

Using Measurement to Improve Performance: Insights from Scorecards

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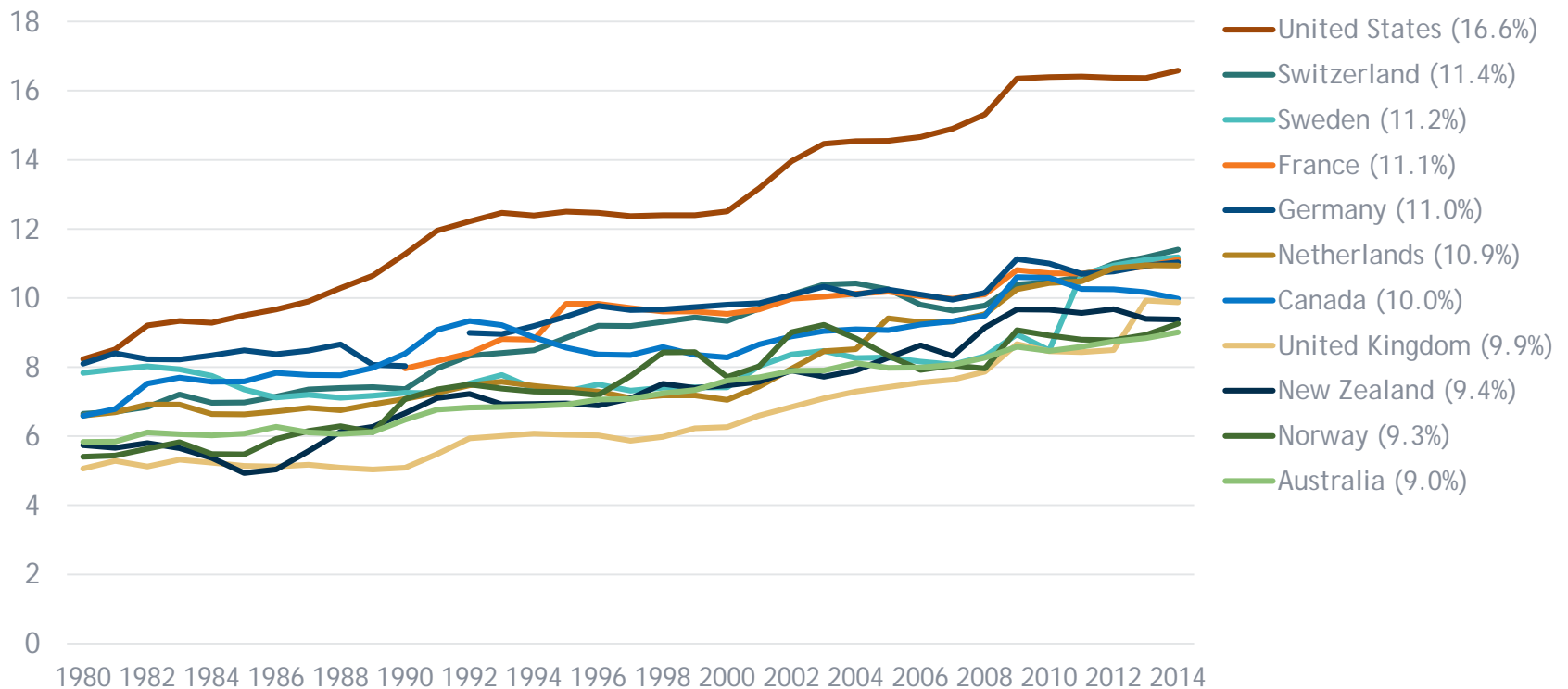
August 23, 2017



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Health Care Spending as a Percentage of GDP, 1980–2014

