

THE STATE OF HEALTH CARE QUALITY 2008

CHART PACK

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The State of Health Care Quality is available in its entirety at no cost at www.ncqa.org/sohc

FIGURE 1: THE NUMBER OF AMERICANS IN ACCOUNTABLE HEALTH CARE SYSTEMS DRAMATICALLY RISES.

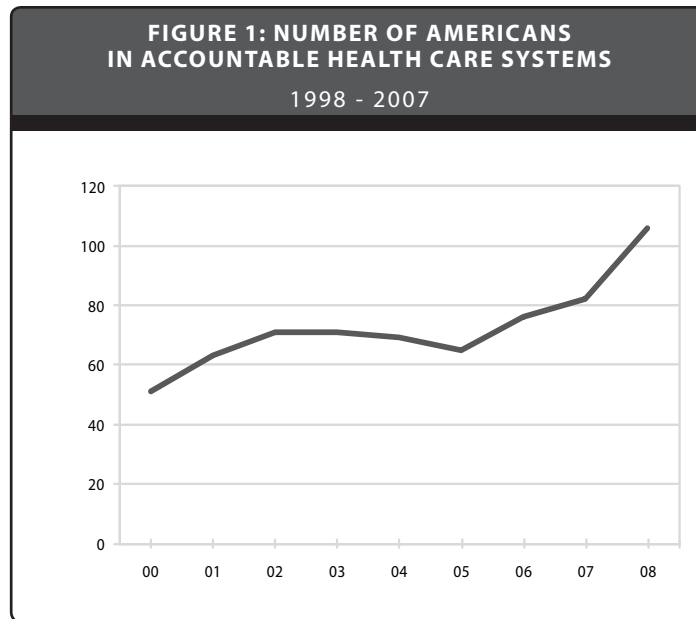


FIGURE 2: IMPROVEMENT SAVES LIVES.

FIGURE 2: LIVES SAVED DUE TO IMPROVEMENTS IN ACCOUNTABLE PLANS
COMMERCIAL AND MEDICARE - 1996 - 2007

MEASURE	LIVES SAVED	SINCE
Beta-Blocker Treatment After a Heart Attack	24,000 - 30,000	1996
Cholesterol Management	23,000 - 39,000	2000
Blood Pressure Control	76,000 - 132,000	2000
Diabetes - HbA1c Control	2,000 - 3,500	1999
TOTAL	125,000 - 205,000	

