QUALITY OF CARE

Importance	The Institute of Medicine defines health care quality as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."[1] The goal of improving quality of care is to decrease the rates of complication, morbidity, and mortality, and the cost of care.
Definitions	Preventable Hospital Stays / Ambulatory Care Sensitive Conditions (ACSC): Preventable hospital stays are also known as ACSC – conditions for which good outpatient care can prevent the need for hospitalizations or for which early intervention can prevent complications or more severe disease.[2] Prevention Quality Indicators (PQIs): PQIs are a set of conditions used with hospital inpatient discharge data to evaluate quality of care for ACSC.[2] Diabetic Screening Rate: The percentage of diabetic Medicare patients whose blood sugar control was screened in the past year by testing their glycated hemoglobin (HbA1C) levels.[3] Hospice: Hospice provides support to patients at the end of life, and to their families. The goal of hospice care is to provide the patient the best quality of life possible in the final stage of life. The philosophy of hospice is to provide support for the patient's emotional, social, and spiritual needs as well as addressing medical symptoms as part of treating the whole person.[4]

PRENATAL CARE

It is recommended that women seek prenatal care as soon as they suspect or know they are pregnant — ideally within the first trimester. Prenatal care allows for monitoring of the baby's health and the mother's health; early provider visits can also be helpful and informative regarding nutrition, alcohol, tobacco or substance abuse, parenting, family changes, and much more. In Santa Cruz County, 82.0% of mothers received early prenatal care in 2010, compared to 83.5% statewide. Figure 1 shows the percentage of births with late (2nd or 3rd trimester) prenatal care or no prenatal care.[5]

Prenatal care is often measured using the Kotelchuck Index, which is the ratio of actual prenatal visits to the number of visits recommended by the American Congress of Obstetrics and Gynecologists. Attending 80% or more of recommended prenatal care visits is considered adequate or better. In 2011, 82% of births to Santa Cruz County mothers followed an adequate or better number of prenatal care visits. Younger mothers are less likely to receive adequate prenatal care, as can be seen in Figure 2.[6] For more birth data, check out the link in source 6.

Figure 1: Percentages of Births with Late (2nd or 3rd Trimester) Prenatal Care or No Prenatal Care, California and Santa Cruz County, 2010[5]

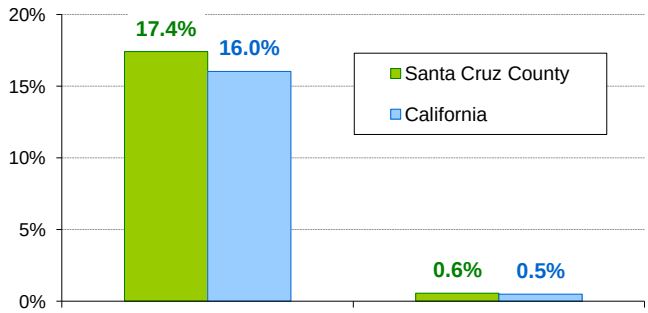
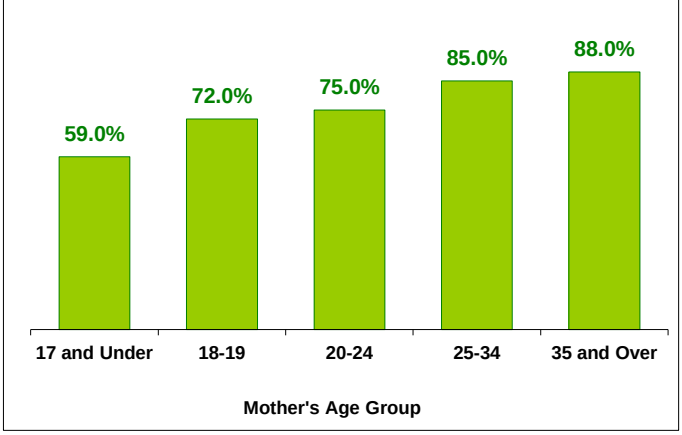


Figure 2: Percentage of Births with Adequate or Better Prenatal Care Utilization by Mother's Age Group, Santa Cruz County, 2011[6]



QUALITY OF CARE

PREVENTABLE HOSPITAL STAYS

Certain chronic medical conditions (e.g., asthma, diabetes, and hypertension) can often be managed with timely and effective treatment in an outpatient setting, thereby preventing hospitalizations; these conditions are known as Prevention Quality Indicators (PQIs). With high-quality community-based primary care, hospitalizations for these illnesses can often be avoided.