Percent



Health Care System Performance Scores of Eleven High-Income Countries

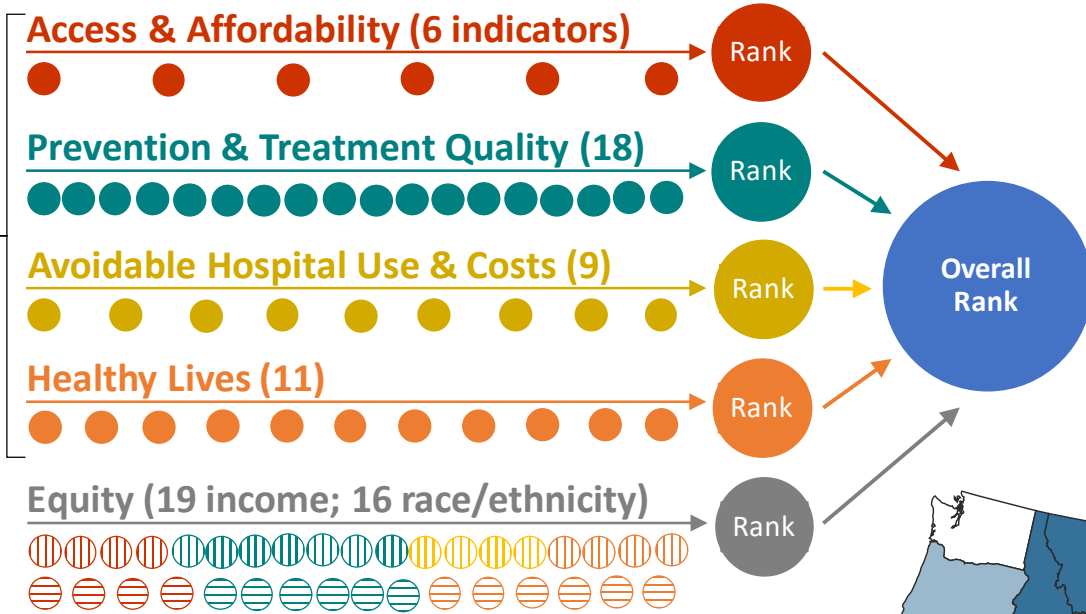






Why is U.S. Performance Last among the Eleven?

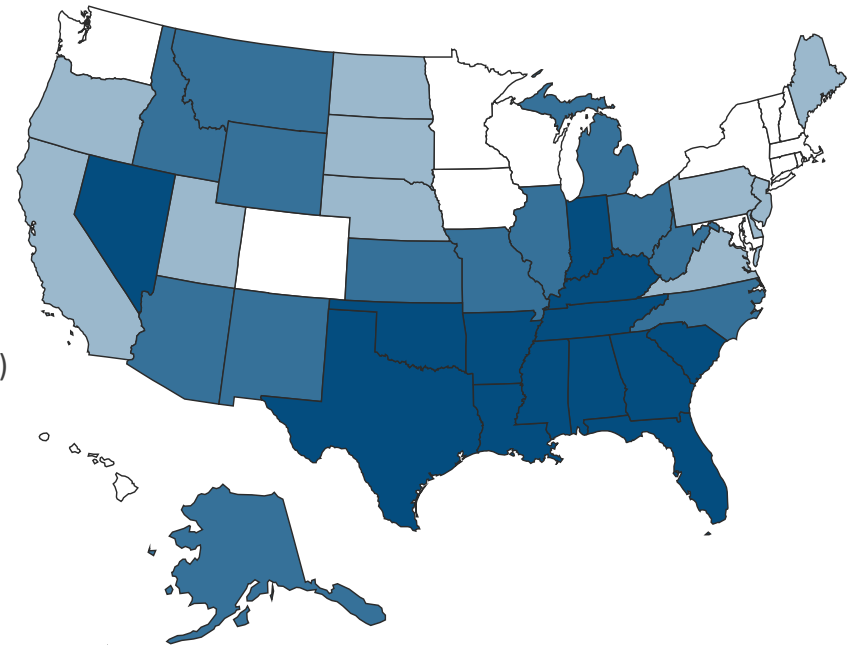
- Access and Affordability (11th)
 - Americans more likely to report financial barriers to care
- Health care outcomes (11th)
 - The U.S. has higher rates of mortality
- Equity (11th)
 - Larger disparities in performance between lower-income versus higher-income people in the U.S.
- Administrative Efficiency (10th)
 - Doctors and patients in the U.S. more likely to report problems related to insurance approvals and billing
- Prevention and Treatment (5th)
 - Higher rates of screening and lifestyle counseling in the U.S.