FIGURES 3-4: SELECT TRENDS IN PERFORMANCE: COMMERCIAL, MEDICARE AND MEDICAID, 2005- 2007

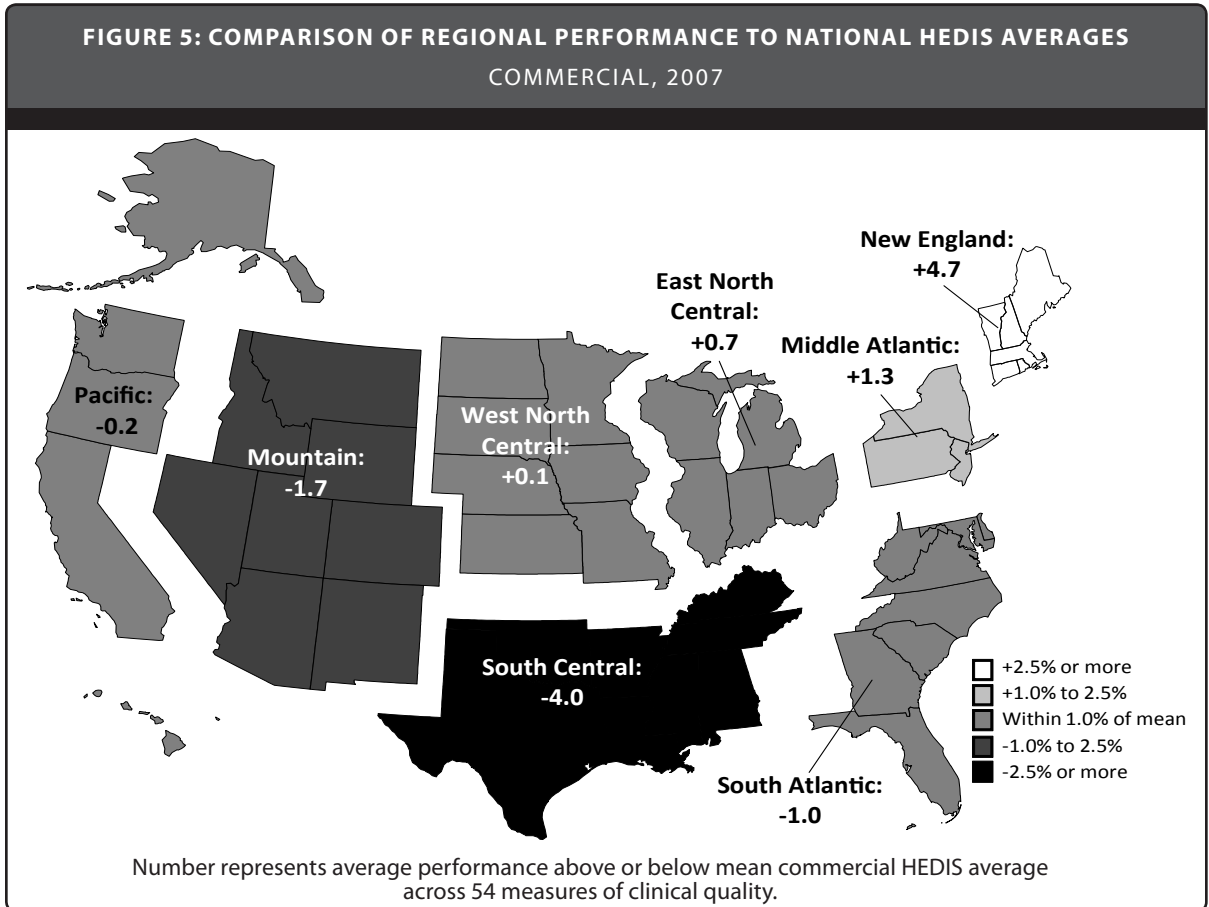
FIGURE 3: NOTABLE TRENDS IN SELECT HEDIS MEASURES			
NATIONAL AVERAGES - 2005 - 2007			
MEASURE	2005	2006	2007
COMMERCIAL			
Annual Monitoring for Patients on Persistent Medications- Total	N/A	74/3	76.6
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	33.9	28.7	25.4
Antidepressant Medication Management - Acute Phase Treatment	61.4	61.1	62.9
Antidepressant Medication Management - Contacts	20.6	20.0	18.7
Childhood Immunization Status - Pneumococcal Conjugate	N/A	72.6	83.6
Childhood Immunization Status - Combination 3	N/A	65.8	75.5
Cholesterol Management After Acute Cardiovascular Events - LDL <100 mg/dL	N/A	56.6	58.7
Controlling High Blood Pressure	68.8*	59.7	62.2
Engagement of Alcohol or Drug Dependence Treatment	14.1	13.8	15.2
Postpartum Care	81.5	79.9	82.0
MEDICARE			
Antidepressant Medication Management - Acute Phase Treatment	54.9	58.2	61.2
Antidepressant Medication Management - Continuation Phase Treatment	41.0	45.1	48.7
Breast Cancer Screening	71.6	69.5	67.3
Colorectal Cancer Screening	53.9	53.3	50.4
Harmful Drug-Disease Interactions in the Elderly - Combined Rate**	N/A	19.4	21.8

* Cannot be trended to subsequent years owing to change in measure specifications.

** A lower rate for this measure indicates better performance.

FIGURE 4: NOTABLE TRENDS IN SELECT HEDIS MEASURES			
MEDICAID AVERAGES - 2005 -2007			
MEASURE	2005	2006	2007
Appropriate Testing for Children with Pharyngitis	52.0	56.0	59.0
Childhood Immunization Status - Combination 3	N/A	60.6	65.4
Follow-Up After Hospitalization for Mental Illness: 7 Days	39.2	39.1	42.5
Persistence of Beta-Blocker Treatment After a Heart Attack	69.8	68.1	62.0
Postpartum Care	57.0	59.1	58.5

FIGURE 5: PERFORMANCE VARIES BY REGION



Regional maps for Medicare and Medicaid are available online at www.ncqa.org/sohc.

