening	87%	87%	70%	68%	51%	77%
Cervical Cancer Screening	92%	92%	80%	n/a	66%	86%
Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Control (<100 mg/dL)	67%	66%	60%	57%	40%	69%
Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening	96%	94%	89%	89%	80%	92%
Colorectal Cancer Screening	80%	79%	59%	53%	n/a	67%
Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	80%	78%	66%	60%	57%	73%
Comprehensive Diabetes Care - Eye Exams	88%	86%	57%	61%	53%	70%
Comprehensive Diabetes Care - HbA1c Testing	98%	97%	89%	88%	81%	93%
Comprehensive Diabetes Care - LDL-C Controlled (LDL-C<100 mg/dL)	69%	68%	46%	49%	34%	53%
Comprehensive Diabetes Care - LDL-C Screening	96%	95%	85%	86%	74%	88%
Comprehensive Diabetes Care - Medical Attention for Nephropathy	95%	93%	82%	88%	77%	88%
Comprehensive Diabetes Care - Poor HbA1c Control	16%	16%	28%	29%	45%	20%
Controlling High Blood Pressure - Total	77%	75%	63%	59%	56%	72%
Flu Shots for Adults (50-64)	69%	69%	50%	n/a	n/a	58%
Medical Assistance with Smoking Cessation - Advising Smokers To Quit ⁽³⁾	96%	89%	77%	n/a	69%	83%
Medical Assistance with Smoking Cessation - Discussing Medications ⁽³⁾	90%	84%	54%	n/a	41%	63%
Medical Assistance with Smoking Cessation - Discussing Strategies ⁽³⁾	96%	92%	50%	n/a	41%	58%
Flu Shots for Adults (65 and older) ^{(4) (5)}	83%	84%	n/a	71%	n/a	n/a
Immunizations: pneumococcal, (note patients age groups) ^{(4) (5)}	95% (all ages)	94% (all ages)	n/a	67%	n/a	n/a

SOURCE: Office of Quality and Performance Updated 11-12-09

* Due to population differences, and methodology variations not all HEDIS measures are comparable to VA measures - therefore this is not a comprehensive list of indicators but this comparison does contain those indicators that are closely aligned in content and methodology.

1) VA comparison data is obtained by abstracting medical record data using similar methodologies to matched HEDIS methodologies. There are noted differences in eligibility and exclusions for end of life care.

2) HEDIS Data was obtained from the 2009 "State of Health Care Quality Report" available on the NCQA website: www.ncqa.org

3) HEDIS is obtained by survey, VA is obtained by medical record abstraction

4) BRFSS reports are available on the CDC website: www.cdc.gov

5) BRFSS (survey) scores are median scores. VA Scores are averages obtained by medical record abstraction

6) Data obtained from Quality Compass, a tool available through NCQA (www.ncqa.org)

Equity Dimensions

- Gender
 - Lower satisfaction, poorer intermediate outcomes, possibly poorer process measures
- Age
 - Older veterans more likely to receive needed preventive services
- Race/ethnicity
 - Lower satisfaction for AA veterans esp for outpatient care
 - Poorer intermediate outcomes; equivalent process measures after adjustments for AA veterans
- Rural vs. Urban
 - Roughly equivalent satisfaction & outpatient care quality
- Presence of Serious Mental Illness
 - Earlier comparisons based on flawed sampling
 - Warrants closer study (Druss & Bornemann , JAMA 2010)

Generally quality of care for women quite high,

	VA 2009	Commercial 2008	Medicare 2008	Medicaid 2008
Breast cancer screening	87%	70%	68%	61%
Cervical cancer screening	92%	80%	NA	66%