State Health Care System Scorecards highlight opportunities to improve

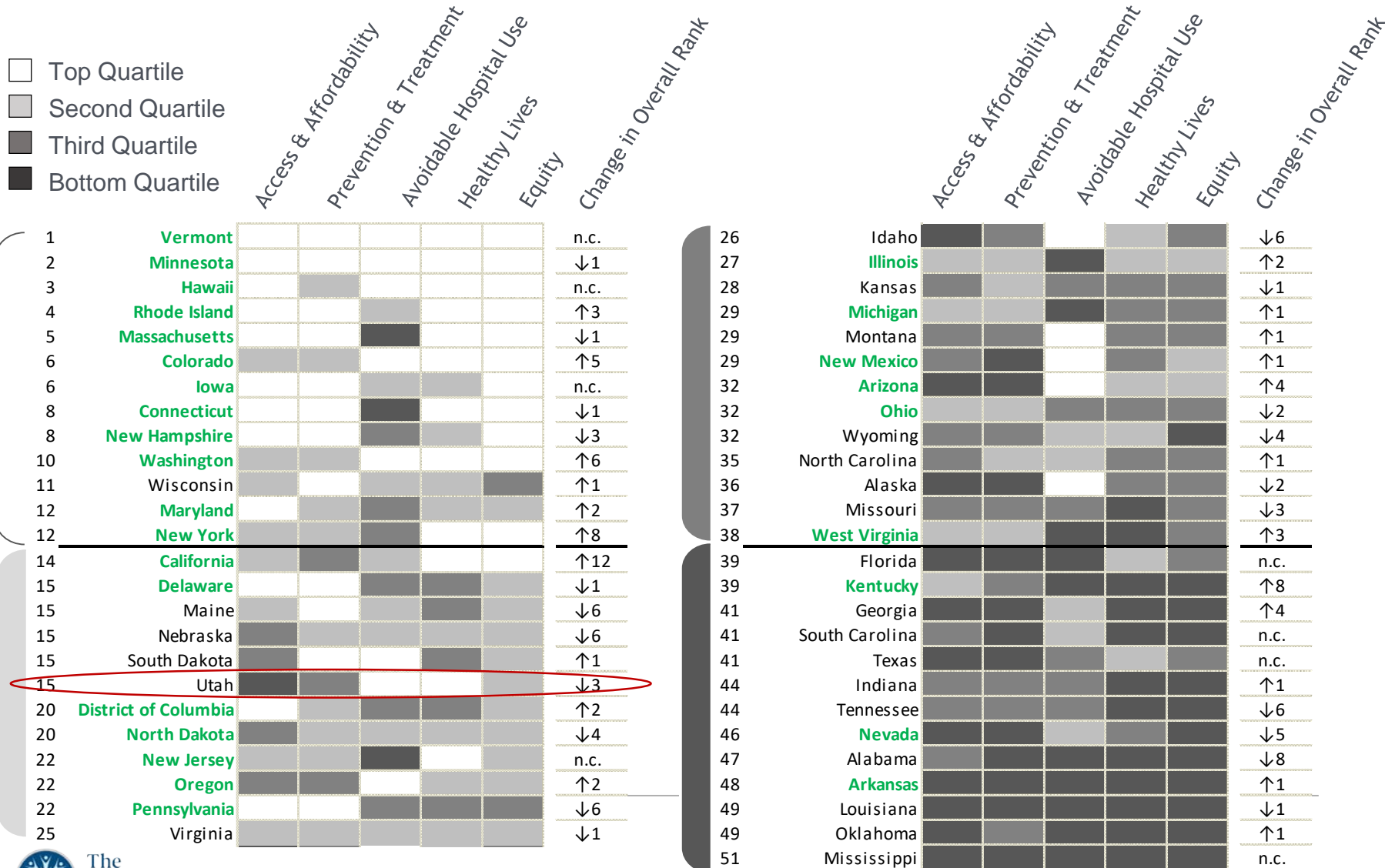
44



-  Top quartile (13 states)
-  Second quartile (11 states + D.C.)
-  Third quartile (13 states)
-  Bottom quartile (13 states)



Leading states offer targets for improvement



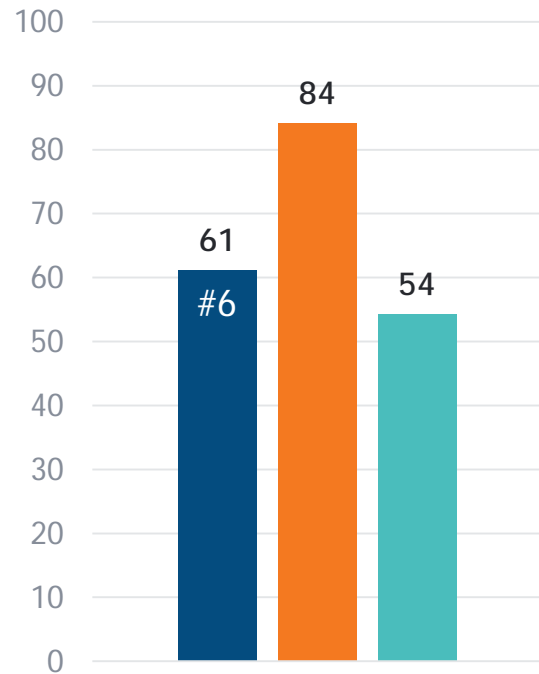
Note: States highlighted in green expanded their Medicaid programs under the Affordable Care Act as of Jan. 1 2015. "n.c." means no change in overall rank.