Based on Medicare claims data, the Dartmouth Atlas of Healthcare shows that in 2009, Santa Cruz County had 44 preventable hospital stays per 1,000 Medicare enrollees, while California had 52 per 1,000 enrollees.[7]

Figures 3, 4, and 5 compare state and county hospitalization rates (discharges per 100,000 population) for selected PQIs from 1998 to 2008.[2] Santa Cruz County rates were consistently better than statewide rates for the PQIs shown here.

Figure 6 compares the 2008 state and county hospital admission rates for PQIs not shown in trend charts on this or the next page.[2] County rates do not differ a great deal from state rates for most PQIs, given the year-to-year variation shown in the trend charts (the County's low rate of admissions for dehydration is the major exception), but these data may reveal areas where the County could improve.

Figure 3: Hypertension, Hospital Discharges per 100,000 Population, 1999-2008

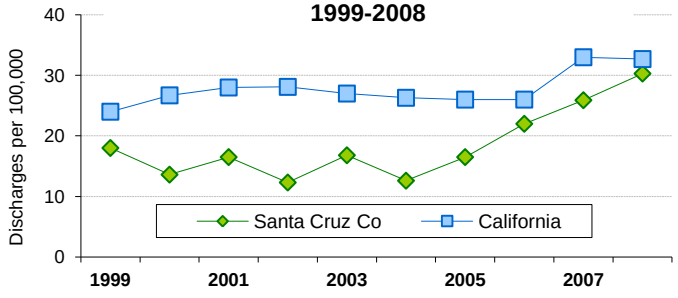


Figure 4: Pediatric Asthma, Hospital Discharges per 100,000 Population, 1999-2008

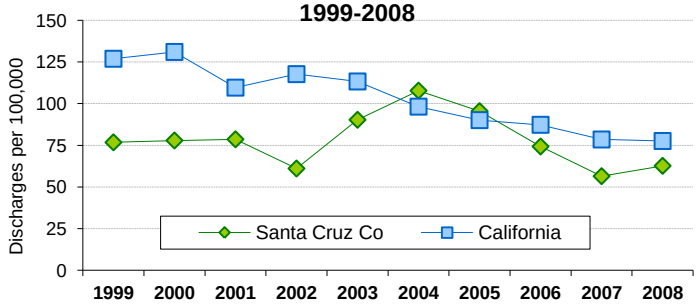


Figure 5: Adult Asthma, Hospital Discharges per 100,000 Population, 1999-2008

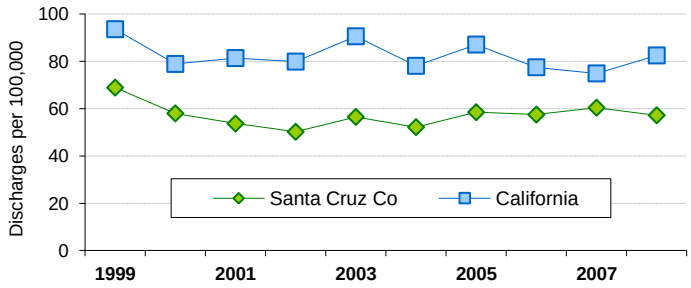
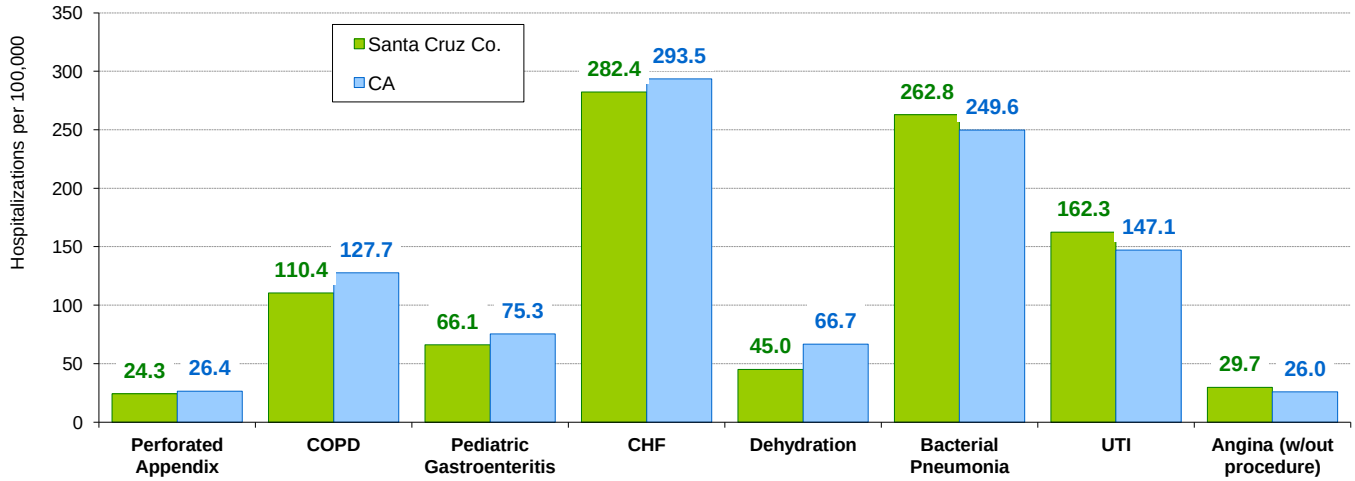