VA Clinical Measures with Less Favorable Scores for Women vs Men

Control of LDL-Cholesterol

- At risk and non-risk patients, all ages

Blood Pressure Control

- With or w/o DM Dx, Age ≥ 65

Prevention Measures

- Influenza and pneumococcal
- Colorectal cancer
- Depression

Tobacco used in past 12 months

- Women age < 65 less favorable

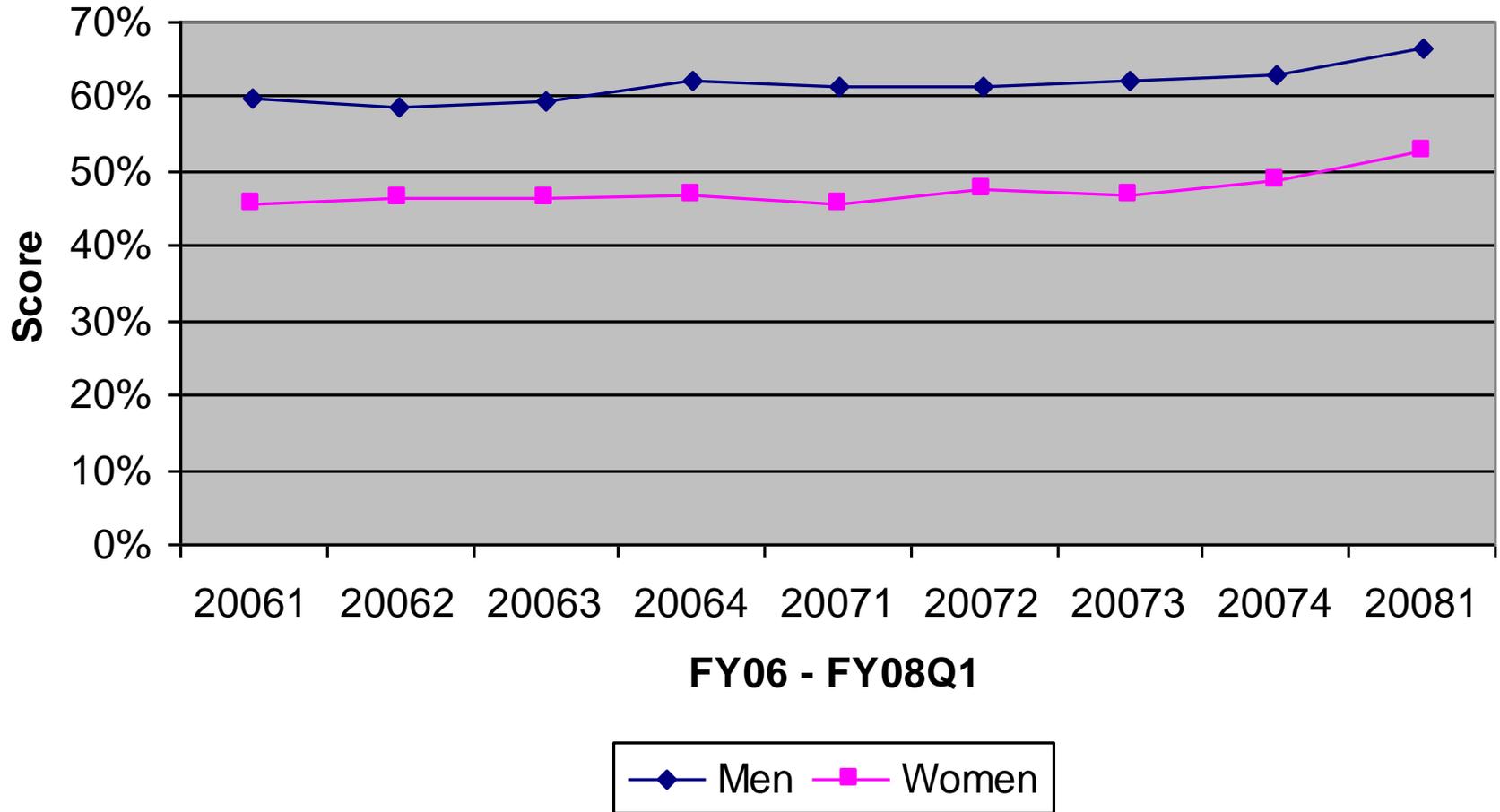
Diabetes - Outpatients

- Retinal exam – age ≥ 50
- Testing for kidney disease – all ages
- RX for ACE inhibitors or ARBs – age ≤ 65

