

# Healthcare Hot Spotting: Variation in Quality and Resource Use in California



## WHAT IS HEDIS BY GEOGRAPHY?

Current health care performance measurement and public reporting efforts—often anchored by HEDIS—typically focus on health plans and physician organizations. While useful to inform provider quality improvement efforts and consumer decision-making, current HEDIS results do not provide a clear picture of population health across geographic areas. **HEDIS by Geography**, an online tool created by IHA with support from the California HealthCare Foundation, fills this information gap in California by collecting 2013 HEDIS results from 11 health plans by geographic regions—down to ZIP codes. The tool, accessible at <https://hbg.iha.org>, also allows the information to be reviewed by product lines, allowing consumers, providers, health plans, purchasers and other stakeholders to identify where the greatest potential for improvement exists. **HEDIS by Geography** tracks clinical measurements for the core priority health conditions of cancer, diabetes and asthma, and resource use based on utilization measures, such as inpatient bed days.

## HEDIS BY GEOGRAPHY MEASURES

**Quality Measures.** Breast cancer screening; colorectal cancer screening; blood sugar control for people with diabetes; blood sugar screening for people with diabetes; kidney disease monitoring for people with diabetes; and medication management for people with asthma.

**Resource Use Measures.** *All-Cause Readmissions:* Percentage of acute inpatients ages 18 and older discharged and readmitted for any diagnosis within 30 days. *Emergency Department (ED) Visits:* Overall rate of ED visits per thousand member years (PTMY). *Inpatient Bed Days:* Overall rate of bed days associated with acute inpatient care discharges on a PTMY basis.

## HEDIS BY GEOGRAPHY KEY FINDINGS

- **Health care quality and resource use vary widely across California.**

There are large geographic variations in both quality performance and resource use across the state. For example, there is more than a 40-percentage-point gap in the colorectal cancer screening rate between the highest performing county (Solano, 76.4%) and the lowest

Identifying where to target performance improvement efforts is a critical step toward achieving the triple aim of better care, better health and lower costs. A new on-line tool—**HEDIS by Geography**—from the Integrated Healthcare Association (IHA) allows users to view health plan HEDIS (Healthcare Effectiveness Data and Information Set) results by geographic area to gain a clearer picture of population health across California. The tool allows users to examine performance on six clinical quality measures and three resource use measures, by health plan product line for about 19 million Californians, including commercial health maintenance organizations (HMOs) and preferred provider organizations (PPOs), Medicare Advantage and managed Medi-Cal. A new analysis of HEDIS by Geography data indicates that health care quality and resource use vary widely throughout the state, and that health plan products that rely primarily on integrated care delivery networks, such as HMOs and Medicare Advantage, generally have higher quality scores without using more resources. Overall, the sizeable performance differences observed signal an opportunity for major improvements in care for large segments of California's population.

performing county (Modoc, 33.5%). Similar gaps exist for other quality measures.

The tool also highlights geographic variation in the three resource use measures—readmissions, ED visits and inpatient bed days. For example, the readmission rate at the 5th percentile ZIP code is about 5 percent compared to 10 percent at the 50th percentile and 14 percent at the 95th percentile. The range is even larger for ED visits—111 visits PTMY at the 5th percentile ZIP code, 194 visits at the 50th percentile and 385 visits at the 95th percentile—and inpatient bed days—76 days PTMY at the 5th percentile, 195 days at the 50th percentile and 413 days at the 95th percentile.

- **Insurance products using integrated care delivery networks generally had higher quality without using more resources.** Commercial HMOs outperformed commercial PPOs on five

of the six HEDIS by Geography clinical quality measures. For example, of the population included in HEDIS by Geography, about 85 percent of the Commercial HMO women ages 50-74 met clinical guidelines for breast cancer screening and received a mammogram, compared to about 70 percent of similar Commercial PPO patients. If PPOs had performed at the same level as HMOs, an estimated 55,356 more California women would have received mammograms in 2013. A large gap also exists in colorectal cancer screening rates between commercial HMOs and PPOs (71% of those meeting clinical guidelines were screened in HMOs, compared to 48% in PPOs); an estimated 197,385 PPO enrollees would have received colorectal cancer screening in 2013 if the PPO rate had matched the HMO rate.

Likewise, Medicare Advantage, the HMO product available to Medicare beneficiaries as an alternative to traditional fee-for-service (FFS) care, had the highest average quality scores compared with other product lines for every reported clinical quality measure.

■ **Resource use patterns differ by product line.**

Unlike commercial HMOs and PPOs, which generally had similar utilization rates, the difference between managed and unmanaged Medicare utilization rates was striking. Although the results came from different sources, the substantial difference—with Medicare Advantage utilization rates only 55-65 percent of Medicare FFS rates—indicates that there is likely a true performance difference. Selection bias may also contribute to the difference—that is, older people with more complex health conditions opting to stay in traditional Medicare FFS—but lower Medicare Advantage utilization could also reflect more effective population health management.

■ **Medi-Cal performance mixed.**

Managed Medi-Cal clinical quality scores were lower than commercial HMOs and Medicare Advantage across the board. However, managed Medi-Cal rates were higher than commercial PPOs for diabetes care—for both blood sugar control and kidney disease monitoring measures. Patients covered by Medi-Cal are lower income and are more likely

to have complex conditions compared to commercial PPO enrollees, so Medi-Cal's better performance on these two quality measures is somewhat surprising. While inpatient bed days and readmission rates were similar for managed Medi-Cal and commercial populations, emergency department use was substantially higher in Medi-Cal compared to commercial HMO and PPO.

**ABOUT THE RESULTS**

Data in the HEDIS by Geography tool represent care delivered during 2013, before full implementation of the Affordable Care Act—including the expansion of Medi-Cal and launch of Covered California, the state's health benefit exchange. As previously uninsured patients enroll in Medi-Cal and Covered California products, future updates to the data may reveal different results. The results presented here are descriptive; adjustments were not made for the characteristics of the patient population or availability of medical services in a geographic area. Further details about the tool and findings are available in IHA's Healthcare Hot Spotting Issue Brief and at <https://hbg.iha.org>.

**ABOUT IHA**

The Integrated Healthcare Association (IHA) is a nonprofit multi-stakeholder leadership group that promotes healthcare quality improvement, accountability and affordability for the benefit of all Californians. IHA has over a decade of experience leading regional and statewide performance measurement and incentive programs and serving as an incubator for pilot programs and demonstration projects.

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