Figure 6: Hospitalizations for Prevention Quality Indicators (PQIs), per 100,000 Population, Santa Cruz County and California, 2008



*COPD = Chronic Obstructive Pulmonary Disease; CHF = Congestive Heart Failure; and UTI = Urinary Tract Infection

QUALITY OF CARE

DIABETIC SCREENING & MANAGEMENT

Control of blood glucose, blood pressure, and blood lipid levels helps to prevent serious complications of diabetes such as blindness, limb amputations, and heart disease and strokes.

The diabetic screening rate is the percentage of diabetic patients whose blood sugar control was screened in the past year by testing their glycated hemoglobin (HbA1c) levels. Based on Medicare claims data, the Dartmouth Atlas of Healthcare shows that 82% of the Medicare diabetic population in Santa Cruz County received HbA1c screening in 2009, slightly better than the rate of 79% for the Medicare diabetic population throughout California.[7]

Figures 7, 8, and 9 compare the Santa Cruz County and statewide rates of hospitalizations due to lower extremity amputations as well as other short-term and long-term diabetes complications among diabetic patients in 1999-2008.[2] Over that period, state and county rates for short-term complication admissions were essentially unchanged, and the county rates were distinctly better than state rates; county rates for long-term complication admissions improved somewhat, while state rates got somewhat worse, so that county rates were generally better than state rates; and state and county rates for amputations both improved slightly, with county rates improving a bit faster.

The costs for treating diabetes are rising: direct medical expenditures in 2002 were estimated at $92 billion, compared with $44 billion in 1997.[7] The breakdown of costs included 44% inpatient hospital care, 15% nursing home care, and 11% physician office visits. Health care costs for people with diabetes are much higher than for those without diabetes. In 2002, medical expenditures totaled $13,243 for people with diabetes, compared to $2,560 for people without diabetes. The population with diabetes tends to be older than those without; but even after age-adjustment, health care expenditures were 2.4 times greater for people with diabetes.[3]

Figure 7: Hospital Discharges for Diabetes – Short-Term Complications or Uncontrolled, per 100,000 Population, 1999-2008

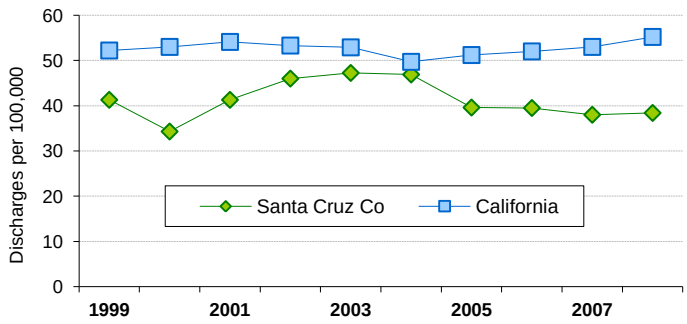


Figure 8: Hospital Discharges for Diabetes – Long-Term, per 100,000 Population, 1999-2008

