

QUALITY OF HEALTH CARE

The Institute of Medicine defines health care quality as “the degree to which health 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 complications, morbidity, and mortality, and the cost of care.

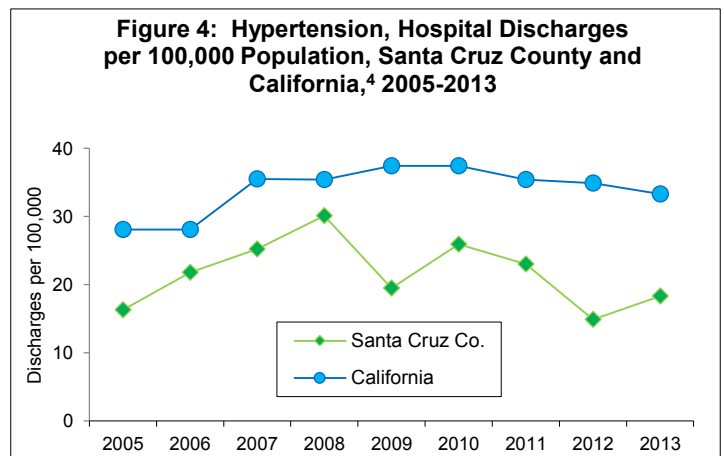
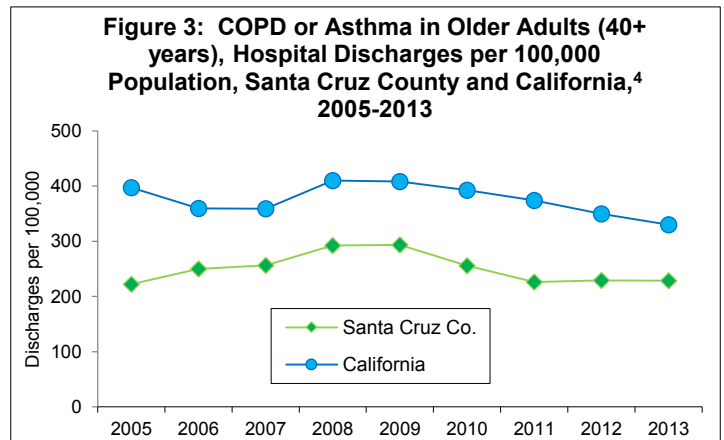
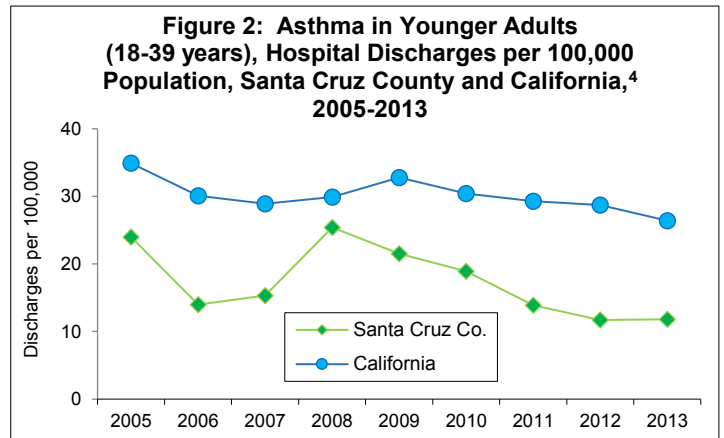
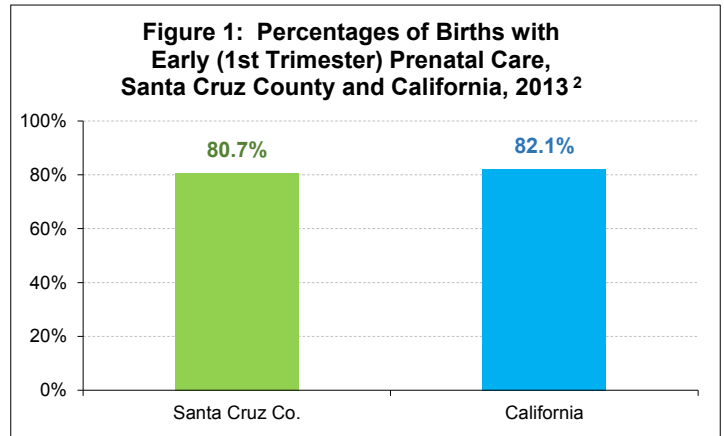
PRENATAL CARE