How Utah Compares to Other States

	<u>UTAH</u>	<u>COLO.</u>	<u>MINN.</u>
Overall	15	6	2
Access & Affordability	40	23	3
Prevention & Treatment	29	14	7
Avoidable Hospital Use & Cost	3	7	10
Healthy Lives	4	5	1
Equity	18	8	5

Healthy Lives

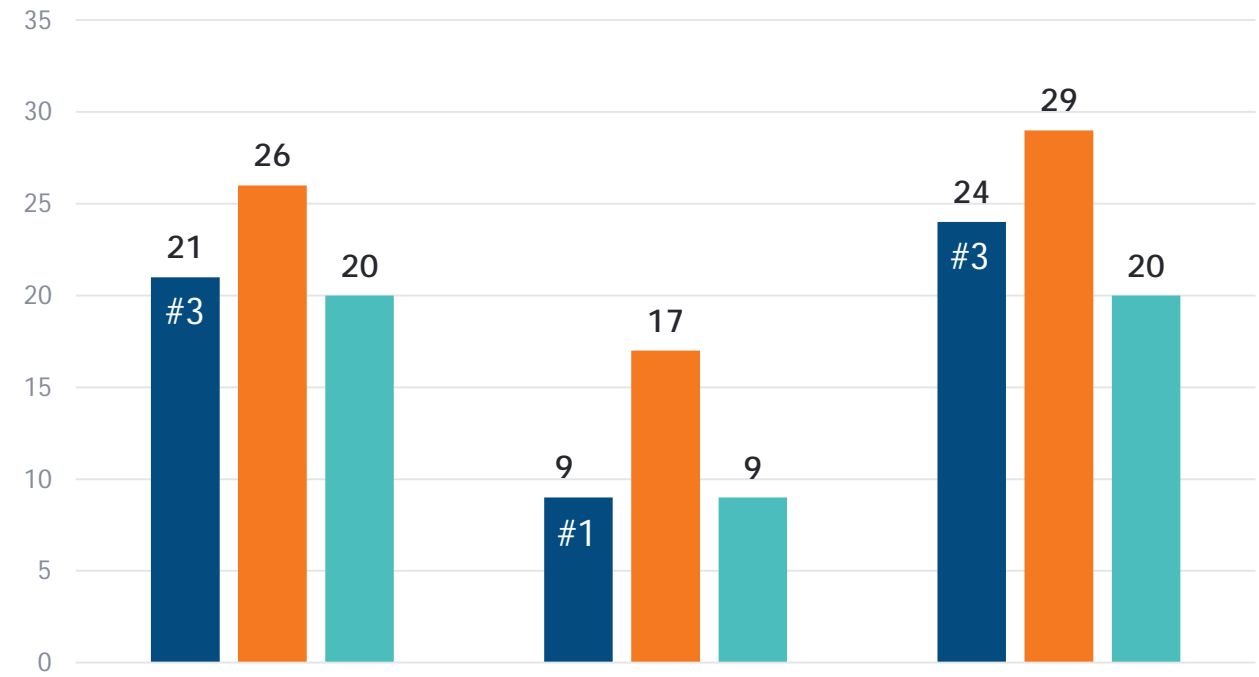
Rate per 100,000



Mortality amenable to health care: premature deaths per 100,000 population (2013-14)

Percent

■ Utah ■ U.S. Average ■ Best State



Adults ages 18-64 who report fair/poor health or activity limitations (2015)