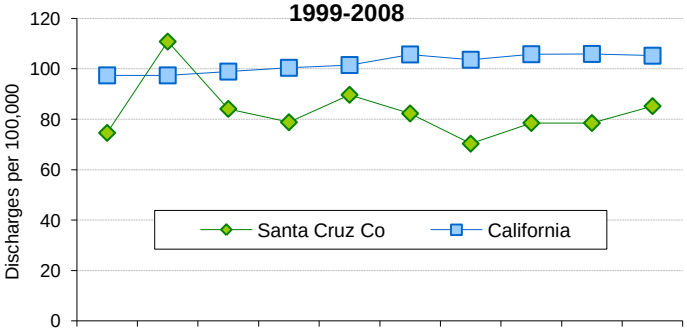
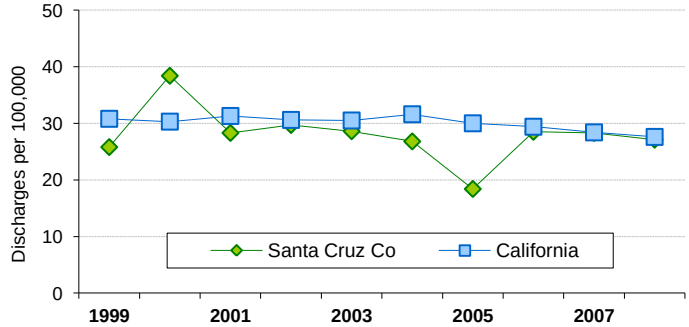


Figure 9: Hospital Discharges for Diabetes – Lower Extremity Amputations per 100,000 Population, 1999-2008



The Affordable Care Act provides health coverage only for U.S. citizens, while Santa Cruz County supplements state and federal health insurance coverage for undocumented residents. As the obesity epidemic creates a large number of diabetic patients, the cost implications for the County are unknown.

QUALITY OF CARE

HOSPICE

Hospice provides support to patients at the end of life, and to their families. The goal of hospice care is to provide the patient the best quality of life possible in the final stage of life. The philosophy of hospice is to provide support for the patient's emotional, social, and spiritual needs as well as addressing medical symptoms as part of treating the whole person.[4] Hospice team members are experts in managing symptoms that come with serious illness. The goal is to enable patients to be comfortable and free of pain, so that they can live each day as fully as possible. Care extends to the entire family and is provided wherever the patient lives, usually in their own home but also in nursing homes or assisted living facilities. Hospice serves terminally ill people with all types of progressive illness and becomes available when the person is believed to have six months or less to live.

Most hospice patients are aged 61 and older, and the number of California residents age 65 and older is projected to triple from 2000 to 2050.[4] Persons aged 61 and older accounted for 88.7% of hospice patients in Santa Cruz County in 2010 (Figure 10).[8] As the population ages, the demand for hospice services will likely increase.

Nationally, between 1999 and 2009, the number of hospice patients more than doubled.[9] According to the Office of Statewide Health Planning and Development (OSHPD), between 2000 and 2010, the number of hospice patients in Santa Cruz County nearly doubled, from 398 patients in 2000 to 790 patients in 2010 (Figure 11).[8]

According to Hospice Market Atlas, in 2010, 77% of Medicare patients who died in Santa Cruz County were enrolled in hospice care within their last six months of life, ranking Santa Cruz County first among all California counties; statewide, only 57% were enrolled in hospice.[10] The majority of those patients were seen by Hospice of Santa Cruz County, while a smaller but growing percentage of hospice patients are served by Heartland Hospice Services, Inc.[10]

Figure 10: Hospice Use by Age, Santa Cruz County, 2010[8]

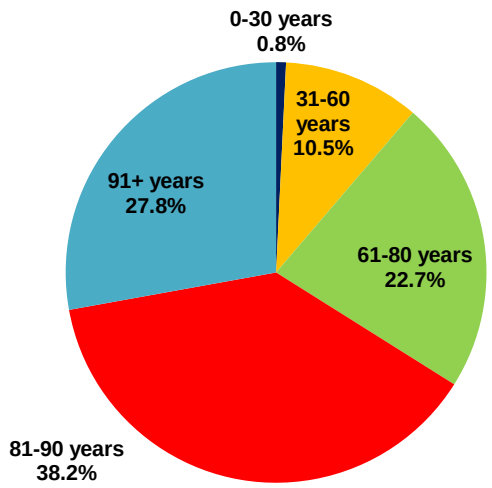
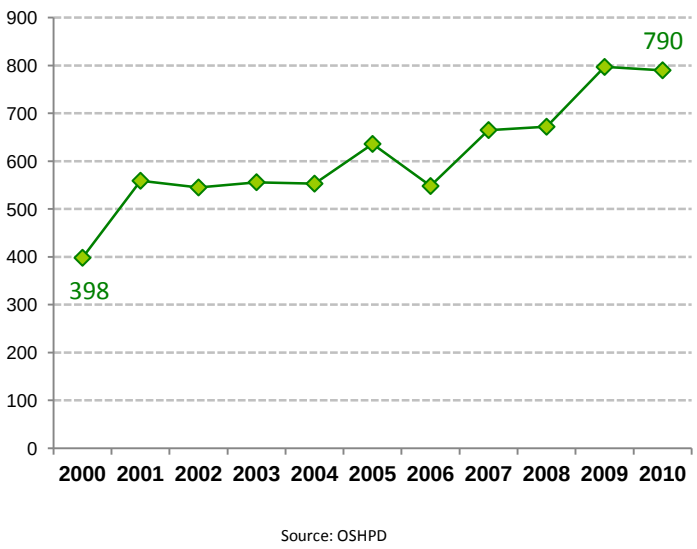


