

# Utah Health Status Update:

## Comparing Clinics' Quality of Care Using Utah's APCD

August 2016

All Payer Claims Databases (APCDs) are comprehensive, longitudinal, multi-payer datasets capable of providing unprecedented research and policy opportunities for improving the health care delivery system<sup>1</sup> as well as public reporting on transparency of health care. Currently, 21 states have APCDs in operation or development.

The Utah All Payer Claims Database (APCD) collects medical, pharmacy, and dental claims data from both private and government payers, including Medicaid and some Medicare Advantage, Medicare Supplemental, Medicare Part D, and federal employee health plans. There are a total of 37 APCD data suppliers, representing roughly 80% of the Utah population.

Administrative data about health care claims are used to produce health care cost and quality measures and to promote transparency. In December 2014, the Office of Health Care Statistics (OHCS) used APCD data to publish quality measures calculated by geography.<sup>2</sup> The clinic quality comparisons expand on this work by producing quality measures comparing medical clinics.<sup>3</sup> Clinics<sup>4</sup> with five or more physicians are identified by name in public

data and clinics with fewer than five physicians are aggregated into small health areas. Identified clinics reviewed their data prior to publication.

Quality measures reported in the clinic comparisons data were reviewed by the Transparency Advisory Group (TAG) during summer 2015. TAG is a subcommittee of the Health Data Committee tasked with convening public meetings of community stakeholders to provide guidance on health care cost and quality transparency. TAG is jointly staffed by OHCS and *HealthInsight*. After reviewing five quality measures with community stakeholders, two were selected for clinic comparisons: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing and Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis (AAB).

*Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing:* HbA1c testing measures the percentage of adults aged 18–75 with diabetes (type 1 and type 2) who had a blood sugar test. According to the National Committee for Quality Assurance (NCQA):

Proper diabetes management is essential to control blood glucose, reduce risk of complications and prolong life. With support from health care providers, patients can manage their diabetes with self-

### HbA1c Compliance Rates

Table 1. Ten highest and lowest HbA1c compliance rates\* with 11 or more diabetes patients among 140 clinics, Utah, 2014

Order	Organization Name	Diabetes Patients Receiving Appropriate Care	Total Diabetes Patients	HbA1c Compliance Rate
1	Intermountain Cottonwood Family Practice	27	27	100.0%
2	Thyroid Institute of Utah	26	26	100.0%
3	McKay Dee Internal Medicine	47	47	100.0%
4	Rocky Mountain Family Practice	11	11	100.0%
5	Intermountain South Cache Valley Clinic	28	28	100.0%
6	Canyon View Spanish Fork Clinic	45	45	100.0%
7	Jordan Meadows Medical Center (West Jordan)	135	136	99.3%
8	Jordan Meadows Medical Center (West Valley)	126	127	99.2%
9	Intermountain Budge Clinic	99	100	99.0%
10	Community Health Centers	112	114	98.3%
131	Pioneer Comprehensive Medical	17	21	81.0%
132	U of U Hematology-Oncology Division	16	20	80.0%
133	Utah Cancer Specialists (Salt Lake City)	12	15	80.0%
134	Wasatch Medical Center	29	37	78.4%
135	West Jordan Medical Center	18	23	78.3%
136	Dixie Regional Hospital Physicians Group	18	23	78.3%
137	San Juan Health Services District	9	12	75.0%
138	Utah Cancer Specialists (Murray)	20	27	74.1%
139	Alpine Internal Medicine	49	67	73.1%
140	Lakeview Internal Medicine and Surgery	21	29	72.4%
<b>STATEWIDE HbA1c SCREENING RATE</b>				<b>82.0%</b>

\*A higher compliance rate is better.

