WHAT HEALTH QUALITY INDICATORS IN MISSISSIPPI REVEAL ABOUT THE HEALTH CARE SYSTEM

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Research Objective

- Examine Prevention Quality Indicators (PQIs) for community hospitals in Mississippi as compared to PQIs for the United States.
- Determine strategies for improving quality of the health care system in Mississippi.

Methods

Qualitative

- Stakeholder scan with the following health care leaders:
  - Payers
  - Providers
  - Health Officials

Quantitative

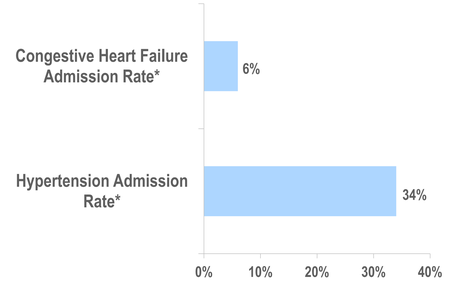
- Mississippi PQI data analyses.
- United States PQI data analyses.
- Literature review on the following:
  - legislation
  - research
  - best practices

Study Population

- Preventable hospitalizations of Mississippi patients in 2010 (n = 40,753) from all payer hospital billing claims at discharge for the following conditions defined by the Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQIs):
  - Diabetes Conditions (n = 6,150)
  - Lung Conditions (n = 9,282)
  - Heart Conditions (n = 14,251)
  - Infection Conditions (n = 11,070)

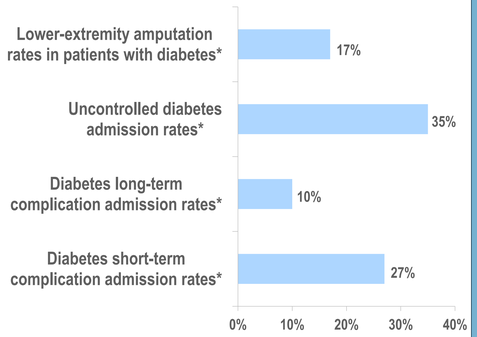
Principal Findings

Figure 1. Heart Condition PQI Rate Differences Mississippi vs. United States, 2010



Source: Mississippi Hospital Discharge Data & AHRQ Quality Report., 2010.
*Note: Percent difference is statistically significant at p<.05.

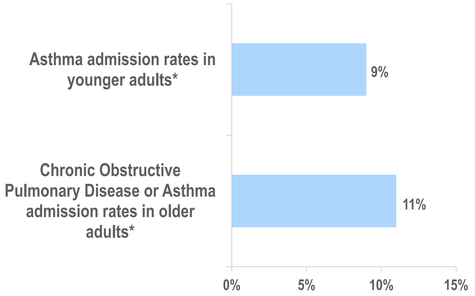
Figure 2. Diabetes Condition PQI Rate Differences Mississippi vs. United States, 2010



Source: Mississippi Hospital Discharge Data & AHRQ Quality Report., 2010.
*Note: Percent difference is statistically significant at p<.05.

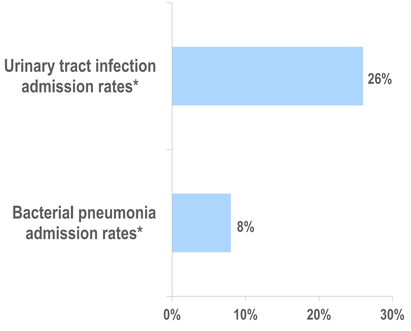
Principal Findings

Figure 3. Lung Condition PQI Rate Differences Mississippi vs. United States, 2010



Source: Mississippi Hospital Discharge Data & AHRQ Quality Report., 2010.
*Note: Percent difference is statistically significant at p<.05.

Figure 4. Infection Condition PQI Rate Differences Mississippi vs. United States, 2010

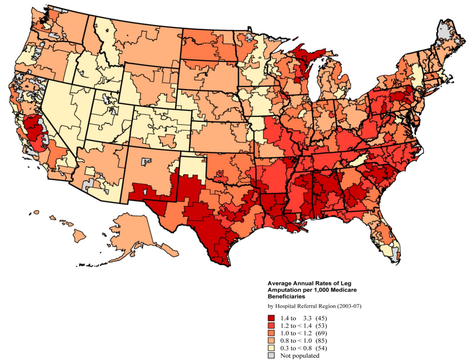


Source: Mississippi Hospital Discharge Data & AHRQ Quality Report., 2010.
*Note: Percent difference is statistically significant at p<.05.

Principal Findings

- Literature shows relationships between state quality health care rankings, Medicare health care spending, and health workforce.
- In Mississippi, these relationships are found to be as follows:
  - Low state ranking for health care quality
  - High levels of Medicare spending
  - High per capita physician specialists
  - Low per capita primary care providers
- Examination of Mississippi's health system shows low utilization of primary care and high utilization of acute care.
- Mississippi has low penetration of managed care, low investment in public health, and high burden of chronic health conditions.
- For example, Mississippi has high rates of of leg amputations (Figure 5), an indicator of poorly controlled diabetes.

Figure 5. Leg Amputation Rates in Medicare Enrollees per 1,000, 2003-2007



Source: Dartmouth Atlas of Health Care, Dartmouth Institute for Health Policy and Clinical Practice, 2013.

Conclusions

- Mississippi's health care system is heavily weighted toward high cost, tertiary acute care.
- Changes in health care are occurring rapidly and require adapting to new rules/structures.
- Opportunity exists to shift the health care system toward high quality preventive care rather than managing delayed care outcomes.

Policy Considerations

- Research shows some of the following interrelated, coordinated policies can work in concert to improve health care quality:
  - Increase providers trained in primary and preventive care to enable better disease management of certain acute and chronic conditions.
  - Incorporate health professionals in planning care delivery and payment system changes.
  - Alter health payment systems to provide incentives for improved outcomes rather than rewarding higher volume of health care services.
  - Accelerate adoption of electronic health records to provide clinicians with the tools needed to improve health care coordination and monitor quality improvement.
  - Periodically review data on performance of the health care system, determine additional data needs, and enhance data systems to support ongoing quality improvement.
  - Enhance quality measurement by reporting core quality measures for Medicaid-eligible adults to the Centers for Medicare and Medicaid. (CMS).

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