

MEMORANDUM

TO: Daniel Johnson, UHF

FROM: Peter Shin, Brad Finnegan, and Sara Rosenbaum, GWU

RE: UHF Centers of Excellence: Quality of Care and Patient Satisfaction – December 2008 Update

DATE: March 20, 2009

This memo summarizes the most recent results from the ongoing UHF health center grantee reporting project, which began as a pilot in December 2005. Consistent with previous updates, the four grantees selected by UHF as centers of excellence continue to report strong performance on measures of clinical quality and patient satisfaction relative to prior reporting periods and to available national Medicaid average rates. In keeping with the attempts to improve quality among health centers, the grantees agreed to adding higher standards for the diabetes measures. In addition to the higher standards for diabetes measures, the grantees are reporting the raw diabetes data, which allows us to further analyze the clinical measures and provide statistical analysis over time. Beginning with the June 2008 reporting cycle, grantees reported percent of diabetes patients with blood pressure <130/80 mm Hg, percent of patients with most recent LDL-C <100 mg/dL, and percent of patients with most recent HbA1c level $\leq 7.0\%$. In the most recent reporting cycle, the grantees agreed to add a moderate HbA1c control of between 7.0% and 9.0%.

The memo presents figures showing the semi-annual trends for the core clinical care measures of cervical cancer screening, comprehensive diabetes care, asthma pharmacologic therapy, tobacco use screening and cessation counseling, and prenatal HIV screening, as well as selected patient satisfaction data. Where possible, the national benchmarks are also included for comparison.

In addition to the quality and access data, the some of the grantees provided some insight into where the UHF investments were being made. Not surprisingly, their reports indicate much (40-50%) of the UHF funding are used for hiring and supporting medical and specialty care staff, with other outlays for enabling and administrative services as well as training and technical equipment.

The memo describes the progress to date and ends with next steps.

Improved Access to Care

Between 2006 and 2008, health centers have seen significant increases in patients (Table 1). For example, Miami increased from 6,825 patients to 7161, and New York reported an increase of 8,946 to 9,094. DC also reported significant gains over the past 3 years, increasing the number of patients from 6,522 to 8,590. The largest percentage is Excelth, which saw a 170% increase in the number of patients, growing from 958 to 2,580 patients over the same time period.

1. Patient Access to UHF Centers of Excellence

	Patient growth (2006-08)	% Increase
Miami, FL	6,825 - 7,161	5%
New York, NY	8,946 - 9,094	2%
New Orleans, LA	958 - 2,580	169%
Washington, DC	6,522 - 8590	32%

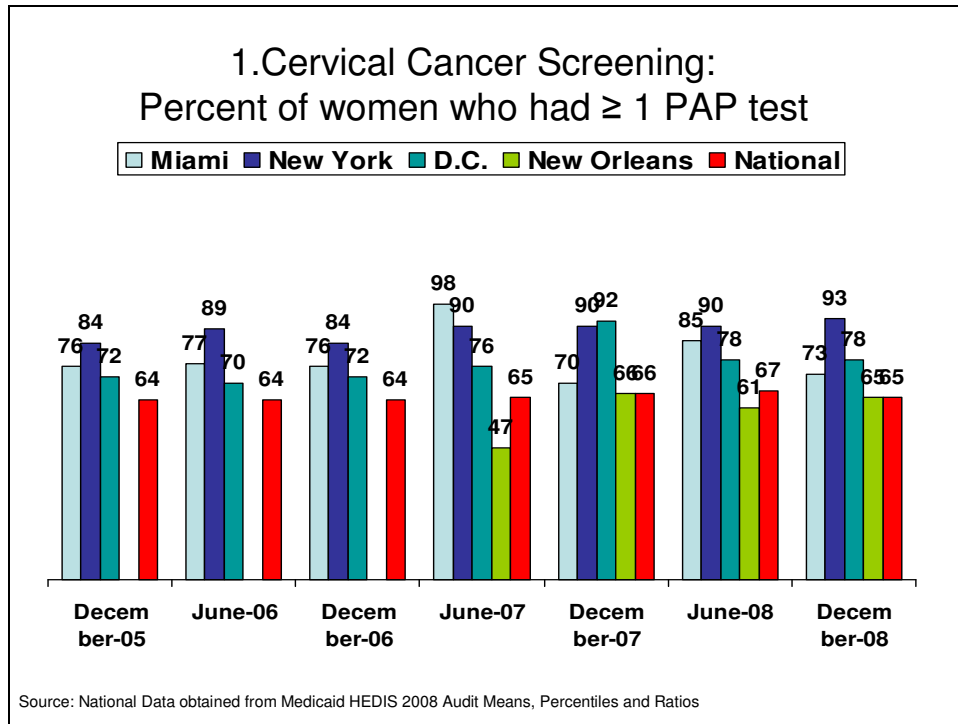
Continuing Quality Improvement Trends

As of December 2008, all grantees had performed at equal or better levels than in many of the clinical national Medicaid benchmarks. Some of fluctuations over the course of this 3 year project may be due to modifications in the understanding and the definition of the measures, changes in personnel abstracting and compiling the data, as well as fluctuations in the number of charts reviewed due to practical and administrative constraints. In terms of patient satisfaction, the grantees report moderate levels of satisfaction across most measures, but there is still room for improvement in all measures. The following section describes their performance in clinical quality and reporting to date.