FIGURE 6: 2 IN 3 AMERICANS IN UNACCOUNTABLE SYSTEMS

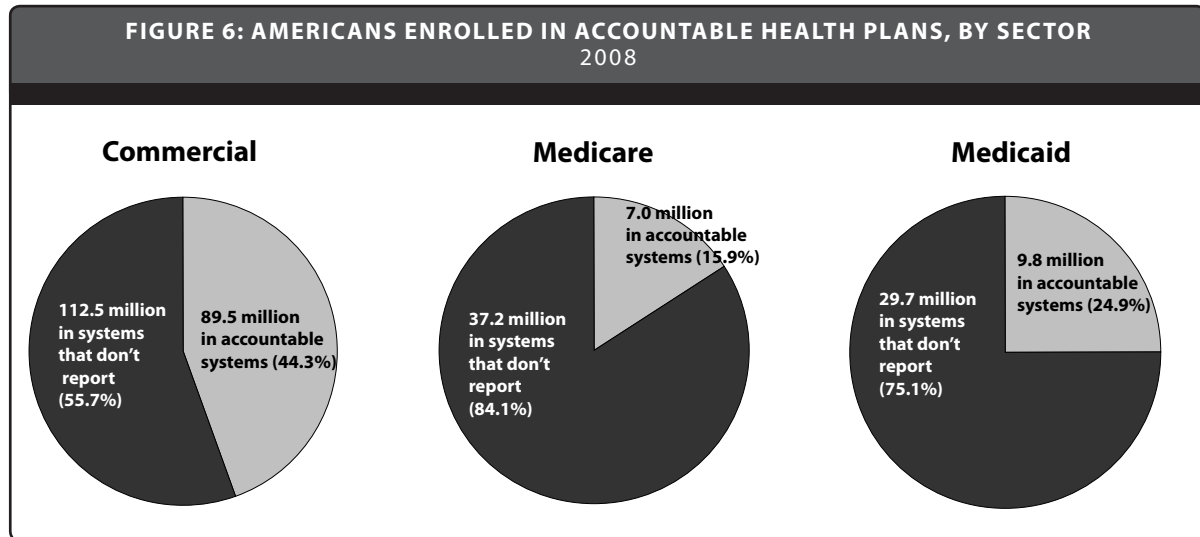


FIGURE 7: NUMBER OF LIVES COVERED BY ACCOUNTABLE PLANS VARIES BY STATE

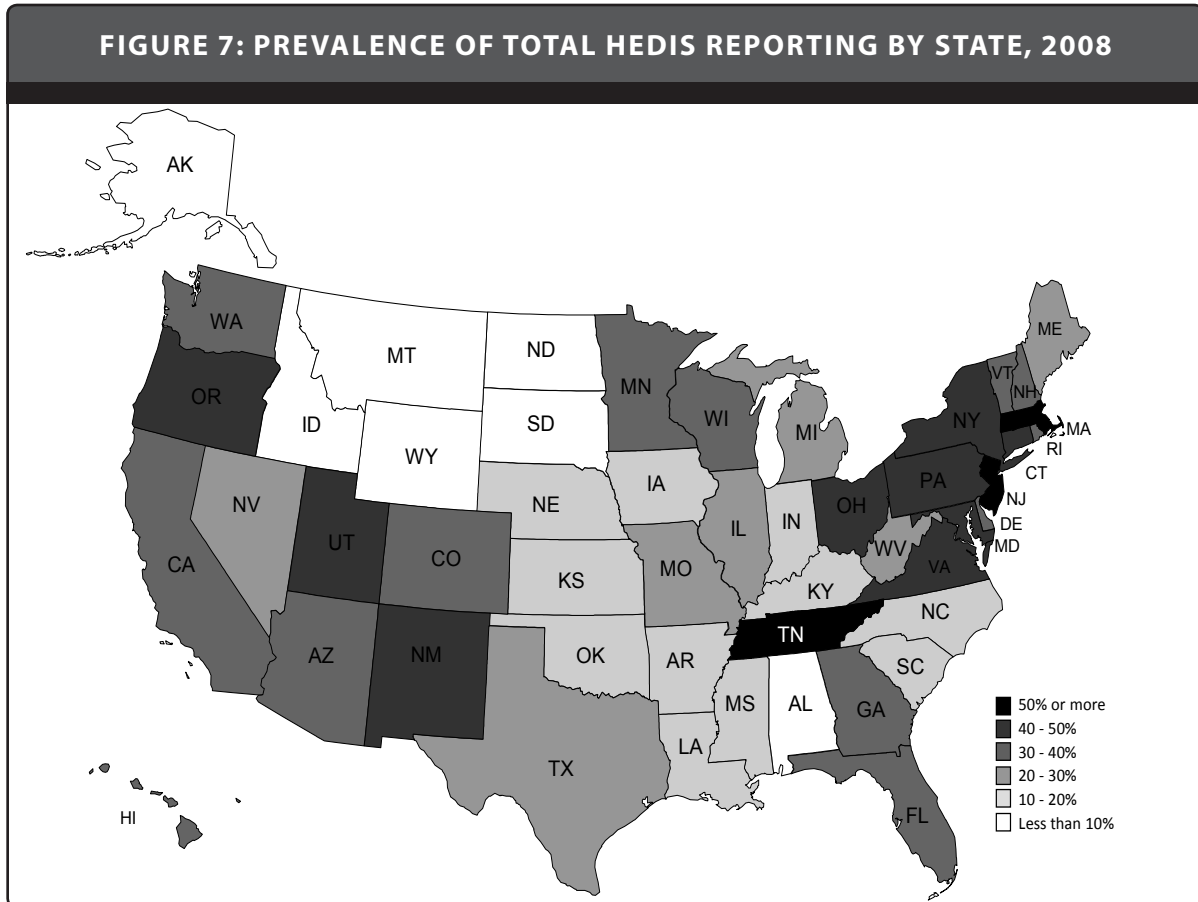


FIGURE 8: SELECT HEDIS EFFECTIVENESS OF CARE MEASURES, HMO AND PPO PLANS, COMMERCIAL

FIGURE 8: SELECT HEDIS EFFECTIVENESS OF CARE MEASURES			
HMO vs. PPO PERFORMANCE - COMMERCIAL, 2007			
MEASURE	HMO	PPO	DIFF.
Annual Monitoring for Persistent Medications - ACE Inhibitors or ARBS	77.2	75.6	1.7
Annual Monitoring for Persistent Medications - Anticonvulsants	59.7	56.3	3.3
Annual Monitoring for Persistent Medications - Digoxin	79.7	75.7	4.0
Annual Monitoring for Persistent Medications - Diuretics	76.8	75.2	1.6
Antidepressant Medication Management - Acute Phase Treatment	62.9	63.8	(1.0)
Antidepressant Medication Management - Contacts	18.7	16.2	2.5
Antidepressant Medication Management - Continuation Phase Treatment	46.1	47.6	(1.5)
Appropriate Testing for Children with Pharyngitis	74.7	73.5	1.1
Breast Cancer Screening	69.1	64.6	4.5