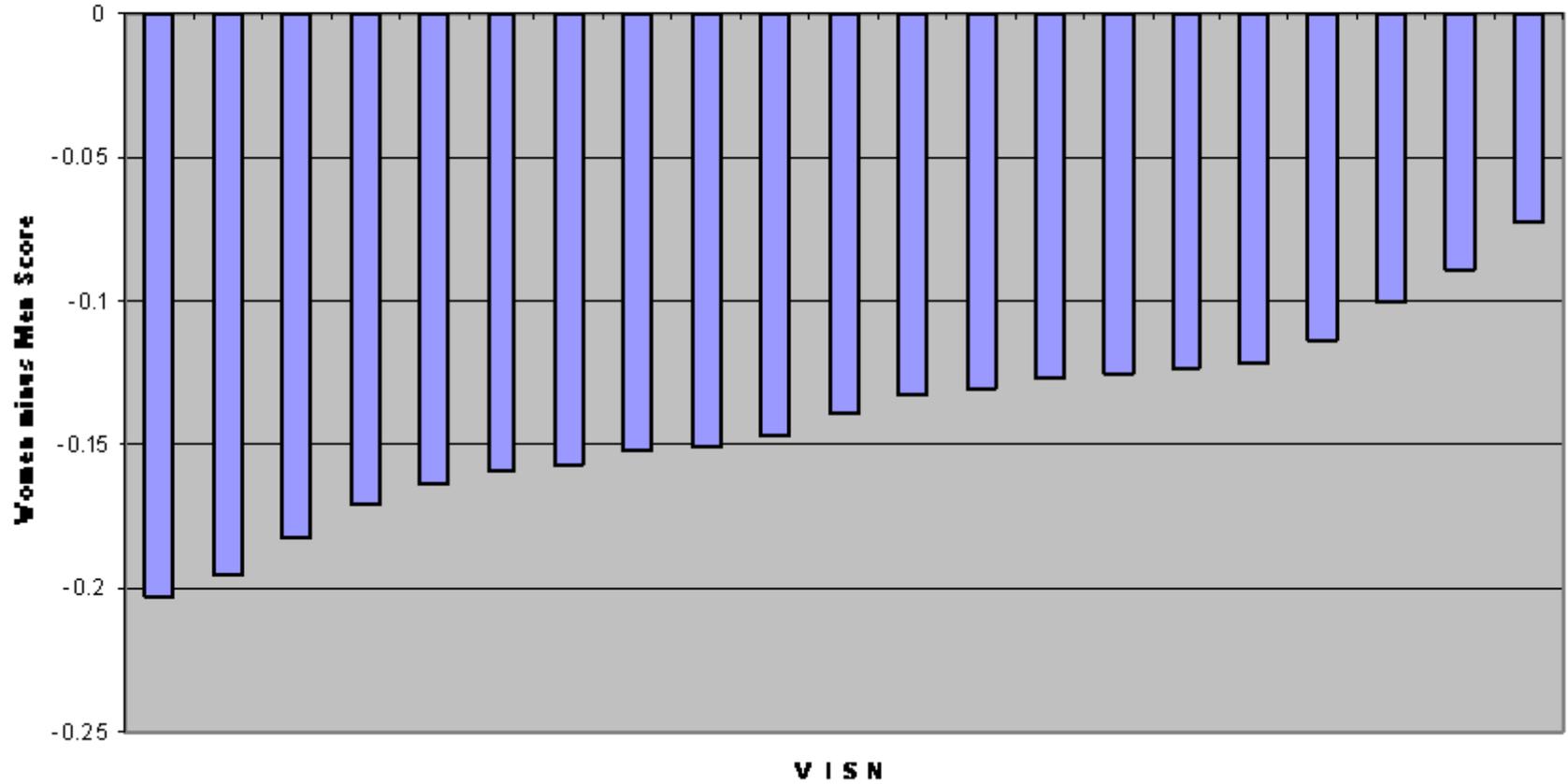
Acute myocardial infarction - OP

- Aspirin most recent visit