Clinical Care

Cervical Cancer Screening

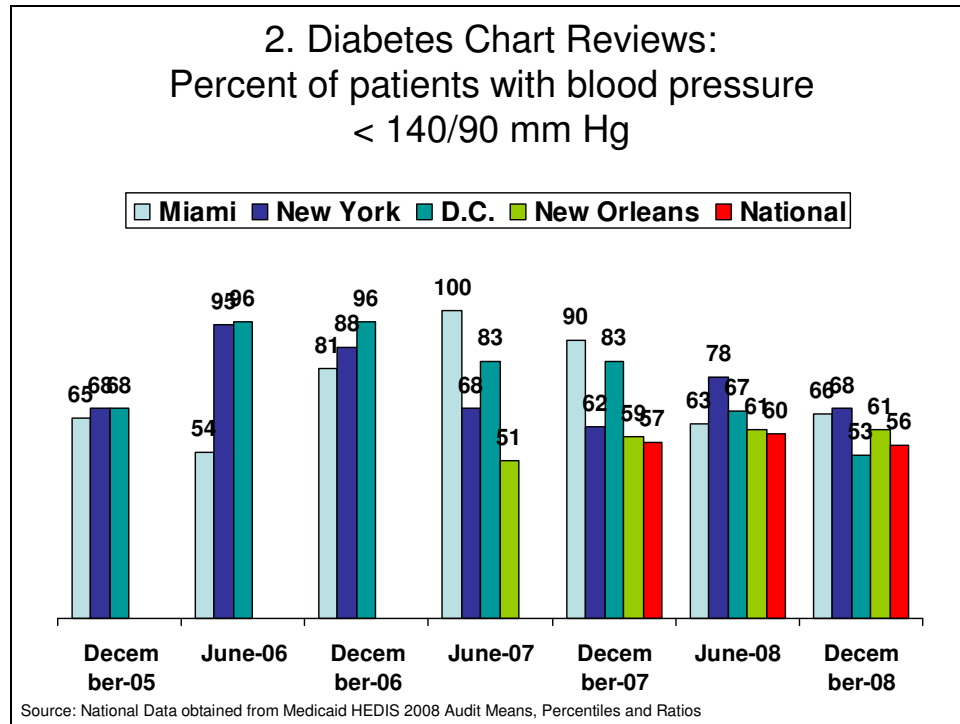
Figure 1 shows three grantees were continuing to exceed the national average for cervical cancer screening. The final grantee matched the national average (65%) for the percent of women who had at least one PAP tests in the previous two years. Collectively, the centers provided a PAP test for about 77 percent of women. Between the pilot of December 2005 and the last reporting period of December 2008, New York and DC have both witnessed improvements (84% vs. 93%, 72% vs. 78%, respectively). Miami reported a drop of three percent over the past three years. New Orleans has had a cumulative increase since joining the project (47% vs. 65% between June 2007 and June 2008).



Comprehensive Diabetes Care

Figures 2-10 feature the grantees’ results for the five measures of quality of care for patients with diabetes. As previously stated, the grantees decided to increase the quality standard applied to the measures, for three of the diabetes measures – more rigorous thresholds were used and are within the standard range as defined by the measure in question.

Figure 2 shows three of the four grantees exceeded the national average for the percent diabetes patients with blood pressure below the critical mark of 140/90 mm Hg. There is considerable fluctuation in the longitudinal results, likely due to changes in the methodology and definition of the measure. Miami had a slight increase in the percent of patients with blood pressure below 140/90 mm Hg over the past three years. New York reported the same percent of patients with blood pressure below 140/90 mm Hg with 68 percent. D.C., however, reported a decline in the percent below the critical blood pressure mark from 68% to 53%. New Orleans has had an increase (51% vs. 61%) since reporting in June ‘07, although we cannot say whether any of these changes are statistically significant.



In addition to the blood pressure measure used from the beginning of this project, a second quality standard (more rigorous than 140/90 threshold) was added by consensus in June 2008. Figure 3 shows that two of the health centers (New York and New Orleans) exceeded the national average for the percent of patients with diabetes with blood pressure under 130/80 mm Hg. New York reported the largest increase in the number of diabetes patients with normal blood pressure (38% to 50%).

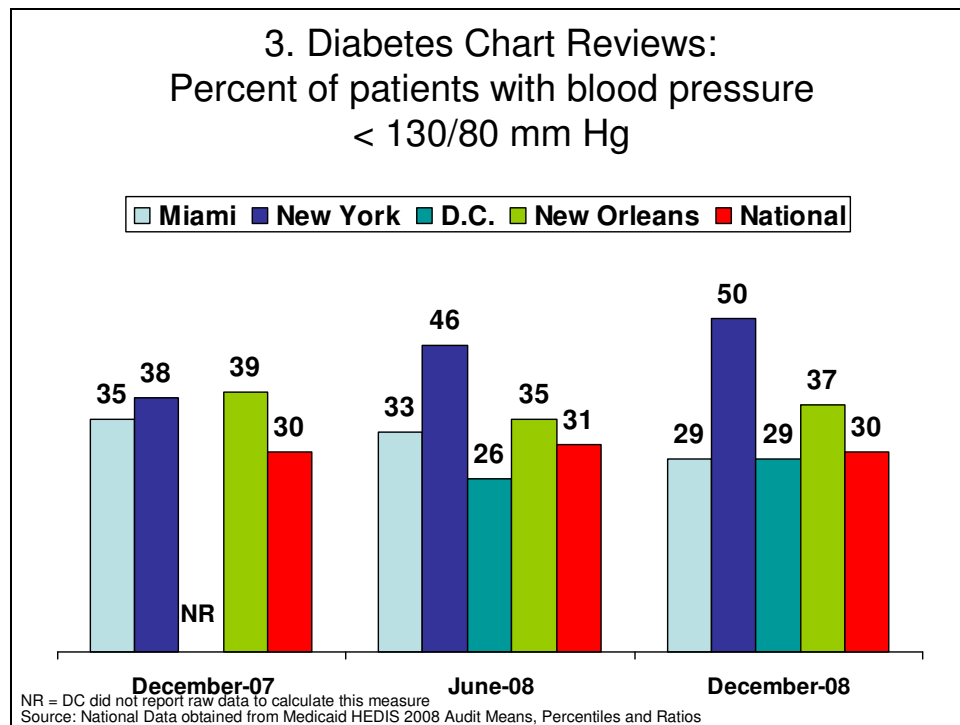


Figure 4 shows all four health centers exceed the national average for the percent of patients with diabetes receiving at least one LDL-C test. In addition, New York improved the percentage of patients receiving the test compared to December 2005 and New Orleans improved compared to its earliest reporting cycle in June 2007 (80% vs. 88%, and 89% vs. 98% respectively).

