

**AHRQ 2007 State Snapshots  
Report: Maryland Hospital  
Summary**

Quality Based Reimbursement Initiative  
Initiation Work Group Meeting

*April 17, 2008*

# Today's Presentation

- Overview of AHRQ State Snapshots content and organization
- Summary of Maryland's State Snapshot focusing on hospitals
- Comparison of hospital Snapshot performance with current performance on CMS/QBR measures

# AHRQ State Snapshots Overview

- Drawn from the AHRQ 2007 *National Healthcare Quality Report* released March 3, 2008
- Posted March 26, 2008 @ <http://statesnapshots.ahrq.gov/snaps07/index.jsp>
- State reports contain 149 separate measures organized in 13 summary groupings (some measures in more than one grouping):
  - *Types of Care*- Preventive care, acute care and chronic care.
  - *Settings of Care*- Hospital care, ambulatory care, nursing home care, home health care.
  - *Care by Clinical Area* Cancer, diabetes, heart disease, maternal and child health, respiratory diseases.
  - *Clinical Prevention Services.*

# AHRQ State Snapshots Overview, Continued

- Hospital measure group comprises 34 HCUP and CMS/QIO process and outcome measures.
- Hospital measures are also contained in the preventive care, acute care, chronic care, heart disease, maternal and child health care, and respiratory disease care groupings.
- To aid in interpreting state performance, Snapshots contain measures of demographic, health status, and resource “contextual factors.”

# AHRQ State Snapshots Overview, Continued

The Snapshots also contain:

- Listings of the subsets of measures for overall health care quality for which the state performed the strongest and weakest
- A table summarizing the state's progress toward achieving performance goal levels on 24 Healthy People 2010 measures, and
- A table ranking the state on how well it is performing among all the states on a subset of 15 measures identified by AHRQ as important and representing a broad range of common conditions.

# AHRQ State Snapshots Overview, Continued

- Baseline and measurement periods for the individual measures used in the hospital dashboard as well as the other dashboards are not consistent across measures within the individual measure groupings or across these groupings.
- The current hospital performance levels presented are based on data from 2004 (HCUP) and 2005 (CMS/QIO).
- For many of the hospital measures, and all 14 of the CMS/QIO measures, baseline data are not available or included in the report.

# Summary of Maryland's Snapshot

- For *overall* healthcare quality, Maryland's performance is at the lower end of average compared to all states and has decreased slightly from high average in the baseline measurement period.
- Maryland *hospital* care quality performance has remained static on the border between weak and average compared with all states for the baseline and current reporting periods,
- Of the 34 hospital, 14 measures overlap with those currently required by CMS and are included on the list of measures currently proposed for Maryland's Quality Based Reimbursement Initiative (see Appendix A).

# Maryland Hospital Performance on the 14 CMS/QIO Proposed QBR Measures

- In the AHRQ Snapshot based on calendar year 2005 data, Maryland performance was worse than average for nine measures, better than average for four measures, and average for one measure.
- Based on data currently in Hospital Compare, Maryland hospital performance has:
  - improved from the AHRQ report performance period on the majority of the measures and remained constant on the remaining measures.
  - Performed better or on par with the average compared with all states for the majority of measures.



# Appendix A: Maryland Snapshot of Hospital Measures

# Appendix A

## Maryland Hospital Measures Tables

Shading indicates CMS Hospital Compare and Proposed QBR Quality Measure

Quality Dimension	Short Measure Name	State Performance	Most Recent Data Year	State Rate	All-State Avg	Baseline Year	Avg Annual Change	Direction of Change	Data Source
Heart disease	Heart attack - smoking cessation counseling in hospital	Better than Average	2005	94.3	92.9	No Data	No Data	No Data	QIO
Heart disease	Heart failure - recommended hospital care received	Better than Average	2005	89.7	88.5	No Data	No Data	No Data	QIO
Heart disease	Heart failure - evaluation of ejection fraction test in hospital	Better than Average	2005	92.1	90.6	No Data	No Data	No Data	QIO
Heart disease	Heart failure - ACEI/ARB at discharge	Better than Average	2005	83.8	83.0	No Data	No Data	No Data	QIO
Heart disease	Coronary artery bypass graft deaths in hospital	Better than Average	2004	23.9	29.5	2003	-8.4%	Improved	HCUP
Heart disease	Heart attack deaths in hospital	Better than Average	2004	70.3	82.3	2003	-2.9%	Improved	HCUP
Heart disease	Congestive heart failure deaths in hospital	Better than Average	2004	27.9	38.1	2003	-12.5%	Improved	HCUP
Postop complications	Inpatient surgery - antibiotics within 1 hour	Better than Average	2005	84.5	82.4	No Data	No Data	No Data	QIO
Resp diseases	Pneumonia - recommended antibiotics within 24 hours of admission	Better than Average	2005	82.5	80.3	No Data	No Data	No Data	QIO
Resp diseases	Pneumonia deaths in hospital	Better than Average	2004	57.1	69.6	2003	-14.6%	Improved	HCUP