Chlamydia Screening - 16-20 Years	36.4	32.4	4.0*
Chlamydia Screening - 21 - 25 Years	39.2	34.9	4.3*
DMARD Therapy for Rheumatoid Arthritis	85.3	78.9	6.4
Follow-Up After Hospitalization for Mental Illness - 30 Days	74.0	63.4	10.6*
Follow-Up After Hospitalization for Mental Illness - 7 Days	55.6	41.9	13.7*
Follow-Up for Children Prescribed ADHD Medication - Continuation	38.7	34.2	4.5*
Follow-Up for Children Prescribed ADHD Medication - Initiation	33.7	31.8	1.9
Imaging Studies for Low Back Pain	74.6	73.3	1.3
Initiation and Engagement for Alcohol or Drug Dependence Treatment - Engagement	15.2	15.2	0.0
Initiation and Engagement for Alcohol or Drug Dependence Treatment - Initiation	44.5	46.0	(1.6)
Persistence of Beta-Blocker Treatment After a Heart Attack	71.9	63.9	8.9*
Use of Appropriate Medications for Asthma	92.3	92.9	(0.6)
Use of Spirometry in Assessment and Diagnosis of COPD	35.7	33.7	2.0

Measures collected solely through claims data, * indicates statistically significant ($p < 0.05$) differences.

