



S E C T I O N

# GETTING MORE BANG FOR THE BUCK: THE QUALITY QUESTION

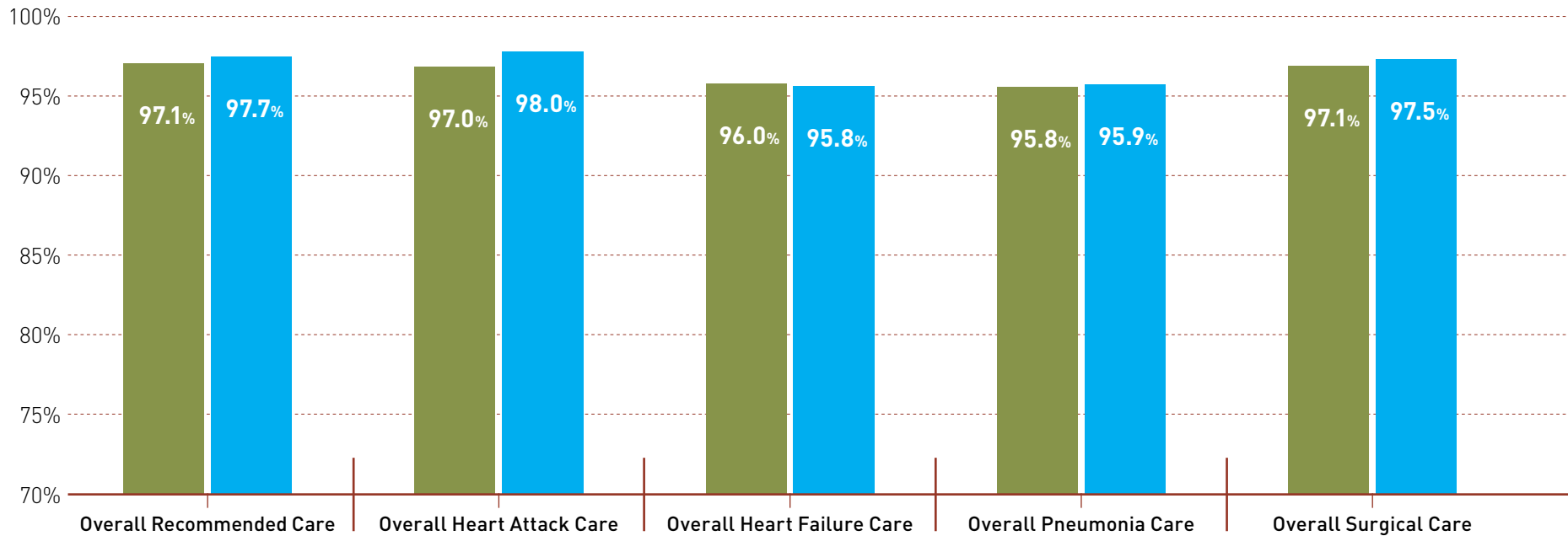
HEALTH CARE COSTS AND SPENDING IN NEW YORK STATE

# Getting More Bang for the Buck: The Quality Question

- Despite high spending, hospital quality in New York is similar to U.S. averages.
- New York ranks poorly on several measures of avoidable hospital use and costs.
- In New York, an individual hospital's costs show no consistent relationship to quality.

# Despite High Spending, New York Is Similar to the United States on Overall Hospital Quality

## Overall Recommended Hospital Care Score



**SOURCE:** WhyNottheBest.org, "Quality - Overall Recommended Care," data for Q3 2011-Q2 2012. Data are from the Centers for Medicare & Medicaid Services (CMS).

**NOTE:** Medical record, all patients 18 years old and older, all-payer. These totals reflect a combined 31 measures that capture how often hospitals delivered recommended care processes in the following four areas: heart attack, heart failure, pneumonia, and surgical care improvement. This includes 13 legacy measures, which CMS has retired and for which hospitals are no longer required to report data.