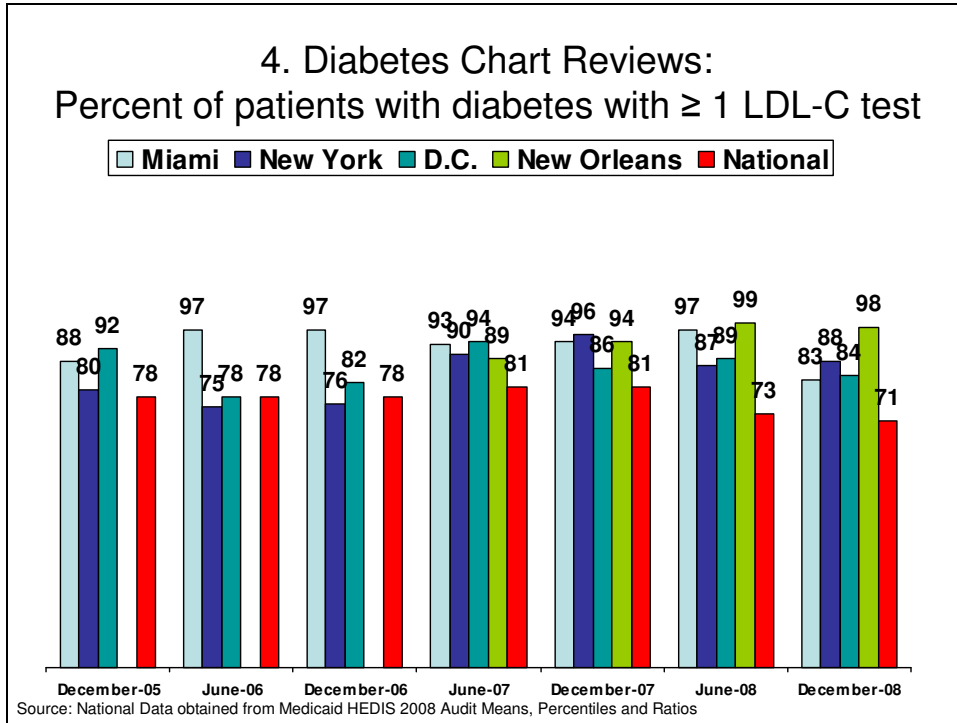
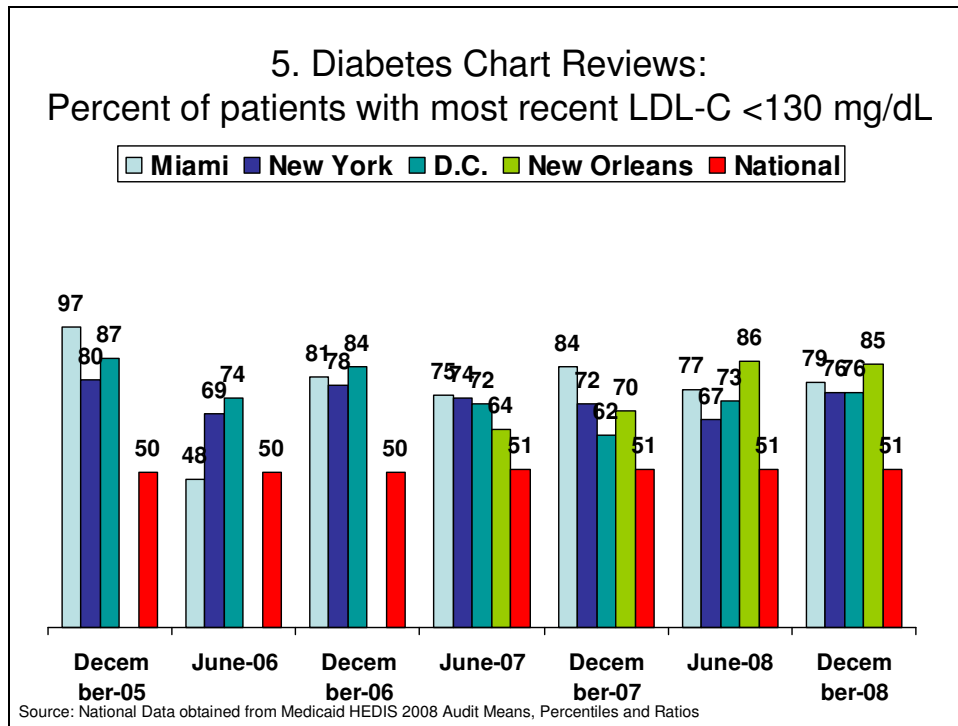


Figure 5 highlights the percent of diabetic patients with their cholesterol level under control (below 130 mg/dL). Over the three year period, New York, Miami and D.C. all saw a decrease in the percentage of their patients with their cholesterol level under control, using the national benchmark of below 130 md/dL (80% vs. 76%, 97% vs. 79%, and 87% vs. 76% respectively). New Orleans reported an increase in the percentage of patients with their cholesterol level under the 130 mg/dL critical mark compared to their initial reporting in 2007 (64% vs. 85%). All four health centers performed well above the national mean of 51 percent.



In the past year, the grantees decided to also show their performance for a lower cut-off point of less than 100 mg/dL and had agreed to report actual values for cholesterol levels in a standardized collection instrument developed by GW and approved by the group. Figure 6 illustrates all four centers exceeded the national average of 31 percent. Additionally, three of the four health centers reported an increase in the percentage of patients with cholesterol levels below 100 mg/dL level. Collectively more than 54 percent of the grantees diabetic patients had cholesterol levels below 100 mg/dL.