### KEY FINDINGS

- After reviewing five quality measures with community stakeholders, two were selected for clinic comparisons: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing and Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis (AAB).
- Limited variation and high compliance rates amongst clinics demonstrates annual HbA1c testing for diabetics is a well-established practice.
- The AAB measure shows much greater variation between clinics. However, it is worth noting that low compliance rates were consistent with national averages which range from 25.9%–28.5% depending on insurance type.

care, taking medications as instructed, eating a healthy diet, being physically active and quitting smoking.<sup>5</sup>

*Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis:* AAB measures the percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription (a high rate is better). According to the NCQA:

Acute bronchitis almost always gets better on its own; therefore, adults who do not have other health problems should not take antibiotics. Ensuring the appropriate use of antibiotics for patients with acute bronchitis will help them avoid harmful side-effects and possible resistance to antibiotics over time.<sup>6</sup>

### Findings

The two measures produced different amounts of variation between clinics. Limited variation and high compliance rates amongst clinics demonstrates annual HbA1c testing for diabetics is a well-established practice. Insurance carriers report a national average of 86.3%–92.8% compliance for this HbA1c measure depending on insurance type.<sup>5</sup>

However, the AAB measure shows much greater variation between clinics. Some of this may be due to the low number of observations (*n*) which is important to consider during interpretation. Table 2 is limited to clinics with 11 or more bronchitis patients and still displays variation. Although there is variation, the average of AAB measure in Utah is 49.1% which is better than national averages which range from 25.9%–28.5% depending on insurance type.<sup>7</sup>

For more information on the Utah APCD, visit [https://ibis.health.utah.gov/pdf/opha/publication/hsu/SE01\\_APCD.pdf](https://ibis.health.utah.gov/pdf/opha/publication/hsu/SE01_APCD.pdf).

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## Antibiotic Avoidance Compliance Rates

Table 2. Ten highest and lowest antibiotic avoidance compliance rates\* with 11 or more bronchitis patients among 54 clinics, Utah, 2014

Order	Organization Name	Bronchitis Patients		AAB Compliance Rate
		Receiving Appropriate Care	Total Patients	
1	Intermountain Central Orem Clinic	17	17	100.0%
2	Intermountain South Jordan Clinic	12	12	100.0%
3	Intermountain Rose Canyon Clinic	22	23	95.7%
4	Intermountain South Sandy Clinic	18	19	94.7%
5	Intermountain Salt Lake Clinic	25	27	92.6%
6	Intermountain West Jordan Clinic	25	27	92.6%
7	Intermountain North Canyon Family Practice	48	56	85.7%
8	Cottontree Family Practice	30	38	79.0%
9	Intermountain Syracuse Clinic	12	16	75.0%
10	Premier Family Medical (Lindon)	21	30	70.0%
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45	Foothill Family Clinic South	38	148	25.7%
46	Intermountain North Temple Urgent Care Clinic	3	12	25.0%
47	Brigham Medical Clinic	12	48	25.0%
48	Jordan Meadows Medical Center (West Valley)	6	25	24.0%
49	Ogden Regional Medical Center Primary Care	22	98	22.5%
50	Jordan Meadows Medical Center (West Jordan)	15	67	22.4%
51	Ogden Clinic	28	152	18.4%
52	St. George Clinic	3	17	17.7%
53	Holladay Family Practice	8	68	11.8%
54	Layton Family Practice	1	17	5.9%
<b>STATEWIDE AAB RATE</b>				<b>49.1%</b>

\*A higher compliance rate is better.

1. Paradis, Rebecca; Barolini, Erin *All Payer Claims Databases: Unlocking the Potential*, A NEHI Issue Brief, November 4, 2014.
2. The small area quality measures were published on UDOH's OpenData portal. [https://opendata.utah.gov/d/u8tb-sa6w?category=Health&view\\_name=All-Payer-Claims-Database-APCD-Quality-Measures](https://opendata.utah.gov/d/u8tb-sa6w?category=Health&view_name=All-Payer-Claims-Database-APCD-Quality-Measures).
3. The clinics' measures can be compared using the data lens view on UDOH's OpenData portal. <https://opendata.utah.gov/view/bszg-kzby>.
4. For our purposes, a "clinic" is a physician or group of physicians practicing at a specific location.
5. "Comprehensive Diabetes Care," NCQA, 2015 HEDIS. <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2015-table-of-contents/diabetes-care#sthash.yfIfCDPO.dpuf>.
6. "Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis," NCQA, 2015 HEDIS. <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2015-table-of-contents/acute-bronchitis#sthash.B00S5Sh2.dpuf>.
7. "Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis," 2014 AAB compliance rates. <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2015-table-of-contents/acute-bronchitis>.