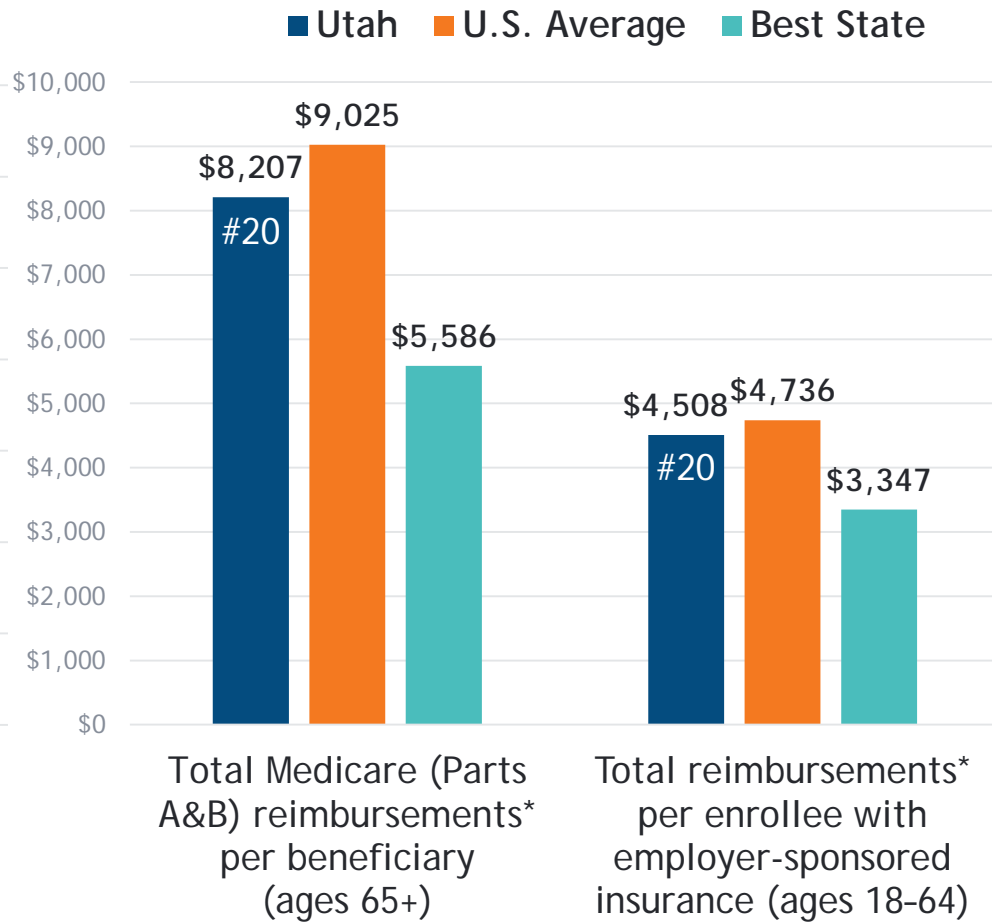
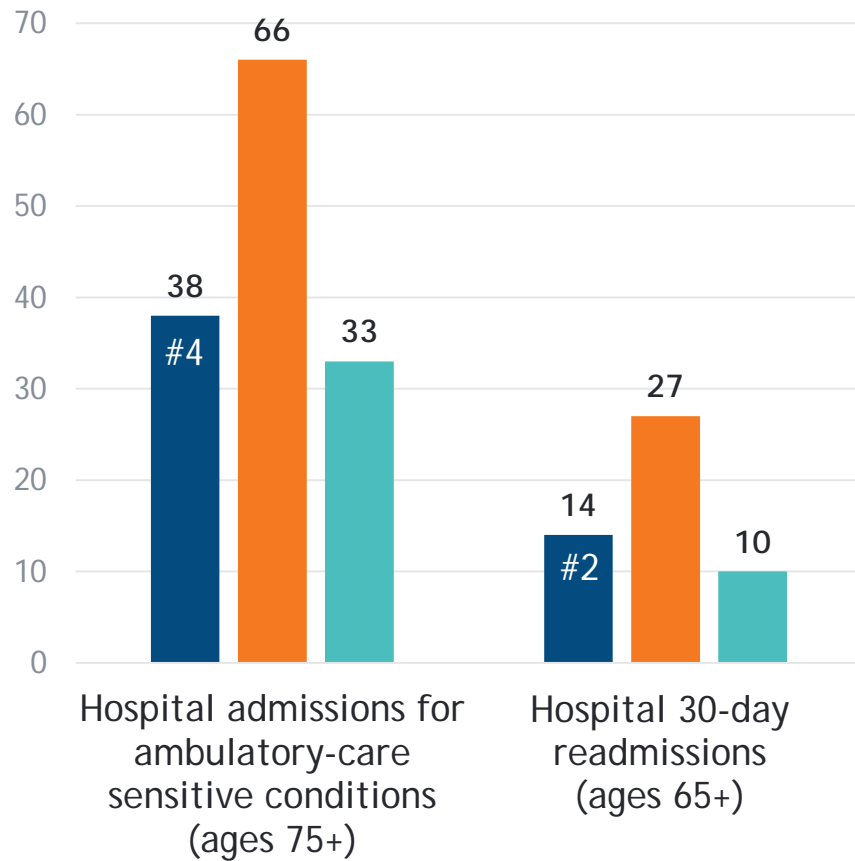
Adults who smoke (2015)

Adults ages 18-64 who are obese (2015)

NOTE: The four indicators shown above are a subset of the 11 indicators that make up the Healthy Lives dimension.
 SOURCE: D. Radley, D. McCarthy, and S. Hayes, *Aiming Higher: Results from the Commonwealth Fund Scorecard on State Health System Performance 2017 Edition*, The Commonwealth Fund, March 2017.

