Utah Clinic Quality Comparisons, 2014

Report to Utah State Legislature, Health and Human Services Interim Committee

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Office of Health Care Statistics
Center for Health Data and Informatics
Utah Department of Health

288 North 1460 West
PO Box 144004
Salt Lake City, UT 84114-4004
Phone: 801-538-6700
http://health.utah.gov/hda/
Summary
The Office of Health Care Statistics produced clinic quality comparisons as required by the Utah Health Data Authority Act and made them available to the public on June 23, 2016. Two nationally recognized measures were selected for analysis: 1. Hemoglobin A1c Screening and 2. Avoidance of Antibiotic Use for Adults with Acute Bronchitis. Quality measure data generated using Utah's All Payer Claims Database are now available at https://opendata.utah.gov/view/caq9-mhg9.

Requirement
The Office of Health Care Statistics (OHCS) is required by Utah Code 26-33a-106.5 to produce comparisons of clinics and make the information available to the public free of charge. Comparative information may include generally accepted cost and quality measures. Quality measures are calculated using Utah’s All Payer Claims Database (APCD). Licensed commercial health insurance carriers covering 2,500 or more are required to submit member eligibility, medical claims, dental claims, and pharmacy claims as well as a health care provider file to OHCS. In addition to commercial insurance data, the APCD collects data from Medicaid. These data submitted by insurance carriers and Medicaid are sufficient to produce quality measures for clinics. Clinics, defined as a physician or group of physicians practicing at a specific location, with five or more physicians are identified in public reports. Clinics with fewer than five physicians will be aggregated and reported on by geography. A comparison of quality measures by geography was published in December 2014 in accordance with this law. Updated quality measures were released.

Data Release
OHCS has provided the public a way to compare outcomes for two quality measures and primary care clinics by name using the APCD. The results show high compliance overall among primary care clinics with the use of the Hemoglobin A1c (HbA1c) test to help patients manage their diabetes. However, avoiding the use of antibiotics when treating adults for acute bronchitis, when this treatment was not called for, was low. Both results were consistent with national data.

This enables Utahns to look up their doctor's office and see how they rate compared to other offices for these two measures. The measures showed significant variation in the state, with some clinics doing very well on one or both measures while others have ample room for improvement. With this information, OHCS hopes that Utahns will use it to make better informed health care decisions.

Data from the APCD showed (note: higher rates are better for both measures):

- HbA1c testing rates are high across all clinics. No clinic with 10 or more patients had a compliance rate less than 70%.
- 68 clinics had an HbA1c testing rate of 100%, with an average of 5.3 patients per clinic.
Avoidance of antibiotic treatment for adults with acute bronchitis (AAB) rates was generally low. The average AAB compliance rate for clinics with 10 or more patients was 37.9% but some clinics had compliance rates as low as 5.9%.

21 clinics had AAB compliance rates of 100% with an average of 3.7 patients per clinic.

These measures were selected after extensive input from stakeholders. HbA1c testing was selected because it shows how well a patient’s diabetes is being controlled. A higher rate among primary care clinics, is considered better. Avoidance of antibiotic treatment for adults with acute bronchitis is important because a virus usually causes bronchitis and antibiotics are not effective for treating it.

Both standards of care for these measures are well known, but it is generally believed that there is room for improvement. The analysis included 232 clinics large enough to be reported by name and 139 clinics that were reported geographically at the Utah small health area level, due to their small size.

The results were published to the Utah Health Department’s Microsite on Utah’s OpenData Portal. To view the complete data analysis visit, https://opendata.utah.gov/view/caq9-mhg9.

For more information on APCD or other healthcare data please contact Norm Thurston, OHCS Director, at nthurston@utah.gov.