■ New York  
■ National Average

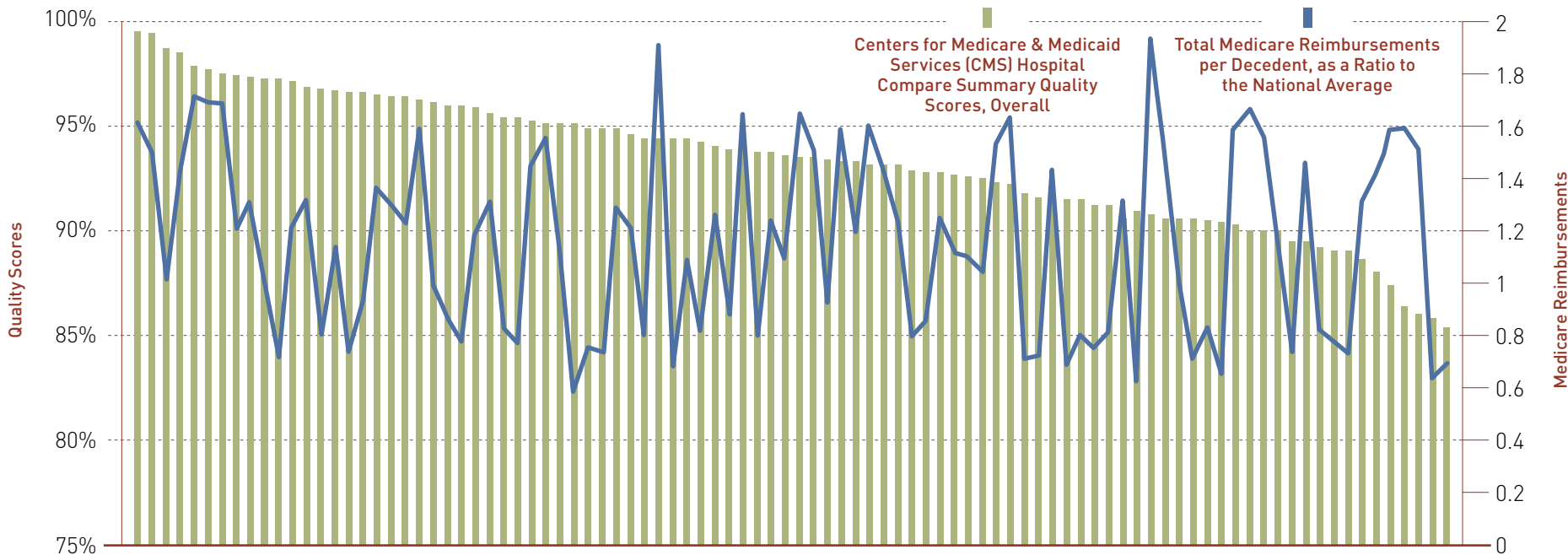
# New York Fares Poorly on Several Measures of Avoidable Hospital Use and Costs

Potentially Avoidable Hospital Use and Cost of Care—New York Overall Rank: 50th	N.Y. Rank	State Rate	Year
Hospital admissions for pediatric asthma per 100,000 children	35	253.5	2005
Percent of adult asthmatics with an emergency room or urgent care visit in the past year	31	21.2	2001–2004
<b>Medicare hospital admissions for ambulatory care sensitive conditions per 100,000 beneficiaries</b>	<b>40</b>	7,269	2006–2007
Medicare 30-day hospital readmissions as a percent of admissions	29	18.3	2006–2007
Percent of long-stay nursing home residents with a hospital admission	34	20.6	2006
Percent of short-stay nursing home residents with a hospital readmission within 30 days	35	22.5	2006
<b>Percent of home health patients with a hospital admission</b>	<b>49</b>	39.3	2007
<b>Hospital Care Intensity Index, based on inpatient days and inpatient visits among chronically ill Medicare beneficiaries in last two years of life</b>	<b>50</b>	1.322	2005
Total single premium per enrolled employee at private-sector establishments that offer health insurance	38	\$4,638	2008
<b>Total Medicare (Parts A and B) reimbursements per enrollee (higher-spending states get higher numerical rankings)</b>	<b>51</b>	\$9,564	2006

**SOURCE:** Commonwealth Fund, Health System Data Center. Data from D. McCarthy, S. K. H. How, C. Schoen, J. C. Cantor, D. Belloff, “Aiming Higher: Results from a State Scorecard on Health System Performance, 2009,” The Commonwealth Fund, October 2009.