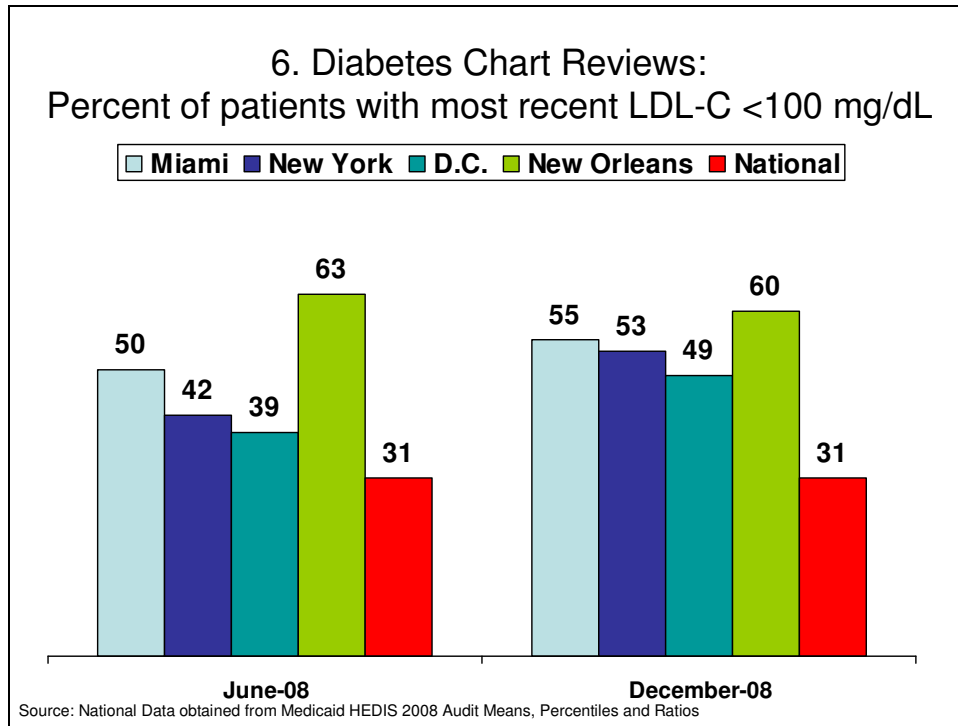


Figure 7 shows collectively more than 92 percent of diabetes patients at the four grantees received an HbA1c test in the past year. In addition, all four centers far exceeded the national benchmark of 77 percent.

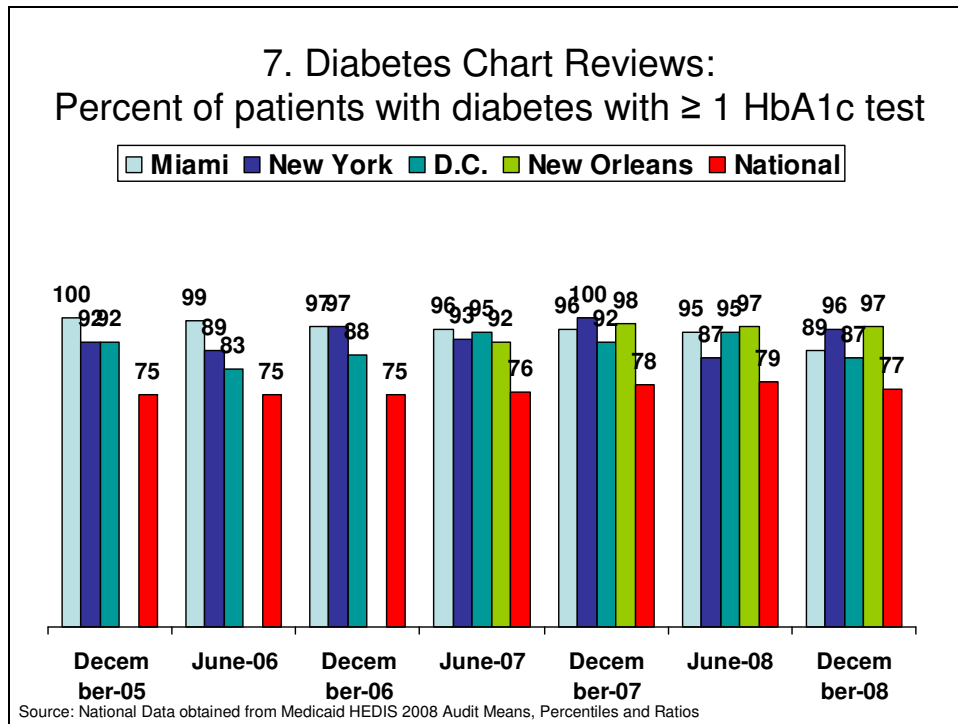
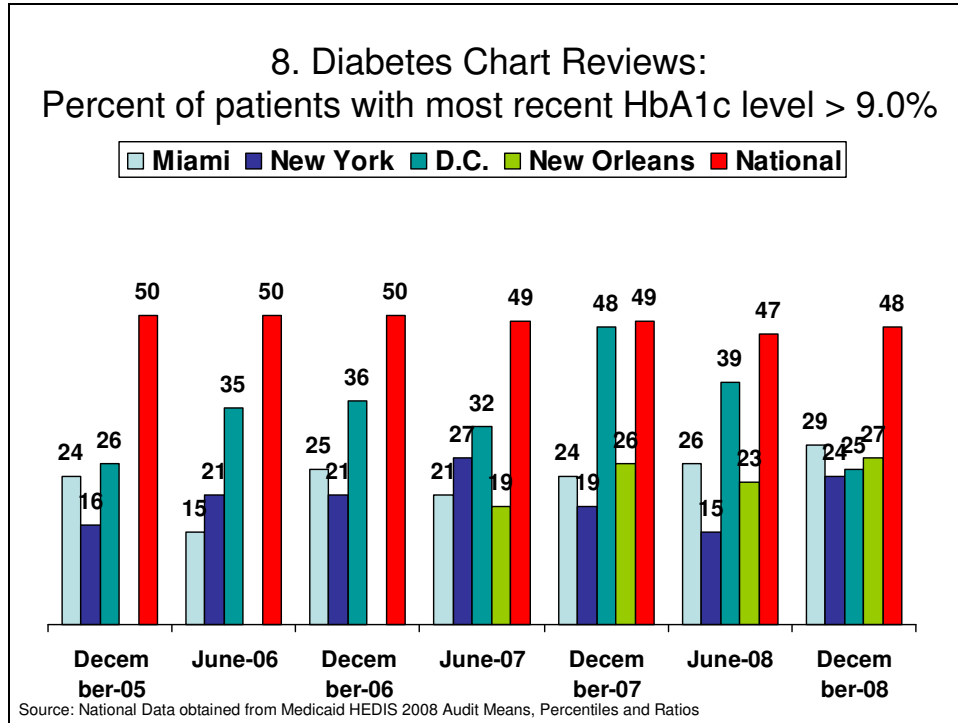


Figure 8 also illustrates another key aspect of the quality of diabetes care patients at health centers receive. All grantees had a far lower percentage of patients with poor diabetes control than the national average of 48 percent. Three of the health centers had 25 percent or fewer of their patients with poor diabetes control. All three centers participating from the beginning of

the study either stayed stable (D.C. at about 25%) or experienced increases in their percentages between December 2005 and June 2008 (16% vs. 24% for New York and 24% vs. 29% for Miami), though all three fluctuated over the two year period. New Orleans witnessed an increase since their reporting began in June 2007 (19% vs. 27%).



