

Dartmouth Atlas Reporting at the Local Level



Health Action Council Ohio

www.hacohio.org

Coalition-Managed Reporting

Health Action Council Ohio (HAC) serves as a voice for employers that offer health benefits to employees, dependents and retirees. It also has a 501(c)(3) subsidiary, the Health Quality Forum, which collaborates with other stakeholders — health plans, physicians, hospitals, and the pharmaceutical industry — to improve the quality and efficiency of care in Ohio communities, resulting in enhanced health for the population. This coalition has long been a pioneer in collecting and reporting health care data to employers to encourage improvements in the quality and cost performance of health services.

In 2009 the coalition used the 2008 Dartmouth Atlas data to explore patterns of use and cost for multi-hospital systems in Cleveland and Columbus. They were interested in comparing local data with other multi-institutional systems demonstrating the best performance in the nation for care of terminal chronic illness.

Technical Report

Staff used a nineteen page report, **“Overuse of Imaging, Specialists and Intensive Care at the End of Life,”** to look for overuse of

- Imaging and tests
- Physician visits and physician numbers treating individual patients
- Specialist visits and FTE
- ICU use and capacity
- Intensity and total Medicare spending per enrollee

The report compared thirty-nine Ohio hospitals with hospitals in Intermountain Health in Utah, and the Mayo Foundation in Minnesota, and found that except for Intermountain, multi-hospital systems showed variation among individual hospitals in these care patterns. Examining the data to find a benchmark value for the purpose of estimating overuse, the 40th percentile was chosen for report indicators as a level demonstrated achievable by benchmark hospitals and within reasonable reach for most Ohio health systems. Most Ohio hospitals ranged between the 60th and 90th percentiles on these indicators. Each hospital group was examined for unique patterns of variation in end of life care.

This report also examined HRR level data for ten Ohio communities for these same indicators compared to Salt Lake City, UT; Portland, OR; Rochester and Minneapolis, MN; Des Moines, IA; Ann Arbor and Detroit, MI; McAllen, TX; and Miami, FL. Ohio communities are in the middle of the distribution for the nation – between the 35th and 80th percentile for HCI. When the HCI Index percentile is above 60%, markedly higher levels of total Medicare spending are measured on a percentile distribution.

The report concluded with a list of suggested actions employers, providers and consumers could take to avoid overuse of care based on data for local health systems and individual hospitals. An excerpt of the report is available from Lisa Kaiser, Health Action Council Ohio, Director, Central Market & Programs, lkaiser@hacohio.org , 614 438 2620.

Executive Summary Report

Given health reform and other practical priorities, coalition staff judged the full report to be too detailed for the needs of the Health Quality Forum Board and for distribution to employees in member firms. A ten-page executive summary of the report **“Differences in Care at Ohio Hospitals”** was written for these audiences. This report interprets the data for the five overuse factor categories into a matrix showing a “thumbs-up” symbol for less overuse, or no symbol; showing no data on variation within multi-hospital systems, and makes some bulleted observations. It suggests next steps for the community and employers, including a case study, interventions to address overutilization, and some sample language for employers to use in employee communications with links to sources for more information.

The summary has been distributed to member organizations and featured at seminars held for employer members on end-of-life care and during a webinar on measuring hospital performance. Contact Lisa Kaiser to obtain a copy of this report.

Results:

The report was produced for internal use by the coalition’s employer membership. Consideration was given to sharing the data with selected hospitals on a private basis. The report sparked educational programming on end-of-life care -- specifically what employers can do to help employees prepare -- and an analysis of the variety of factors in measuring hospital quality.