Figure 11: Patients of Hospice, Santa Cruz County, 2000-2010[8]



Source: OSHPD

The large percentage of patients receiving hospice care in their last 6 months of life may be one reason why Santa Cruz County health care costs are relatively low, according to the Dartmouth Atlas, despite one of the highest cost-of-living indexes in the country. Medicare remains the dominant payer source for hospice services in California.

QUALITY OF CARE

Primary Prevention Activities	**Comprehensive Perinatal Services Program (CPSP):** Health care practitioners in the community provide prenatal care that also includes assessments, education, childbirth education classes, support, and referrals for other needed services. All pregnant Central Coast Alliance for Health members and pregnancy-only Medi-Cal recipients are eligible to receive CPSP services. **Pregnancy Outreach and Education (POE):** Program provides education, information, referrals, and coordination to assist pregnant women in obtaining early and comprehensive prenatal health care and other needed services. In particular, program assists pregnant women with substance use and/or mental health concerns. **Hospice of Santa Cruz County (HSCC):** *Hospice care* addresses the medical, social, emotional, and spiritual needs of patients and families. Teams of physicians, nurses, home health aides, social workers, chaplains, and trained volunteers provide professional medical care and practical support to people in the last months of life. Hospice care is covered by Medicare, Medi-Cal, and most private insurance providers. *Transitions care* links individuals confronted with life-limiting illness who are not yet ready or eligible for hospice and their family with essential resources and offers care coordination, volunteer assistance, and education around care options. *Grief Support* provides support specific to the needs of children, adults, and seniors, recognizing that grief is very personal and is influenced by experience, family, culture, and spiritual beliefs and practices. *The H.U.G Program* provides direct grief education and support to help children and adolescents give voice to their loss through individual or family counseling, group work, and school programs.	
Helpful Websites	womenshealth.gov, Prenatal Care	http://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.cfm
	Hospice of Santa Cruz County	http://www.hospicesantacruz.org
Sources	(1) Institute of Medicine. *Medicare: A Strategy for Quality Assurance, Volume I*. Washington, DC: The National Academy Press, 1990. (2) Office of Statewide Health Planning and Development. Preventable Hospitalizations in California: Statewide and County Trends in Access to and Quality of Outpatient Care, Measured with Prevention Quality Indicators (PQIs), 1999-2008. 2010. (3) Hogan P and Dall T. "Economic costs of diabetes in the U.S. in 2002." Diabetes Care. 2003;26:917-932. (4) Medicare Home Health Agency Utilization, Calendar Year 2003-07. www.cms.hhs.gov/DataCompendium/16_2008_Data_Compendium.asp#TopOfPage. (5) State of California, Department of Public Health, Vital Statistics Query System. http://www.apps.cdph.ca.gov/vsq/Default.asp. (6) County of Santa Cruz, Public Health Department. *Births, Santa Cruz County, 2011*. Santa Cruz County, CA. May 2012. http://www.santacruzhealth.org/pdf/2011%20Birth%20Data.pdf. (7) University of Wisconsin Population Health Institute. County Health Rankings 2012. http://www.countyhealthrankings.org/. (8) Office of Statewide Health Planning and Development. OSHPD Annual Hospital Financial & Utilization Disclosure Reports. http://www.oshpd.ca.gov/. http://www.oshpd.ca.gov/HQAD/Hospital/financial/hospAF.htm. http://www.oshpd.ca.gov/HQAD/Hospital/hosputil.htm. (9) Centers for Medicaid and Medicare Services. http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/Medicare_Hospice_Data.html. Accessed November 2012. (10) Hospice Market Atlas prepared for Hospice of Santa Cruz County by Health Planning & Development, LLC based on data by Centers for Medicare and Medicaid Services (CMS), 2012.	