Similar to the LDL-C measure, the grantees agreed to provide raw data for the HbA1c level of their patients. This allowed GW to analyze the data further to determine the percentage of diabetes patients with good HbA1c control (less than or equal to 7.0%) and the percentage of diabetes patients with moderate HbA1c control (between 7.0% and 9.0%). Figure 9 shows the percentage of patients with moderate control. When examined in comparison with Figures 8 and 10, all four grantees have larger percentages of patients with good control of HbA1c levels than either moderate control or poor control.

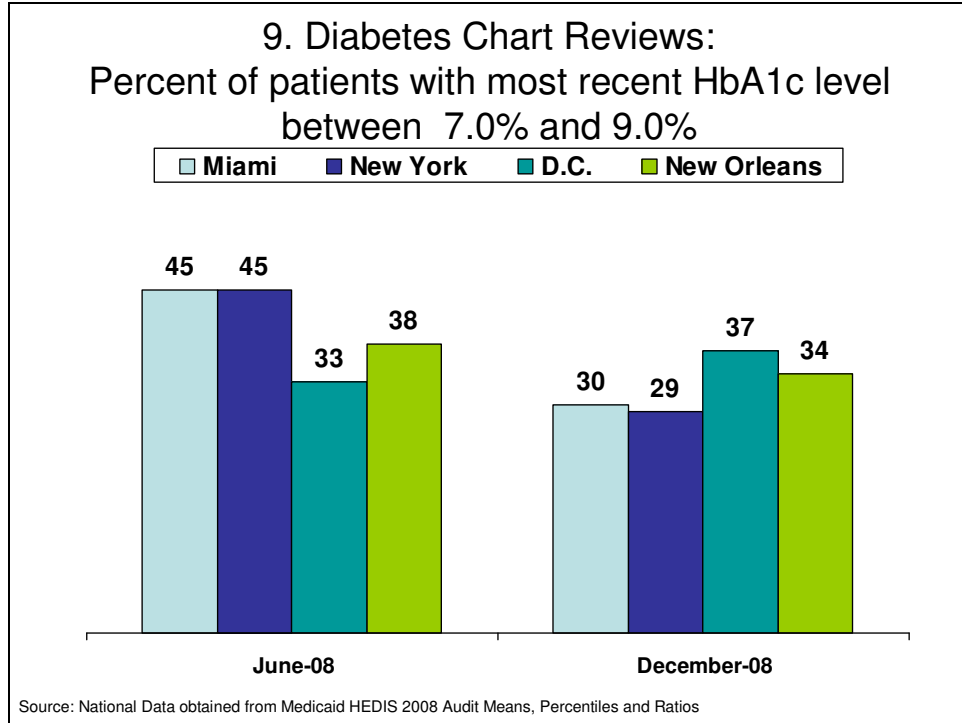
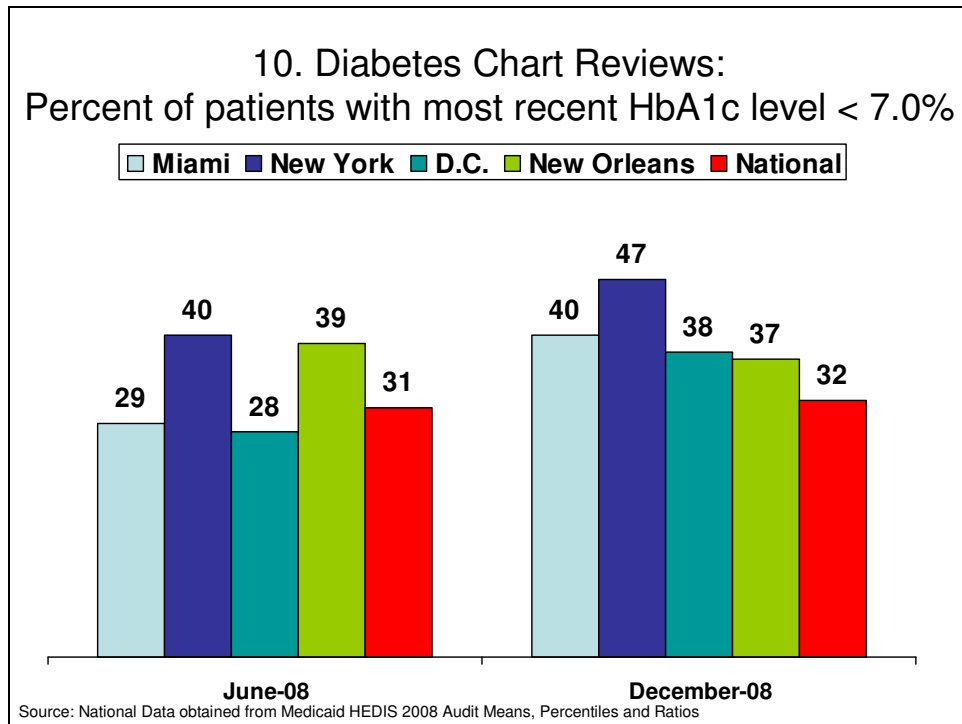
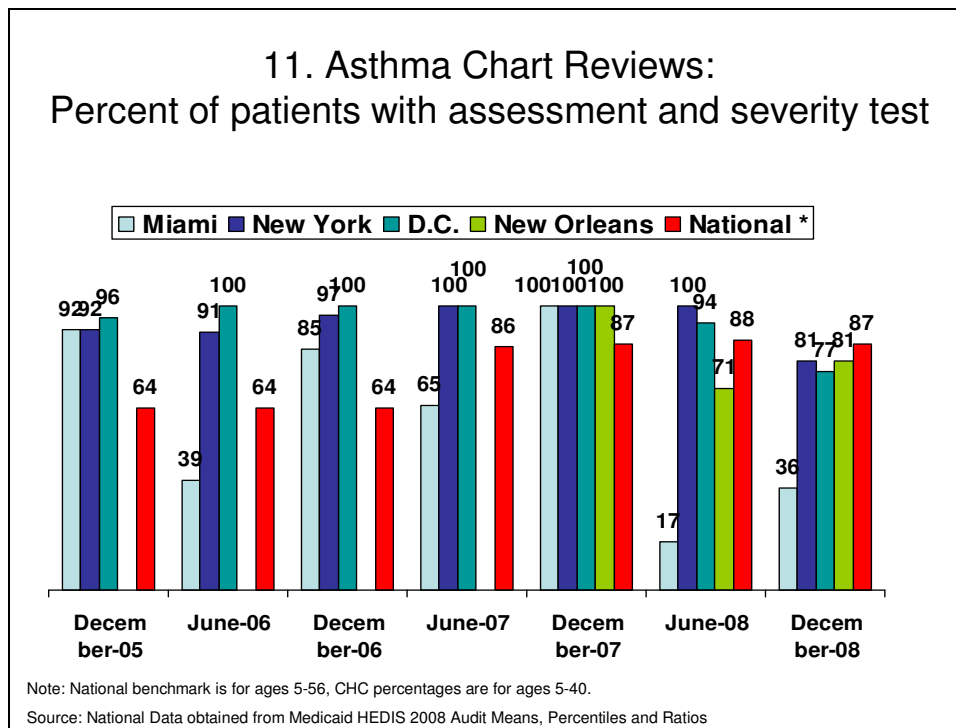