FIGURE 9: SELECT HEDIS EFFECTIVENESS OF CARE MEASURES, HMO AND PPO PLANS, MEDICARE

FIGURE 9: SELECT HEDIS EFFECTIVENESS OF CARE MEASURES			
HMO vs. PPO PERFORMANCE - MEDICARE, 2007			
<i>Measures collected solely through claims data, * indicates statistically significant (p<0.05) differences.</i>			
MEASURE	HMO	PPO	DIFF.
Annual Monitoring for Persistent Medications - ACE Inhibitors or ARBS	84.8	87.8	(3.0)*
Annual Monitoring for Persistent Medications - Anticonvulsants	65.1	66.0	(0.9)
Annual Monitoring for Persistent Medications - Digoxin	87.9	90.4	(2.5)
Annual Monitoring for Persistent Medications - Diuretics	84.8	87.6	(2.8)
Breast Cancer Screening	67.3	64.5	2.8
DMARD Therapy for Rheumatoid Arthritis	68.7	73.5	(4.8)*
Glaucoma Screening for Older Adults	59.5	62.6	(3.1)
Initiation and Engagement for Alcohol or Drug Dependence Treatment - Engagement	4.5	6.3	(1.8)
Initiation and Engagement for Alcohol or Drug Dependence Treatment - Initiation	50.4	56.6	(6.2)*
Potentially Harmful Drug-Disease Interactions in the Elderly**: Falls + tricyclic antidepressants, antipsychotics or sleep agents	16.2	18.0	1.8
Potentially Harmful Drug-Disease Interactions in the Elderly**: Dementia + tricyclic antidepressants, anticholinergic agents	27.3	26.1	(1.2)
Potentially Harmful Drug-Disease Interactions in the Elderly**: Combination Rate	21.8	21.5	(0.3)
Use of High-Risk Medications in the Elderly - One Drug**	23.2	22.1	(1.1)
Use of High-Risk Medications in the Elderly - Two Drugs**	6.0	5.3	(0.7)
Use of Spirometry in the Assessment and Diagnosis of COPD	27.2	25.4	1.9

*Measures collected solely through claims data, * indicates statistically significant (p<0.05) differences.*

*** Lower is better for these measures; numbers in parentheses denote that PPO HEDIS rates are better.*

FIGURE 10-11: QUALITY GAPS RESULT IN AVOIDABLE DEATHS, DIRECT COSTS AND ECONOMIC LOSS

FIGURE 10: AVOIDABLE DEATHS AND MEDICAL COSTS DUE TO UNEXPLAINED VARIATIONS IN CARE		
SELECT MEASURES AND CONDITIONS - 2007		
MEASURE	AVOIDABLE DEATHS	AVOIDABLE HOSPITAL COSTS
Breast Cancer Screening	500 - 1,900	\$212 million - \$232 million
Cervical Cancer Screening	600 - 800	N/A
Cholesterol Management	7,000 - 17,000	\$34 million - \$115 million
Colorectal Cancer Screening	5,000 - 9,000	N/A
Controlling High Blood Pressure	14,000 - 34,000	\$425 million - \$1.1 billion
Diabetes Care - HbA1c Control	3,000 - 12,000	\$550 million - \$1.3 billion
Osteoporosis Management	N/A	\$9.8 million - \$10.5 million
Persistent Beta-Blocker Treatment After a Heart Attack	200 - 1,600	\$2.4 million - \$14.6 million
Prenatal Care	1,000 - 1,600	N/A
Smoking Cessation	7,000 - 11,000	\$712 million - \$783 million
TOTAL	38,300 - 88,900	\$1.9 billion - \$3.5 billion

* Includes days attributable to 'presenteeism,' when sick employees report to work but illness compromises their productivity.

FIGURE 11: ESTIMATED SICK DAYS* AND LOST PRODUCTIVITY DUE TO UNEXPLAINED VARIATIONS IN CARE		
U.S. WORKFORCE, 2007		
MEASURE	AVOIDABLE SICK DAYS	LOST PRODUCTIVITY
Asthma	7.2 million	\$1.2 billion
Depression	13.3 million	\$2.2 billion
Diabetes	12.5 million	\$2.1 billion
Heart Disease	6.3 million	\$1.0 billion
Hypertension	12.3 million	\$2.0 billion
TOTAL	51.6 million	\$8.5 billion