# Individual Hospital Medicare Payments Show No Consistent Relationship to Quality Scores

## Hospital Medicare Reimbursement as Compared to Quality Scores

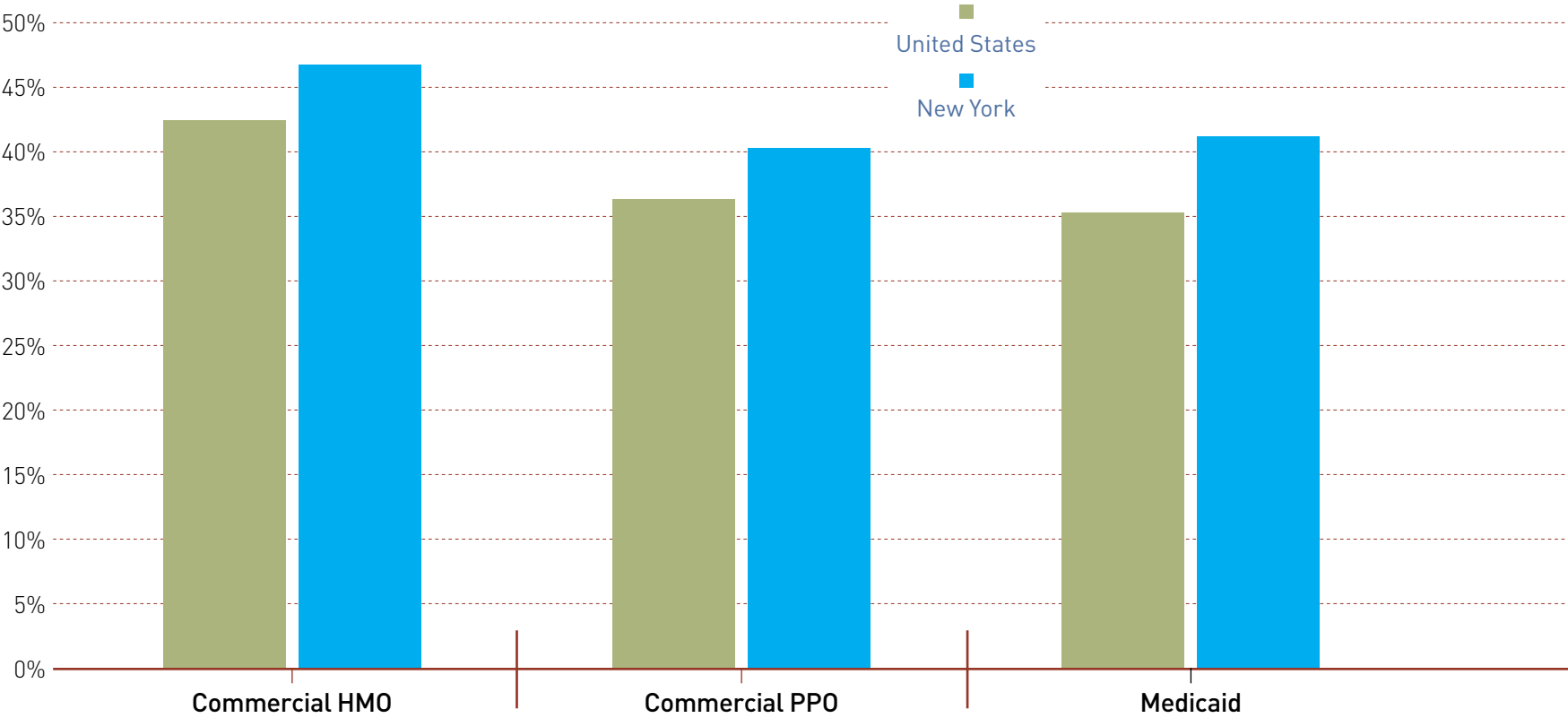


**SOURCE:** Dartmouth Atlas, Total Medicare Reimbursements per Decedent in the Last Two Years of Life, 2010 (extracted from CMS data), and CMS Hospital Compare Quality Summary Score by New York Hospital, 2007.