Figure 10 illustrates that all centers are exceeding the national average of 32 percent at year's end. New York performed well above the national average with 47 percent of patients with good control by end of the 2008.

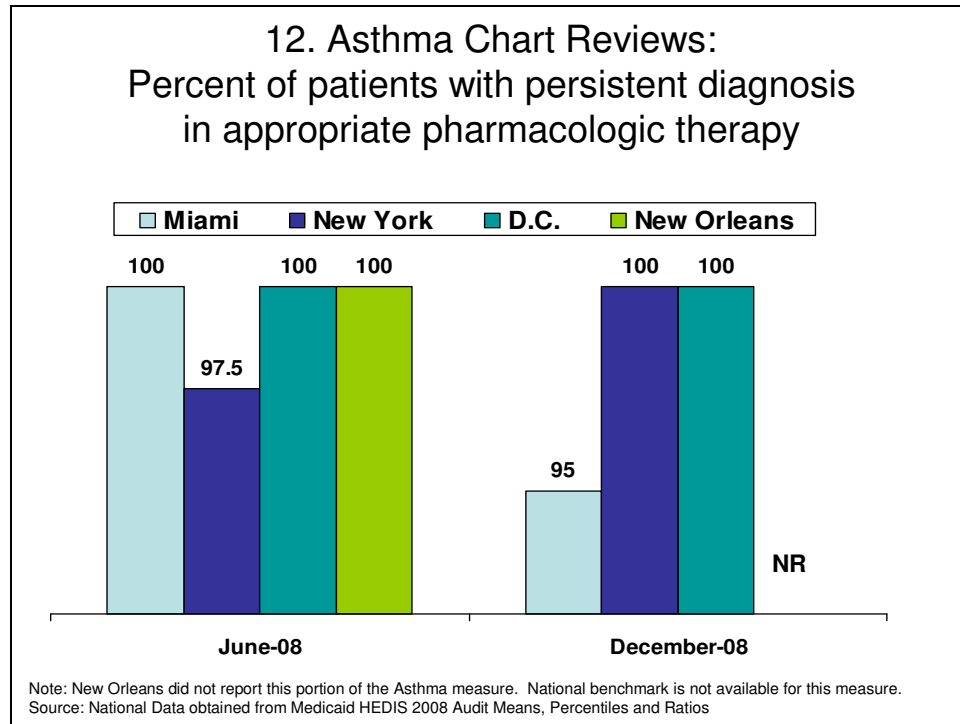


Asthma

The asthma measure was separated into three components; the number of eligible patients with assessment and severity test of their asthma, of those assessed, the number who were diagnosed as persistent and if found to be persistent, put on appropriate pharmacologic therapy. The first aspect measures the percentage of patients with asthma who were given an assessment and severity test. Figure 11 illustrates that none of the grantees surpassed the national average of asthma patients with assessment and severity test at 87 percent. Longitudinally, the four centers have fluctuated greatly, but comparisons between reporting at the beginning of the project and now all decreased for each center. A portion of this fluctuation can likely be attributed to the small number of Asthma patients seen by a couple of the health centers. In addition, the understanding of the measure changed over time and grantees settled on a measure that captures the number of eligible patients assessed, then tested for the severity of their asthma, and if found to be persistent, put on appropriate pharmacologic therapy. Previously, the measure examined the percent of patients diagnosed with mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.



The final portion of the Asthma measure (as shown in Figure 12) is of those patients who were diagnosed with persistent asthma, the percentage that were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment during the measurement period.



