

Health Care Quality, 2012

Obtaining quality health care is a key component of maintaining one's health. The Maine Quality forum's definition of quality health care includes the elements of safety, effectiveness, patient-centeredness, timeliness, efficiency and equity.¹ Quality of health care can be measured by health outcomes, access to health care, the appropriate use of types of health care (such as primary care providers and emergency departments), the occurrence of medical errors or unintended consequences, or patient satisfaction. Access to timely services and preventive care are additional aspects of quality health care. As connections between health care and public health are better recognized and partnerships are strengthened, the importance of measuring health care quality at both the provider and facility levels as well as the population level is also being recognized.

Health care-associated infections (HAIs) are one proxy measure for the quality of health care. A measure of HAI is the number of catheter-related blood stream infections among adult Intensive Care Unit patients per 1,000 central-line catheter days. This rate decreased from 2.18 in 2007 to 1.16 in 2010, slightly lower than the US rate that year (1.20), but increased in 2011 to 1.64. Trend data is not available for other measures of Health Care Quality in the State Health Assessment.

Ambulatory care-sensitive (ACS) hospital discharges is a Prevention Quality Indicator from the Agency for Healthcare Research and Quality and is intended to measure whether these conditions are being treated appropriately in the out-patient setting before hospitalization is required. AHRQ provides nationwide comparative rates based on analysis of 44 states from the 2010 Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID).² Maine's overall ASC rate for 2008 was 1,226¹ per 100,000 population, lower than the benchmark of 1,495.3.²



Patient satisfaction is another way to measure health care quality. The Hospital Consumer Assessment of Health Care Providers and Systems (HCAHCPS) is a "national, standardized, publicly reported survey of patients' perspectives of hospital care."³ The State Health Assessment selected one question from this survey: the percent of patients reporting that physician communication was good. Results for hospitals in Maine range from 76% to 90% in 2009.

Health Care Quality measures chosen for the State Health Assessment include:⁴

- Hospital Admissions for Ambulatory Sensitive Conditions
- CLABSI standard infection ratio
- Good communication with the doctor

Additional measures related to health care quality can be found in several sections of the State Health Assessment, including Cancer, Diabetes, Immunizations (preventive services), and Access to Care.

Data on disparities in health care quality is limited due to a lack of availability of the data by demographic characteristics such as race and ethnicity and small numbers for some indicators.

ACS admissions are statistically significantly lower in Cumberland (940.8 per 100,000 population) and Sagadahoc (897.3) counties, and higher for Aroostook (1,706.3) and Penquis (1,578.4) Public Health Districts. These rates are also higher for women (1,313.2) versus men (1,134.7). The rates are lower for younger age groups (251.2 for ages 18-39, 847.8 for ages 40-64 and 3,218.2 for ages 65-74), and higher for people over the age of 75 (8,078.8). The 65-74 and 75+ year age groups are the only ones for which the Maine rate is higher than the 2010 AHRQ national benchmarks (3,088.3 and 7,341.7, respectively).²

Healthy Maine 2020 also has objectives related to health care quality, including:⁵

- Increase routine vaccination coverage levels for children and adolescents
- Reduce invasive health care-associated methicillin-resistant *Staphylococcus aureus* (MRSA) infections
- Reduce the proportion of individuals who are unable to obtain or delay obtaining necessary medical care or dental care
- Reduce hospital emergency department visits for asthma
- Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education
- Increase the percentage of cancer detected at local stage
- Reduce hospitalizations of older adults with heart failure as the principle diagnosis
- Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral
- Increase the proportion of children with mental health problems who receive treatment
- Increase the proportion of adults with mental health disorders who receive treatment
- Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders

¹ Maine Quality Forum <http://www.mainequalityforum.gov/mqlp05.html> (accessed 8/21/2013).

² Agency for Healthcare Research and Quality, Prevention Quality Indicator v4.5 Benchmark Data Tables, May 2013, http://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V45/Version_45_Benchmark_Tables_PQI.pdf (accessed 9/17/2013).

³ HCAHPS Fact Sheet, August 2013 <http://www.hcahponline.org/files/August%202013%20HCAHPS%20Fact%20Sheet2.pdf> (accessed 9/17/2013).

⁴ Maine Center for Disease Control and Prevention. State Health Assessment – 2012. Available from: <http://www.maine.gov/dhhs/mecdc/phdata/sha/index.shtml> (accessed 8/21/2013).

⁵ Maine Center for Disease Control and Prevention. Healthy Maine 2020. Available from: <http://www.maine.gov/dhhs/mecdc/healthy-maine/index.shtml> (accessed 8/21/2013).