Prenatal care allows for monitoring of the baby's and the mother's health. Early prenatal visits can also be helpful and informative regarding nutrition, alcohol, tobacco or substance use, parenting, family changes, and much more. It is an indication of good health care when prenatal care begins in the first trimester of pregnancy. In Santa Cruz County, 80.7% of mothers received early prenatal care in 2013, compared to 82.1% statewide (Figure 1).²

PREVENTABLE HOSPITALIZATIONS

The Agency for Healthcare Research and Quality (AHRQ) has identified certain chronic medical conditions, termed ambulatory-care sensitive conditions (ACSC), that can often be managed with timely and effective treatment in an outpatient setting, thereby preventing hospitalizations. Measuring hospitalization rates for ACSCs is considered Prevention Quality Indicators (PQIs) by AHRQ. Although other factors outside the direct control of the health care system, such as poor environmental conditions or lack of patient adherence to treatment recommendations, can result in hospitalization, the PQIs provide a good starting point for assessing quality of health services in the community.

Based on Medicare claims data of persons age 65-99, the Dartmouth Atlas of Health Care shows that in 2012, Santa Cruz County had 34.4 ACSC stays per 1,000 Medicare enrollees, while California had 45.3 per 1,000 enrollees.³ Santa Cruz County has been consistently lower than the state since 1996, and rates in both the county and the state have been decreasing over time. Figures 2 through 4 compare state and local hospitalization rates (discharges per 100,000 population) for asthma, COPD, and hypertension from 2005 to 2013.⁴ For each of these conditions, Santa Cruz County rates have been consistently lower than statewide rates.



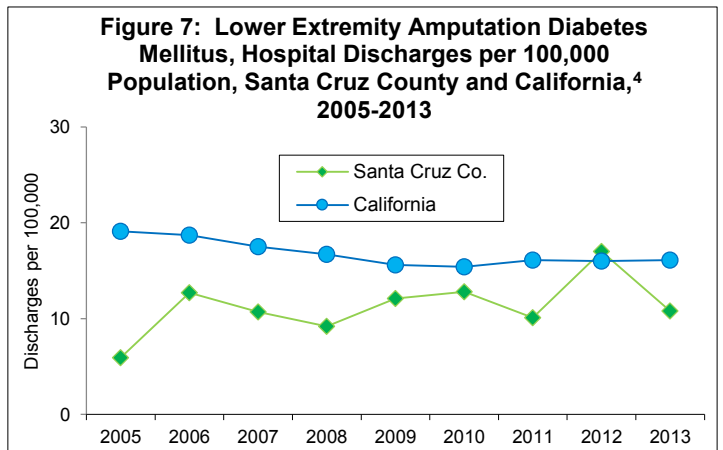
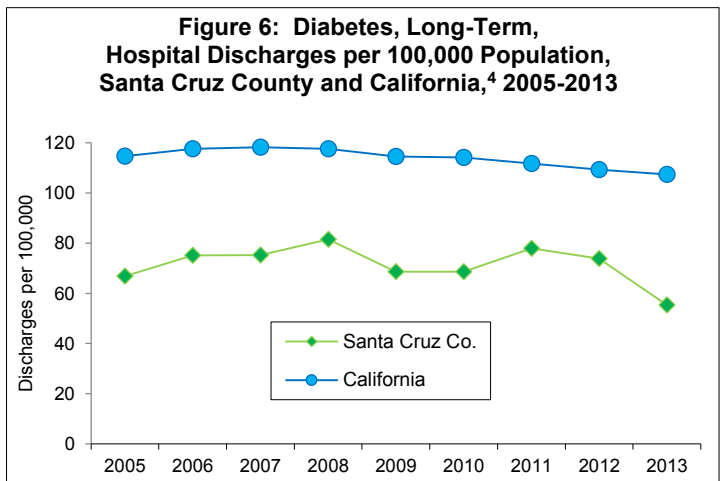
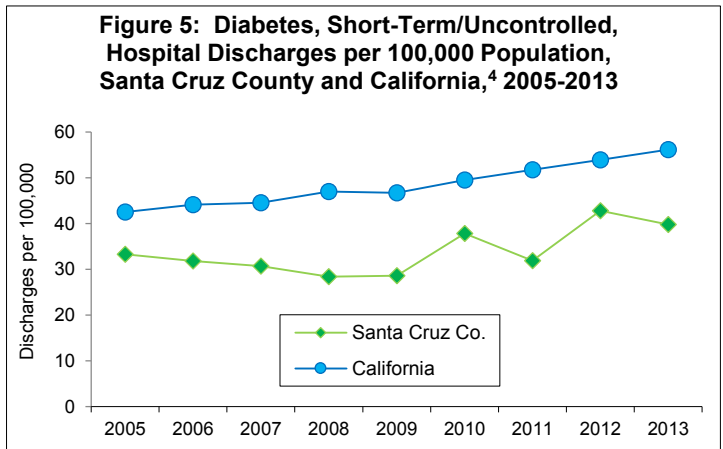
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DIABETIC SCREENING & MANAGEMENT