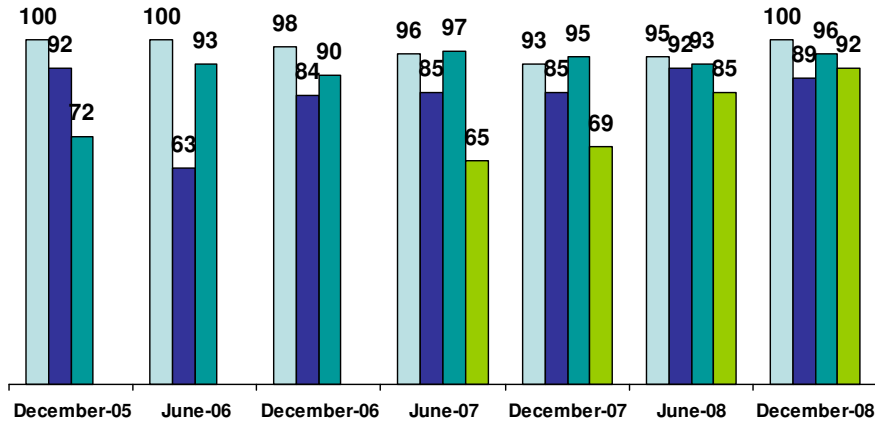
Tobacco and Smoking

Figures 13 and 14 show the percent of adult patients who were queried about tobacco use and smokers who were advised to quit. Although there are currently no national benchmarks with which to compare the grantee results for asking about tobacco use, most patients (>89%) were queried about smoking.

The national average of smokers who were advised to quit is 76 percent, while the grantees advised between 67 and 100 percent of their own smoker patients to quit. Between 89 and 100 percent of the patients were asked about their tobacco use, and between 2005 and 2008, New York saw a slight decline in the percentages of patients queried about their status as a smoker (92% vs. 89%) – however, this may largely be due to changes in methodology. Miami reported the same percentage in 2005 as 2008, and DC and New Orleans both saw increases from their initial reporting (72% vs. 96% and 65 vs. 92%, respectively).

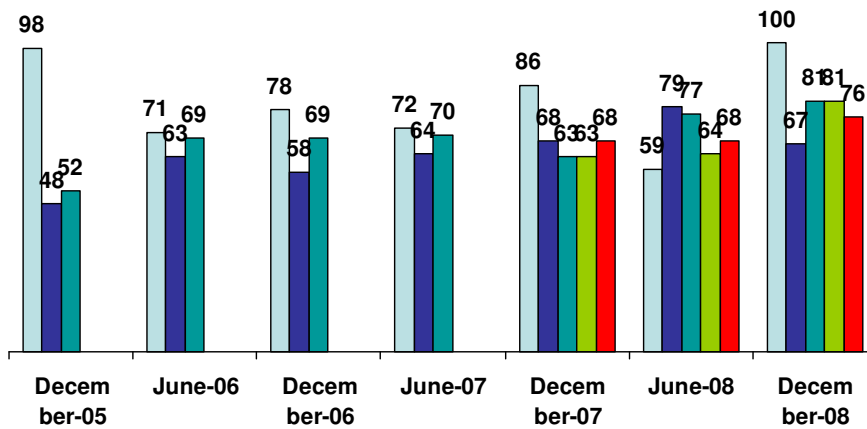
13. Tobacco Chart Reviews: Percent of patients queried about tobacco use

■ Miami
 ■ New York
 ■ D.C.
 ■ New Orleans



14. Tobacco Chart Reviews: Percent of patients who were advised to quit smoking

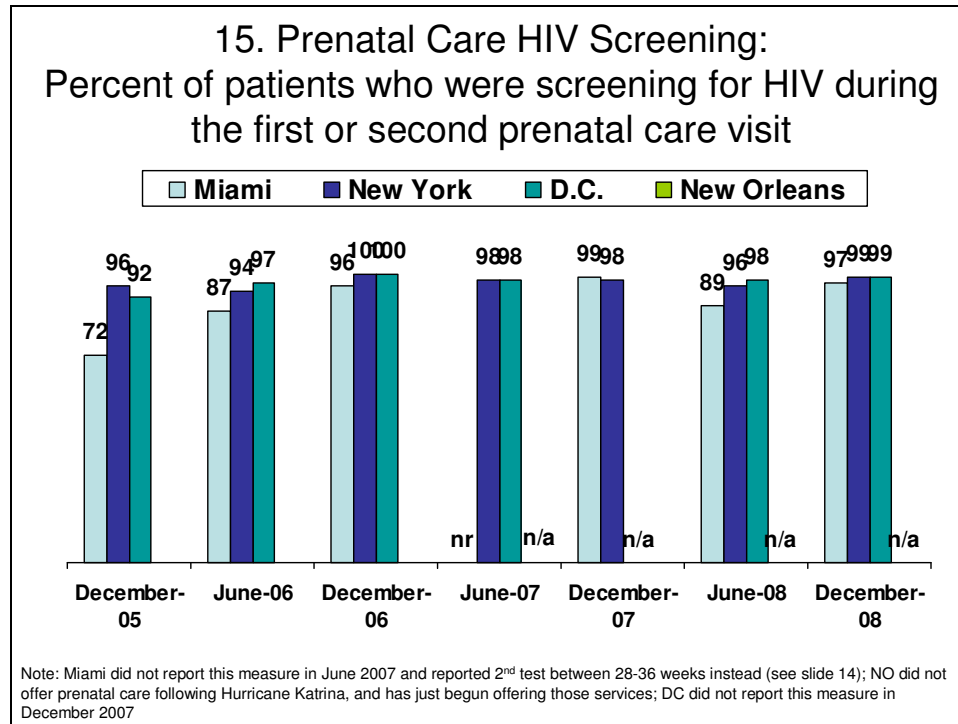
■ Miami
 ■ New York
 ■ D.C.
 ■ New Orleans
 ■ National