- Beta Blocker most recent visit

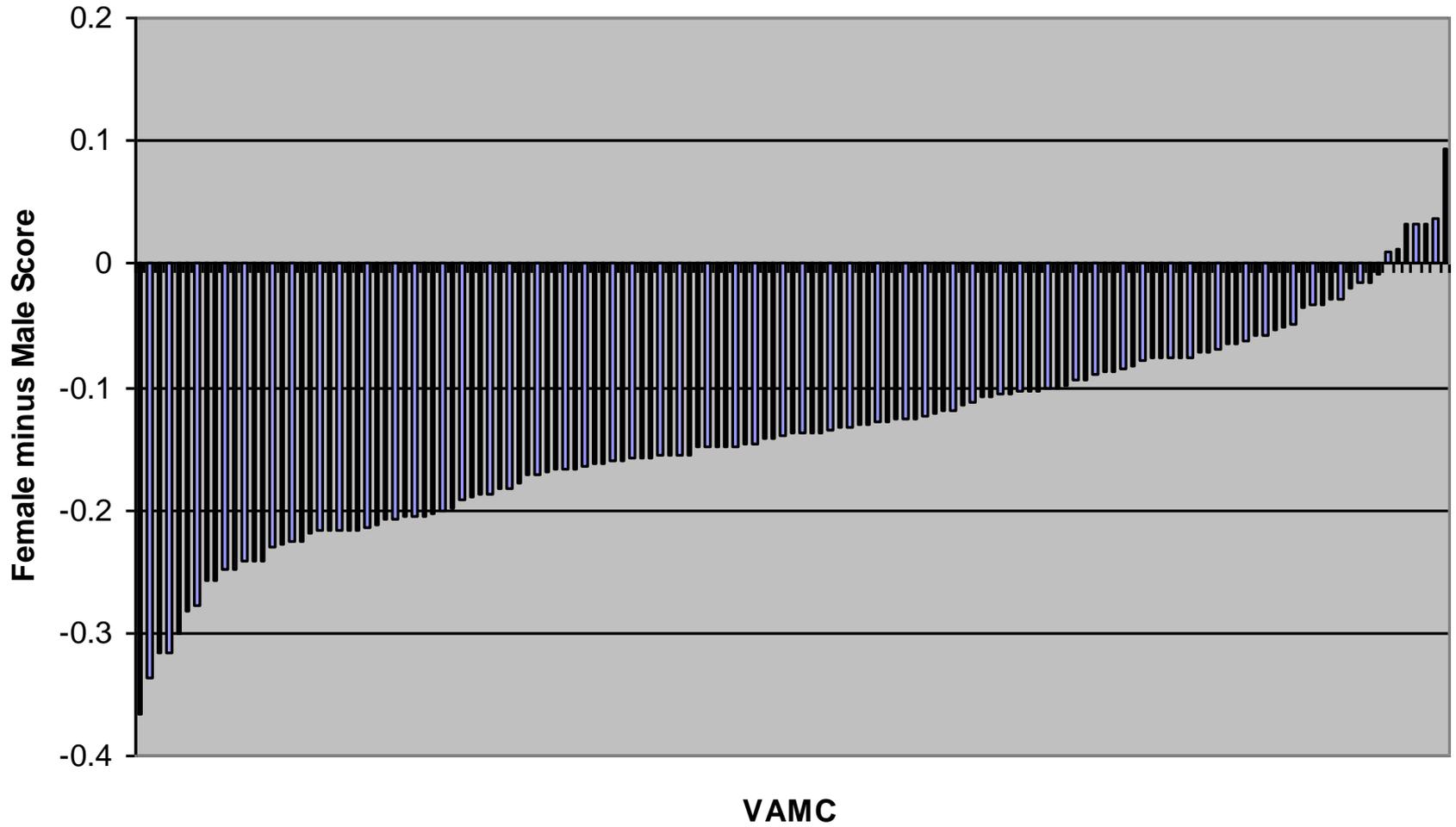
LDL Control for at Risk Groups Score by Gender