# Appendix A

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Shading indicates CMS Hospital Compare and Proposed QBR Quality Measure

Quality Dimension	Short Measure Name	State Performance	Most Recent Data Year	State Rate	All-State Average	Baseline Year	Avg Annual Change	Direction of Change	Data Source
Birth related trauma	Obstetric trauma per 1,000 Cesarean deliveries	Average	2004	4.71	3.9	2003	-14.1%	Improved	HCUP
Heart disease	Abdominal aortic aneurysm repair deaths in hospital	Average	2004	55.1	72.1	2003	-31.7%	Improved	HCUP
Heart disease	Angioplasty deaths in hospital	Average	2004	14	12.6	2003	15.7%	Worsened	HCUP
Other complications of hospital care	Iatrogenic pneumothorax per 1,000 discharges	Average	2004	.66	0.6	2003	-9.6%	Improved	HCUP
<b>Postoperative complications</b>	<b>Inpatient surgery - appropriate antibiotic timing</b>	<b>Average</b>	<b>2005</b>	<b>75.7</b>	<b>76.1</b>	<b>No Data</b>	<b>No Data</b>	<b>No Data</b>	<b>QIO</b>
Postoperative complications	Postoperative abdominal wound dehiscence per 1,000 discharges	Average	2004	2.26	2.2	2003	-16.6%	Improved	HCUP
Respiratory diseases	Pneumonia - blood cultures before antibiotics in hospital	Average	2005	82.8	83.4	No Data	No Data	No Data	QIO

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Shading indicates CMS Hospital Compare and Proposed QBR Quality Measure

Quality Dimension	Short Measure Name	State Performance	Most Recent Data Year	State Rate	All-State Average	Baseline Year	Avg Annual Change	Direction of Change	Data Source
Birth related trauma	Birth trauma injury to neonate per 1,000 selected live births	Worse than Average	2004	12	2.6	2003	-33.7%	Improved	HCUP
Birth related trauma	Obstetric trauma per 1,000 instrument-assisted deliveries	Worse than Average	2004	194	182.1	2003	-2.5%	Improved	HCUP
Birth related trauma	Obstetric trauma per 1,000 vaginal deliveries without instrument assistance	Worse than Average	2004	46.5	42.9	2003	-2.5%	Improved	HCUP
Heart disease	Heart attack - recommended care in hospital	Worse than Average	2005	93.1	94.0	No Data	No Data	No Data	QIO
Heart disease	Heart attack - aspirin at admission	Worse than Average	2005	94.1	95.5	No Data	No Data	No Data	QIO
Heart disease	Heart attack - aspirin at discharge	Worse than Average	2005	95.4	96.2	No Data	No Data	No Data	QIO
Heart disease	Heart attack - beta blocker at admission	Worse than Average	2005	91.1	92.5	No Data	No Data	No Data	QIO
Heart disease	Heart attack - beta blocker at discharge	Worse than Average	2005	94.6	95.3	No Data	No Data	No Data	QIO
Heart disease	Heart attack - ACEI or ARB at discharge	Worse than Average	2005	80.7	83.9	No Data	No Data	No Data	QIO

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Quality Dimension	Short Measure Name	State Performance	Most Recent Data Year	State Rate	All-State Average	Baseline Year	Avg Annual Change	Direction of Change	Data Source
Other complications	Deaths per 1,000 admissions in low-mortality DRGs	Worse than Average	2004	.91	0.5	2003	9.6%	Worsened	HCUP
Other complications	Selected infections due to medical care per 1,000 discharges	Worse than Average	2004	1.97	1.6	2003	1.0%	Worsened	HCUP
<b>Postop complications</b>	<b>Inpatient surgery - antibiotics stopped within 24 hours</b>	<b>Worse than Average</b>	<b>2005</b>	<b>66.5</b>	<b>69.4</b>	<b>No Data</b>	<b>No Data</b>	<b>No Data</b>	<b>QIO</b>
Postop complications	Postoperative septicemia per 1,000 elective surgical discharges of 4 or more days.	Worse than Average	2004	17.7	10.3	2003	19.6%	Worsened	HCUP
Respiratory diseases	Pneumonia - recommended hospital care received	Worse than Average	2005	71.9	74.2	No Data	No Data	No Data	QIO
<b>Respiratory diseases</b>	<b>Pneumonia - antibiotics within 4 hours in hospital</b>	<b>Worse than Average</b>	<b>2005</b>	<b>68.5</b>	<b>75.9</b>	<b>No Data</b>	<b>No Data</b>	<b>No Data</b>	<b>QIO</b>
Respiratory diseases	Pneumonia - flu vaccination screening in hospital, age 50 and over	Worse than Average	2005	50.5	55.7	No Data	No Data	No Data	QIO
Respiratory diseases	Pneumonia - pneumococcal vaccination screening in hospital	Worse than Average	2005	59.9	61.9	No Data	No Data	No Data	QIO