### UDOH ANNOUNCEMENT:

Utah is overdue for a large earthquake and we are always under threat of other public health emergencies or disasters. Each citizen in the state of Utah must take it upon himself or herself to be prepared. For resources, visit <http://www.utah.gov/beready/index.html>.

## Breaking News, August 2016

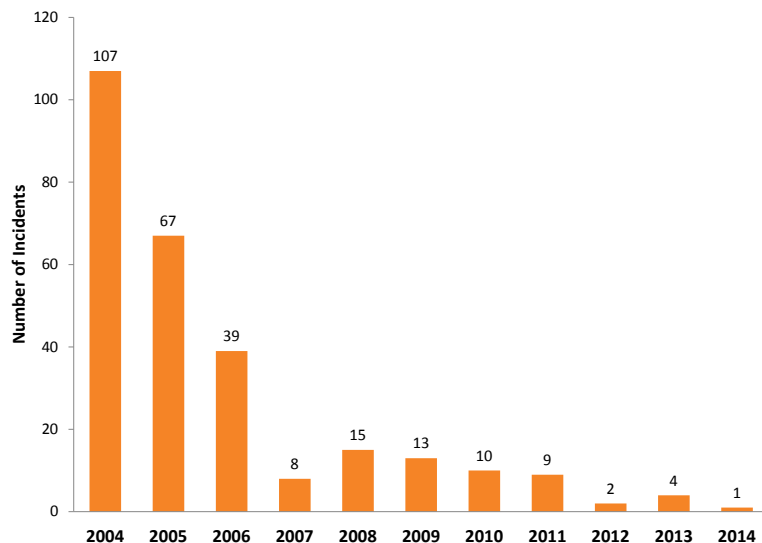
### Methamphetamine Decontamination Rule

Methamphetamine (also called meth, crystal, chalk, or ice) addiction is an epidemic problem worldwide. Meth is an extremely addictive stimulant that can cause harm to the user's nervous system, heart, liver, kidneys, lungs, and teeth. In 2005, the Utah Department of Health (UDOH), directed by legislation (State Code 19-6-906), developed the Illegal Drug Operations Decontamination Standards (Utah Rule R392-600). At this time, the focus of the standards was on methamphetamine production using illicit labs. Besides the potential for environmental methamphetamine exposure, illicit labs pose additional health hazard risks due to caustic and harmful chemicals used in the production of methamphetamine. The standards recognize and address those additional but untestable risks. Since 2005, the number of illicit labs found to be operating in Utah has dramatically decreased (see graph).

Now, much of the public interest is for environmental exposure to low levels of residual methamphetamine. During housing transactions, many home buyers and renters are asking that methamphetamine testing be conducted as part of the transaction. As a result, the UDOH organized a committee to help revise the decontamination standards to address cleanup needs for housing where methamphetamine was used but not produced. In addition, the UDOH is responding to frequent inquiries from the public about the risks of environmental methamphetamine exposure. The UDOH is working with the Utah Poison Control Center to develop guidance for health care providers that see patients with questions about low-level environmental exposure to methamphetamine.

For more information about the risks of environmental methamphetamine exposure, visit <http://www.health.utah.gov/meth/>.