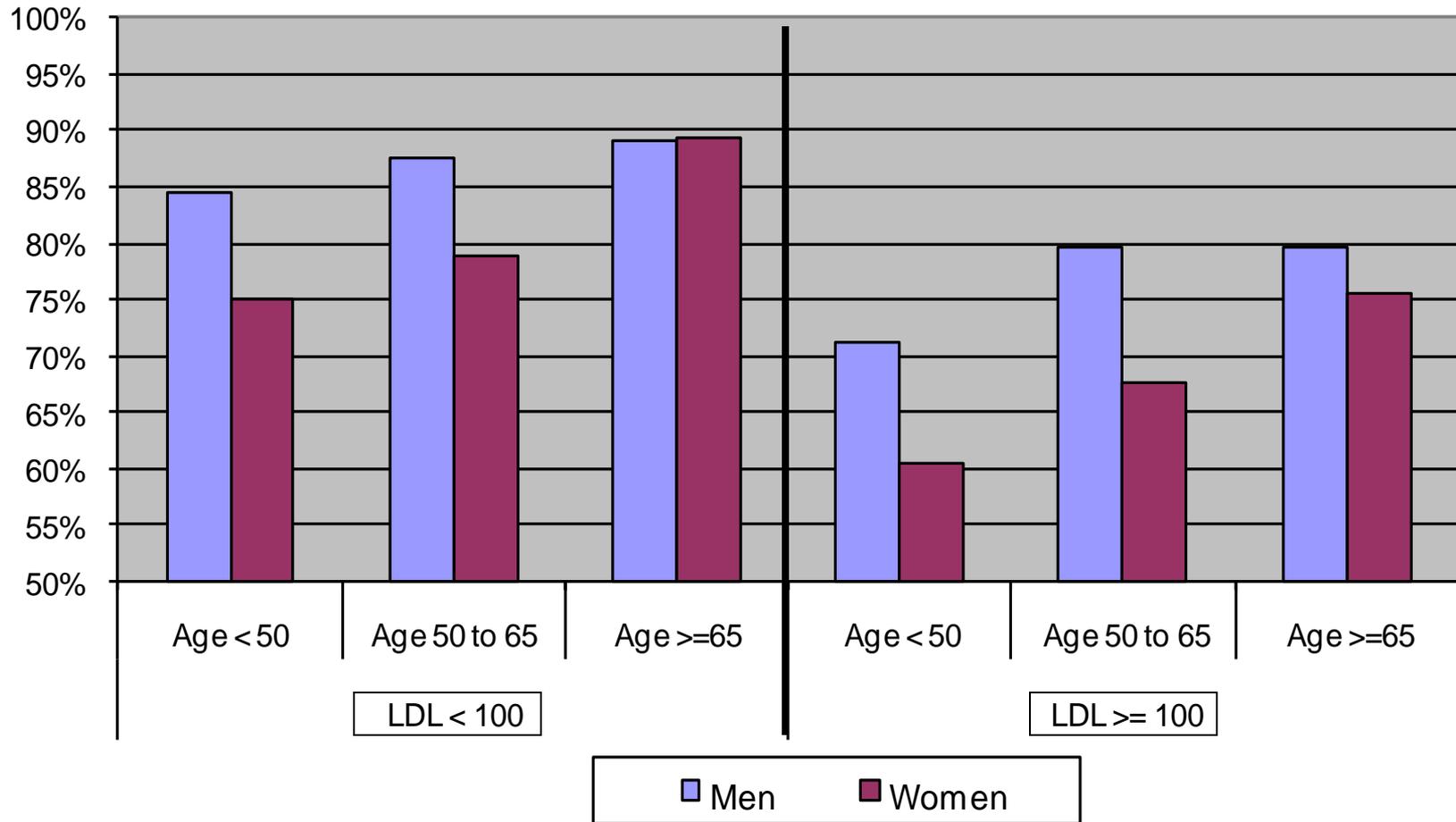
Variation by VISN



Variation by Facility



AMI Patients on Lipid Lowering Medication



Perception of Overall Outpatient Quality 2008 - 2009

Gender	2008*	2009**
Female	73.7	49.5
Male	78.3	51.8

* % responding “Very good” or “Excellent” (Picker instrument);
unadjusted for respondent characteristics

** % responding 9 or 10 on 0 to 10 scale (CAHPS instrument);
Adjusted for Age, Education, Health status

Perception of Overall Inpatient Quality 2008 - 2009

Gender	2008*	2009**
Female	75.0	55.6
Male	79.4	58.5

* % responding “Very good” or “Excellent” (Picker instrument);
unadjusted for respondent characteristics

** % responding 9 or 10 on 0 to 10 scale (CAHPS instrument);
Adjusted for Age, Education, Health status

Gender Differences in Satisfaction after Adjustment (2009)

Item	Female	Male
Communication w Nurses	88.5	91.6
Communication re Meds	68.8	75.4
Nursing Services	75.9	81.1
Discharge Information	75.2	80.3
Willing to recommend hospital	57.9	63.0
Getting Needed Care (OP)	75.3	78.5
Getting Care Quickly (OP)	71.8	74.6

Perception of Overall Inpatient Quality 2008 - 2009

Race/Ethnicity	2008*	2009**
African-American	73.7	60
White	80.9	62

* % responding “Very good” or “Excellent” (Picker instrument);
unadjusted for respondent characteristics

** % responding 9 or 10 on 0 to 10 scale (CAHPS instrument);
Adjusted for Age, Education, Health status

Perception of Overall Outpatient Quality 2008

Race/Ethnicity	2008*	2009**
African-American	69.1	51.9
White	81.0	59.4

* % responding “Very good” or “Excellent” (Picker instrument);
unadjusted for respondent characteristics