Avoidable Hospital Use and Costs of Care

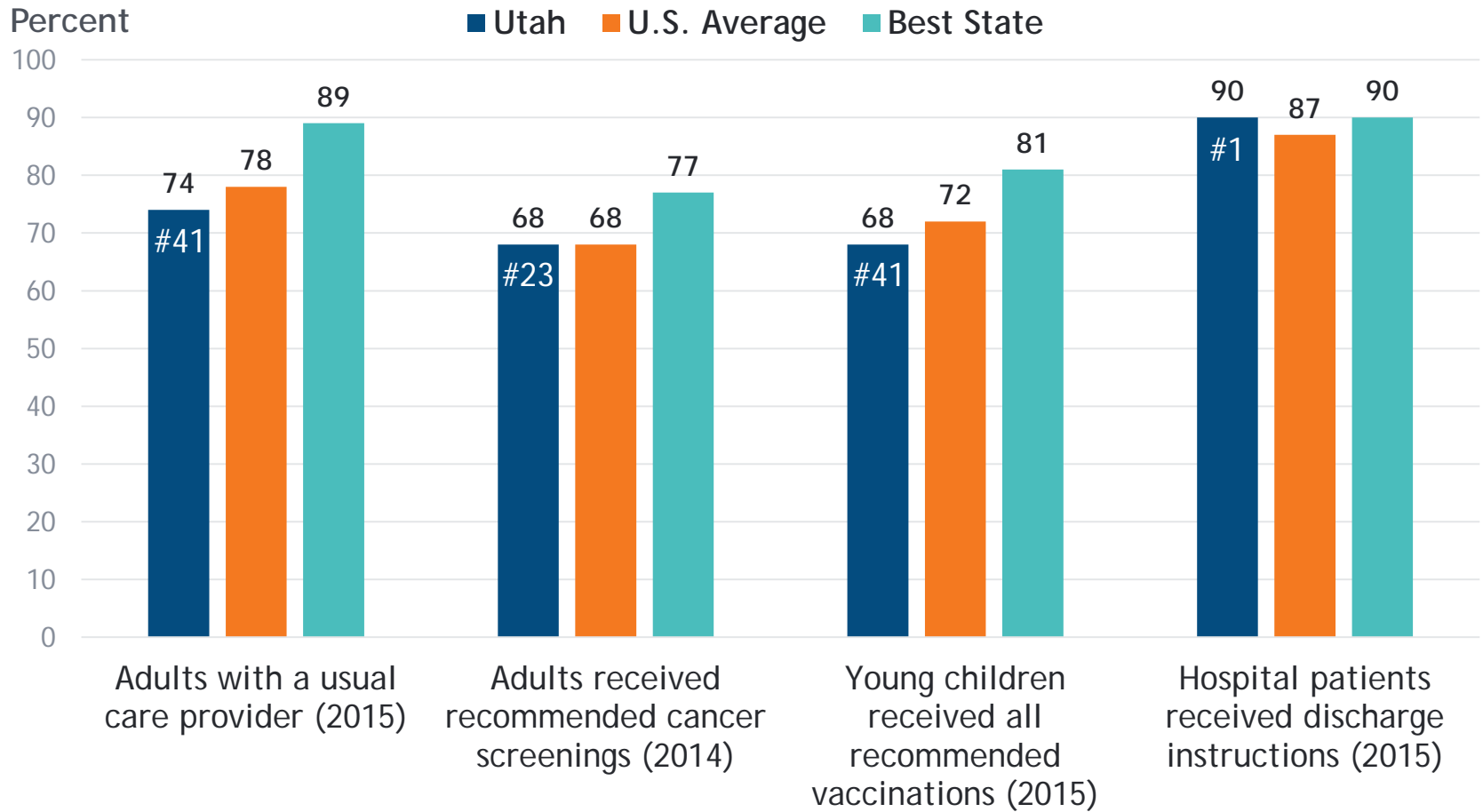
Rate per 1,000 Medicare beneficiaries (2015)



NOTES: The four indicators shown above are a subset of the nine indicators that make up the Avoidable Hospital Use & Cost dimension. *Spending estimates exclude prescription drug costs and are adjusted for regional wage differences.

SOURCE: Data shown are for 2015 and represent updated and most recently available data from sources used in *The Commonwealth Fund Scorecard on State Health System Performance, 2017*.