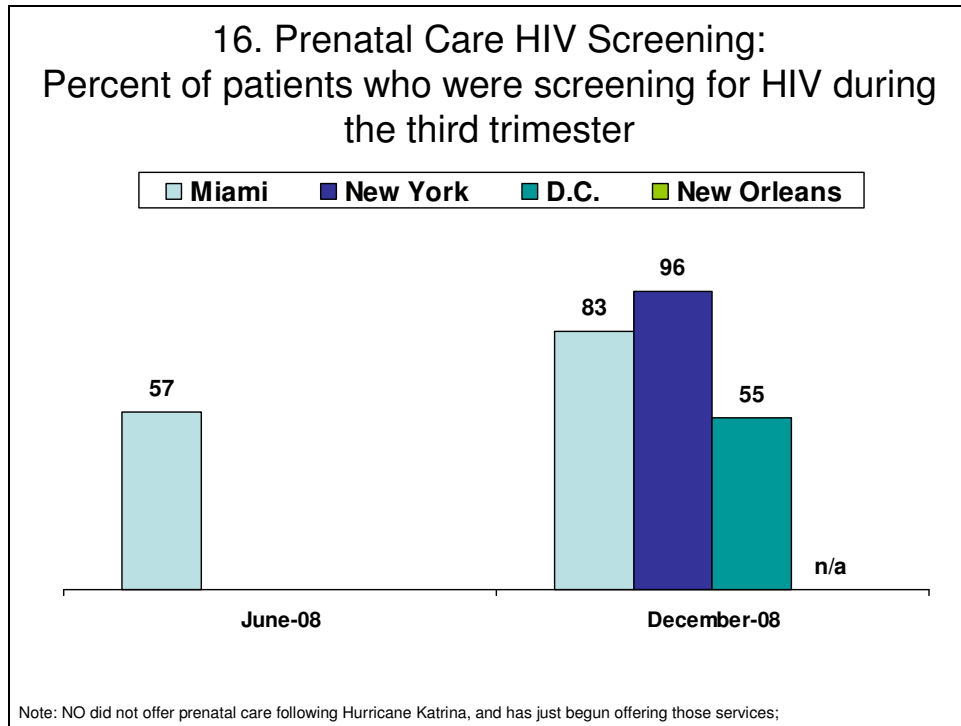
Source: National Data obtained from Medicaid HEDIS 2008 Audit Means, Percentiles and Ratios

Prenatal care HIV screening

Figure 15 shows a continued high percentage of women being screened for HIV during early prenatal care visits. Compared to initial reporting when the program began in December 2005, all three original grantees have reported increases (Miami: 72% vs. 97%; New York 96% vs. 99%; D.C. 92% vs. 99%). New Orleans recently began providing prenatal care at the grantee site for the first time since Hurricane Katrina, and as a result there is not any information on the prenatal measure.

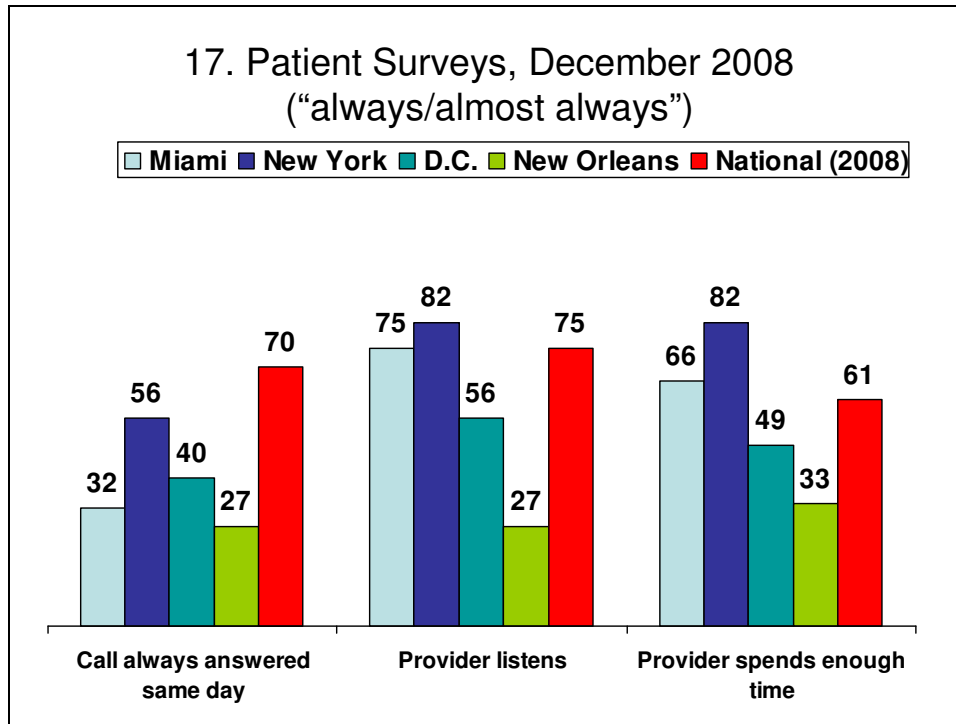


Due to the grantees high performance in this measure in 2006 and the lack of national benchmarks, the grantees agreed to amend the measure and additionally report on the percentage of prenatal patients who were screened again for HIV in their 28-32 weeks of gestation, in compliance with recommended practice standards. Miami was able to begin this measurement earlier than the other centers and therefore there is a comparison for the Miami grantee only. For this clinical measurement Miami increased the percentage of patients who were screened again for HIV in the 28-32 weeks of gestation from 57 percent to 83 percent. New York and D.C. began reporting this measure this reporting cycle so there is no comparison available, but 96 percent and 55 percent (respectively) of patients were screened again for HIV in the 28-32 weeks of gestation. It is important to note that some states vary in the timing of the second prenatal test, (e.g., 28-36 weeks or generally third trimester) and we will continue to explore the best timeframe to measure a second HIV screening.



Patient Satisfaction

The results of the patient satisfaction survey show that there is room for improvement for all grantees in the three areas of patient satisfaction compared to national averages. Due to the pediatric population the New York site targets, national child benchmark data is shown. The findings suggest that the centers could greatly improve their response time when they receive a call from a patient, with all centers reporting below the national average. In addition, two centers are well below the national average in both the provider listens measure and the provider spends enough time measure. Figure 17 shows the results of three questions for which national benchmark data are available.



Discussion

The evaluation continues to find these health centers to be providers of high quality care. They continue to apply and adapt standard measures largely defined in terms of health plan performance to their primary care practices. In addition, the four UHF health center grantees continue to strive to improve their performance in clinical measures and create more stringent benchmarks to enhance their quality of care. With the centers providing the raw numerator and denominator numbers for the diabetes and asthma measure we will be able to estimate statistical differences over time as well as calculate more restrictive performance measures such as those used for several of the diabetes care measures. Finally, with the release of the 2008 HRSA UDS data, which for the first time includes similar quality of care measure for patients with diabetes (HbA1c <7% and >9%), we hope to be able to compare the performance of these four grantees with the entire Federal Qualified Health Center population.