** % responding 9 or 10 on 0 to 10 scale (CAHPS instrument);
Adjusted for Age, Education, Health status

Understanding Racial/Ethnic Disparities – Pilot Focus Group Study

- CHERP, CMV, and OQP collaboration
- Convenience sample of 60 (30 W, 30 AA) veterans
 - Atlanta
 - Philadelphia
 - Chicago

Findings

- Most dramatic differences in satisfaction observed for patients who recent outpatient visit
- AA veterans expressed less trust in medical providers and less satisfaction with pain management
- While most W & AA veterans expressed *no role of race in provision of VA healthcare*, AA veterans more often perceived:
 - Stigma
 - Racial profiling
 - Patient decision making ignored by provider

Other Findings

- Although overall satisfaction with Access was similar, AA veterans had greater dissatisfaction with
 - appointment scheduling
 - navigating the VA system
 - receiving adequate follow-up care
 - getting referrals
- Although overall satisfaction with Respect was similar, AA veterans were more dissatisfied with
 - communication with providers
 - coordination of care

Principle Underlying All Measurement

$$\textit{Confidence} = (\textit{Signal} - \textit{Noise}) \times \sqrt{N}$$

Summary

- Both the actual and perceived quality of care in VA are quite high and generally equal or exceed that in the private sector
- There are, however, disparities within VA as there are in most sectors of the U.S. health care system.
 - Unlike the NHDR, VA cannot attribute these to lack of insurance coverage
 - Drawing confident conclusions from these disparities has been difficult
- OQP appreciates the work the VA research community is undertaking with us to better understand and ultimately to eliminate these disparities.