Prevention and Treatment Quality



Access & Affordability

Dimension and Indicator	UTAH State Rate	U.S. Average	Best State Rate	Rank
▼ Access	2017 Scorecard Performance			40
Adults ages 19–64 uninsured ⓘ	14%	13%	4%	32
Children ages 0–18 uninsured ⓘ	8%	5%	1%	41
Adults who went without care because of cost in past year ⓘ	13%	13%	7%	30
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income ⓘ	17%	14%	10%	41
At-risk adults without a routine doctor visit in past two years ⓘ	19%	13%	6%	48
Adults without a dental visit in past year ⓘ	15%	16%	11%	20



State Rankings on Access and Quality Dimensions



What if Utah was the best-performing US state?

People	Impact
171,113	more adults would be covered by health insurance
67,668	more children would be covered by health insurance
125,402	fewer adults would skip needed health care because of cost
187,448	fewer individuals would face high out-of-pocket medical spending
313,506	more adults would have a usual health care provider
102,794	more adults would receive recommended cancer screenings
9,525	more young children would receive all recommended vaccines
4,912	fewer Medicare beneficiaries would receive an unsafe drug
382	fewer individuals would commit suicide

NOTE: The table shows the estimated impact if this state's performance improved to the rate of the best-performing state for selected Scorecard indicators.

Source: D. Radley, D. McCarthy, and S. Hayes, Aiming Higher: Results from the Commonwealth Fund Scorecard on State Health System Performance 2017 Edition, The Commonwealth Fund, March 2017.

How to proceed in Utah?

Action insights from high-performing states*

- Government leadership
- Collaboration among stakeholders
- Transparency of price and quality information
- Congruent policies that foster system improvement

Notable strengths of Utah

- Efficient use of resources and healthier population than most other states

Opportunities for improvement

- Access, affordability, prevention and treatment

How States Like Utah Can Make Coverage More Affordable

- Reinsurance program via ACA's 1332 "Innovation" Waiver Program
 - July 2017 - CMS approved waiver for Alaska's reinsurance program
 - Program premiums are expected to be 20 percent lower in 2018 than they would be otherwise
 - 1,460 additional individuals are expected to gain coverage
- Premium relief for those who don't qualify for tax credits
 - Minnesota - people buying individual coverage can get a 25% premium subsidy if they don't receive federal advanced premium tax credits (APTC)
- Implement Medicaid expansion

Achieving a high performance health system involves several related changes

System design insights from high-performing countries

- Expand insurance coverage
- Strengthen primary care
- Reduce administrative burdens for patients and doctors
- Reduce income-related barriers and invest in social services

Source: Schneider EC and Squires D, New England Journal of Medicine

Discussion



Health System Data Center

Explore Regional Performance

Enter a new location: Search by zip code, state or hospital referral region (HRR)... [or return to map](#)

Utah
State Health System Ranking



15 2017 OVERALL RANKING
(out of 51)

[Download Utah Ranking Report](#)
(405K PDF file)

Downloadable Profile

	Rank	Quintile
Access	40	4
Prevention & Treatment	29	3
Avoidable Hospital Use & Costs	3	1
Healthy Lives	4	1
Equity	18	2

Estimated Impact of Improvement

(if this STATE improved to the level of the best-performing STATE)

171,113 more adults would be insured.

125,402 fewer adults would go without needed health care because of cost.

2,548 fewer emergency department visits would occur among people with Medicare.

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Standard Benchmarking tools

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Dimension and Indicator	State Rate	U.S. Average	Best State Rate	Rank	State Rate	U.S. Average	Actual Change in State Rate	Compare to other States
Access	2017 Scorecard Performance			40	Baseline Performance		Change in Rate	
Adults ages 19–64 uninsured ⁱ	14%	13%	4%	32	18%	20%	-4	COMPARE
Children ages 0–18 uninsured ⁱ	8%	5%	1%	41	9%	8%	-1	COMPARE
Adults who went without care because of cost in past year ⁱ	13%	13%	7%	30	15%	16%	-2	COMPARE
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income ⁱ	17%	14%	10%	41	N/A	N/A	N/A	COMPARE
At-risk adults without a routine doctor visit in past two years ⁱ	19%	13%	6%	48	19%	14%	0	COMPARE

Customizable Benchmarking tools and comparisons

Mirror Mirror 2017

PURPOSE

- To learn how health systems achieve high performance by comparing performance of 11 high-income countries

DATA SOURCES

- Annual International Health Policy surveys of 11 high-income countries (2014-2016)
- Measures from OECD, WHO, European Observatory