**NOTE:** Each bar represents a hospital in New York State. Only hospitals for which both quality scores and total Medicare reimbursements are available are included.

# New York Health Plans Exhibit High-Quality Diabetes Care

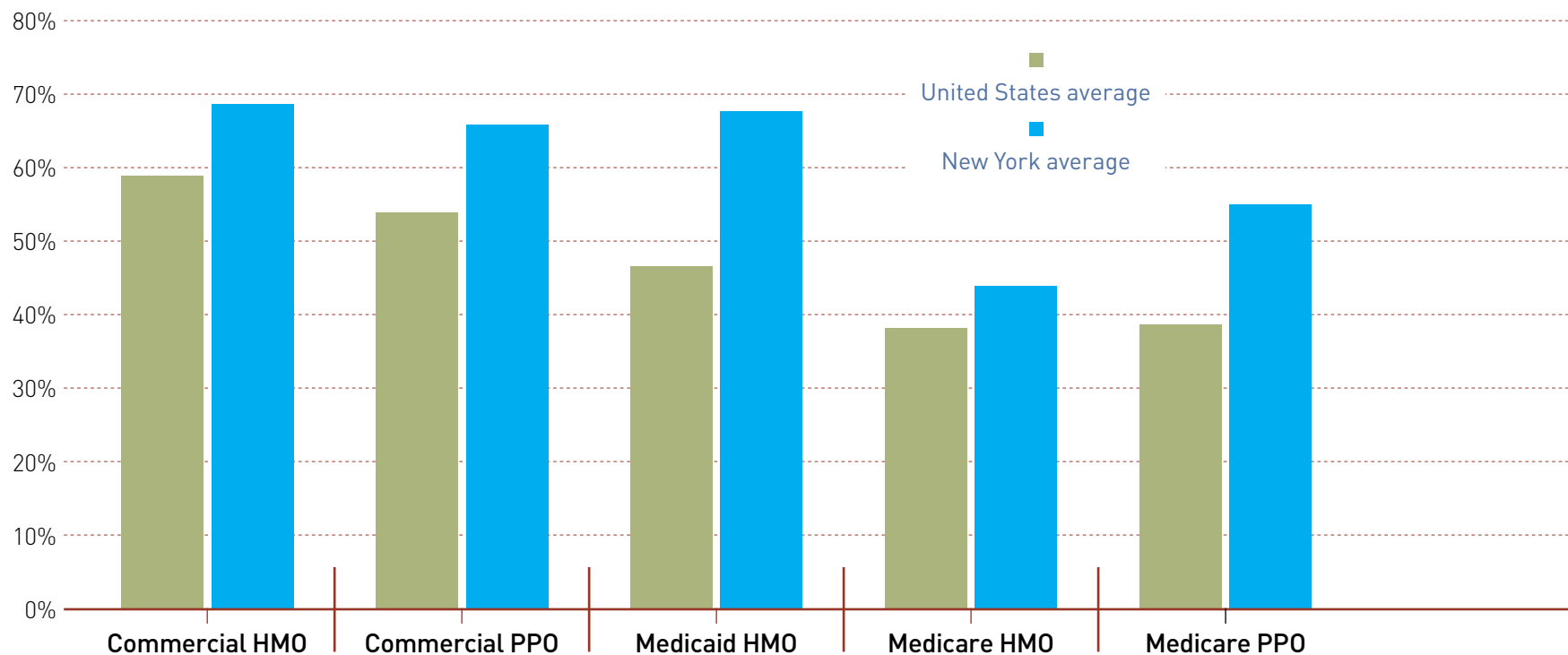
## Comprehensive Diabetes Care: Good Glycemic Control (HbA1c<7% for a selected population), 2011



SOURCE: National Committee for Quality Assurance, The State of Health Care Quality: Focus on Obesity and Medicare Plan Improvement, October 2012.

# New York Health Plans Exhibit High-Quality Mental Health Follow-Up Services

## Follow-Up After Hospitalization for Mental Illness: Within Seven Days Post-Discharge, 2011



SOURCE: National Committee for Quality Assurance, The State of Health Care Quality: Focus on Obesity and Medicare Plan Improvement, October 2012.



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