**Methamphetamine Laboratory Incidents, Utah, 2004–2014**



Note: includes all meth incidents, including labs, "dumpsites" or "chemical and glassware" seizures. Source: U.S. Drug Enforcement Administration. Downloaded 7/26/16 from <https://www.dea.gov/resource-center/meth-lab-maps.shtml>.

## Community Health Indicators Spotlight, August 2016

### Reasons for Claiming Immunization Exemption

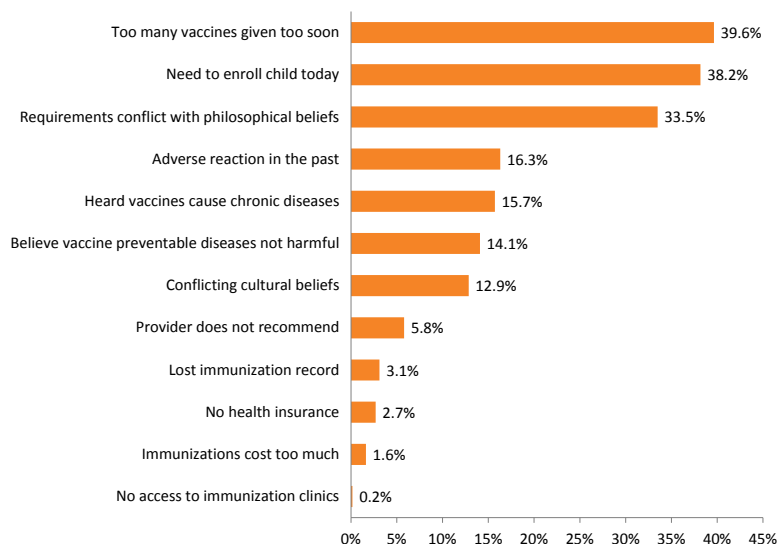
Utah was the ninth highest among other states in the U.S. for any exemption claimed in the 2014–2015 school year.

The Utah Department of Health Immunization program along with local health departments (LHDs) gather data as to why parents/guardians claim immunization exemptions for their child to attend school.

It is important for state and LHDs to know why parents/guardians claim exemptions for their children because it informs policies that will better educate and protect the public from vaccine preventable diseases.

The top three reasons as to why parents/guardians claimed exemptions for the 2015–2016 school year were "There are too many vaccines given too soon", "I need to enroll my child in school today", and "Immunization requirements conflict with my philosophical beliefs".

**Reasons for Claiming Immunization Exemption\*, Utah, 2015–2016 School Year**



\*Surveys allowed more than one reason marked by participants

# Monthly Health Indicators Report

(Data Through June 2016)

Monthly Report of Notifiable Diseases, June 2016	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis ( <i>Campylobacter</i> )	48	67	206	229	0.9
Shiga toxin-producing <i>Escherichia coli</i> ( <i>E. coli</i> )	4	9	21	26	0.8
Hepatitis A (infectious hepatitis)	1	0	5	4	1.2
Hepatitis B, acute infections (serum hepatitis)	0	2	1	5	0.2
Meningococcal Disease	0	1	2	4	0.5
Pertussis (Whooping Cough)	8	91	86	522	0.2
Salmonellosis ( <i>Salmonella</i> )	25	33	170	158	1.1
Shigellosis ( <i>Shigella</i> )	4	4	38	17	2.3
Varicella (Chickenpox)	6	9	142	157	0.9
West Nile (Human cases)	0	0	0	0	-

Quarterly Report of Notifiable Diseases, 2nd Qtr 2016	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	26	27	63	57	1.1
Chlamydia	2,277	1,871	4,750	3,853	1.2
Gonorrhea	474	197	990	394	2.5
Syphilis	15	12	36	23	1.5
Tuberculosis	4	10	8	17	0.5