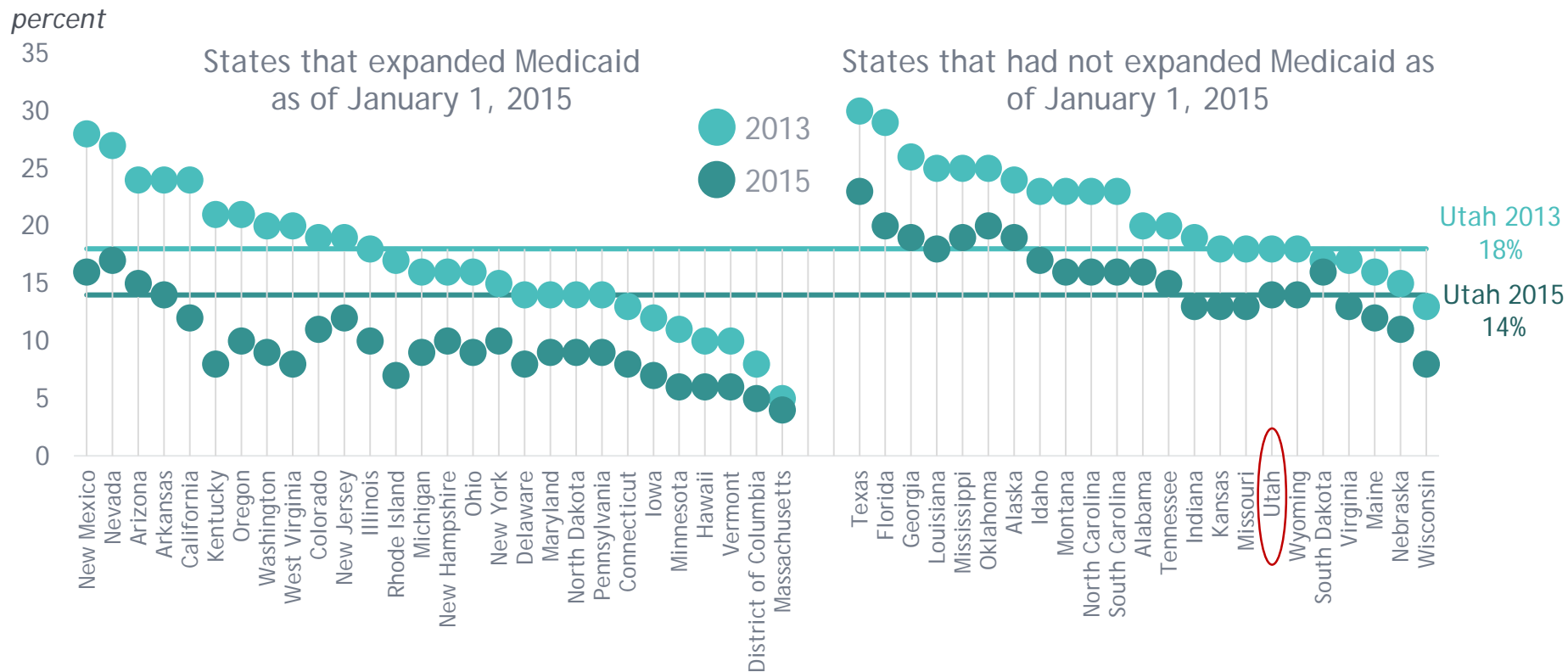
Health Care System Performance Measured Using 72 Indicators Across 5 Domains

- Access
- Administrative efficiency
- Equity
- Care process
- Health care outcomes

State Health System Scorecard Methods

- Goal: to provide benchmarks and trends to inform national, state and local action to improve health care system performance
- Health System Focus: Builds on previous Scorecards
 - 44 indicators organized into 4 dimensions
 - Access/affordability; Prevention/treatment; Avoidable hospital use and costs; and Healthy lives
 - Equity dimension assesses a subset of indicators by income and race/ethnicity within states
 - National data sources including administrative claims, national surveys, and vital statistics available for states
- 1- to 2-year trend data available for 39 indicators
 - Generally from 2013 to 2015, but varies by indicator
- Scoring:
 - Each indicator is ranked
 - Dimension rank is based on average of indicator ranks
 - Overall rank based on average of five dimension ranks
- Estimated gains are based on rates of performance in the top performing state

States that Expanded Medicaid Saw Greatest Reductions in Rates of Uninsured Working-Age Adults



Notes: States are arranged in rank order based on their uninsured rate in 2013. Alaska, Indiana, Louisiana, and Montana expanded their Medicaid programs after Jan. 1, 2015.

Data: U.S. Census Bureau, 2013 and 2015 One-Year American Community Surveys. Public Use Micro Sample (ACS PUMS). 21
 Source: D. Radley, D. McCarthy, and S. Hayes, *Aiming Higher: Results from the Commonwealth Fund Scorecard on State Health System Performance 2017 Edition*, The Commonwealth Fund, March 2017.