Control of blood glucose, blood pressure, and blood lipid levels helps to prevent serious complications of diabetes such as blindness, limb amputations, heart disease, and strokes. The diabetic screening rate is the percentage of diabetic patients whose blood sugar was screened in the past year by testing their glycated hemoglobin (HbA1c) levels. Based on Medicare claims data, the Dartmouth Atlas of Health Care shows that 80.7% of the Medicare diabetic population in Santa Cruz County received HbA1c screening in 2010, slightly better than the rate of 80% for the Medicare diabetic population throughout California.³

The costs for treating diabetes are rising: \$245 billion was spent in 2012, up from \$174 billion in 2007, when the cost was last examined.⁵ This figure represents a 41% increase over a five-year period. It is estimated that 1 in 5 health care dollars, and 1 in 3 Medicare dollars, is spent caring for people with diabetes.⁶

Hospitalizations for the short-term complications of diabetes (ketoacidosis, hyperosmolarity, or coma) are steadily increasing both locally and statewide (Figure 5).⁴ Hospitalizations for long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) are decreasing (Figure 6). Another complication of diabetes is lower extremity amputations that result from nerve damage and poor blood circulation causing foot ulcers that can quickly worsen. Fortunately, proper diabetes management and careful foot care can prevent foot ulcers and amputations. Figure 7 shows rates for Santa Cruz County and California.



Sources

- (1) Institute of Medicine. Crossing the Quality Chasm: The IOM Health Care Quality Initiative. <http://iom.nationalacademies.org/Global/News%20Announcements/Crossing-the-Quality-Chasm-The-IOM-Health-Care-Quality-Initiative.aspx>
- (2) CDPH. Center for Health Statistics and Informatics. Vital Statistics Query System. <http://www.apps.cdph.ca.gov/vsq/>
- (3) *The Dartmouth Atlas of Health Care*. Hospital Discharges." <http://www.dartmouthatlas.org/data/region/profile.aspx?loc=299&tab=15>
- (4) Office of Statewide Health Planning and Development, Patient Discharge Data, 2005-2013. March 2015. Agency for Healthcare Research and Quality, Prevention Quality Indicators. http://oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/ijq_overview.html
- (5) American Diabetes Association. "The Cost of Diabetes." Edited June 22, 2015. <http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html> [Accessed on August 7, 2015]
- (6) Diabetes Care Project. "Diabetes Fast Facts." <http://www.diabetescareproject.org/diabetes-fast-facts.html>. Accessed August 27, 2015.