Medicaid Expenditures (in Millions) for the Month of June 2016	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 14.1	\$ 14.3	\$ 172.7	\$ 173.4	\$ (0.6)
Inpatient Hospital	\$ 2.8	\$ 3.4	\$ 115.6	\$ 117.7	\$ (2.1)
Outpatient Hospital	\$ 3.1	\$ 3.7	\$ 44.2	\$ 45.0	\$ (0.9)
Long Term Care	\$ 13.7	\$ 14.0	\$ 194.1	\$ 194.5	\$ (0.4)
Pharmacy	\$ 8.5	\$ 8.4	\$ 102.1	\$ 102.5	\$ (0.4)
Physician/Osteo Services	\$ 3.4	\$ 3.6	\$ 42.4	\$ 49.5	\$ (7.1)
TOTAL MEDICAID	\$ 187.5	\$ 192.5	\$ 2,440.9	\$ 2,448.1	\$ (7.2)

Program Enrollment for the Month of June 2016	Current Month	Previous Month	% Change* From Previous Month	1 Year Ago	% Change* From 1 Year Ago
Medicaid	293,058	293,949	-0.3%	288,599	+1.5%
PCN (Primary Care Network)	17,162	17,592	-2.4%	13,225	+29.8%
CHIP (Children's Health Ins. Plan)	18,034	17,979	+0.3%	16,273	+10.8%

Health Care System Measures	Annual Visits			Annual Charges	
	Number of Events	Rate per 100 Population	% Change* From Previous Year	Total Charges in Millions	% Change* From Previous Year
Overall Hospitalizations (2014)	281,302	8.9%	-0.8%	\$ 7,281.6	+11.8%
Non-maternity Hospitalizations (2014)	177,881	5.5%	-1.1%	\$ 6,200.8	+11.6%
Emergency Department Encounters (2014)	710,266	22.9%	+2.6%	\$ 1,760.5	+13.2%
Outpatient Surgery (2013)	404,303	13.1%	+7.3%	\$ 2,167.9	+11.5%

Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change* From Previous Year	State Rank§ (1 is best)
Obesity (Adults 18+)	2014	524,000	25.7%	+6.5%	8 (2014)
Cigarette Smoking (Adults 18+)	2014	197,800	9.7%	-6.1%	1 (2014)
Influenza Immunization (Adults 65+)	2014	171,300	58.0%	+1.0%	36 (2014)
Health Insurance Coverage (Uninsured)	2014	303,100	10.3%	-11.2%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2014	234	8.0 / 100,000	+20.2%	17 (2014)
Poisoning Deaths	2014	641	21.8 / 100,000	+0.4%	45 (2014)
Suicide Deaths	2014	555	18.9 / 100,000	-4.0%	41 (2014)
Diabetes Prevalence (Adults 18+)	2014	144,800	7.1%	-0.1%	8 (2014)
Poor Mental Health (Adults 18+)	2014	324,200	15.9%	-3.0%	19 (2014)
Coronary Heart Disease Deaths	2014	1,574	53.5 / 100,000	+2.5%	3 (2014)
All Cancer Deaths	2014	3,033	103.1 / 100,000	+1.0%	1 (2014)
Stroke Deaths	2014	854	29.0 / 100,000	+1.4%	31 (2014)
Births to Adolescents (Ages 15-17)	2014	537	7.9 / 1,000	-8.8%	12 (2014)
Early Prenatal Care	2014	39,005	76.2%	-0.2%	n/a
Infant Mortality	2014	251	4.9 / 1,000	-4.7%	13 (2013)
Childhood Immunization (4:3:1:3:3:1)	2014	36,700	74.6%	n/a#	24 (2014)

† Diagnosed HIV infections, regardless of AIDS diagnosis.

\* Relative percent change. Percent change could be due to random variation.

§ State rank based on age-adjusted rates where applicable.

# In 2014, NIS analysis for the complete 4:3:1:3:3:1 series was updated to provide a more accurate assessment of Haemophilus influenzae type B vaccination. Due to this change, the 2014 results for 4:3:1:3:3:1 coverage are not comparable to prior years.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance has ended for influenza until the 2016–2017 season.