

# Measuring Quality in North Carolina Communities

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Annette DuBard, MD, MPH  
*Senior VP, Informatics and Analytics*  
*Community Care of North Carolina*

right **Patient.**  
right **Time.**  
right **Setting.**  
right **Intervention.**  
right **Care Team.**



# My assertions

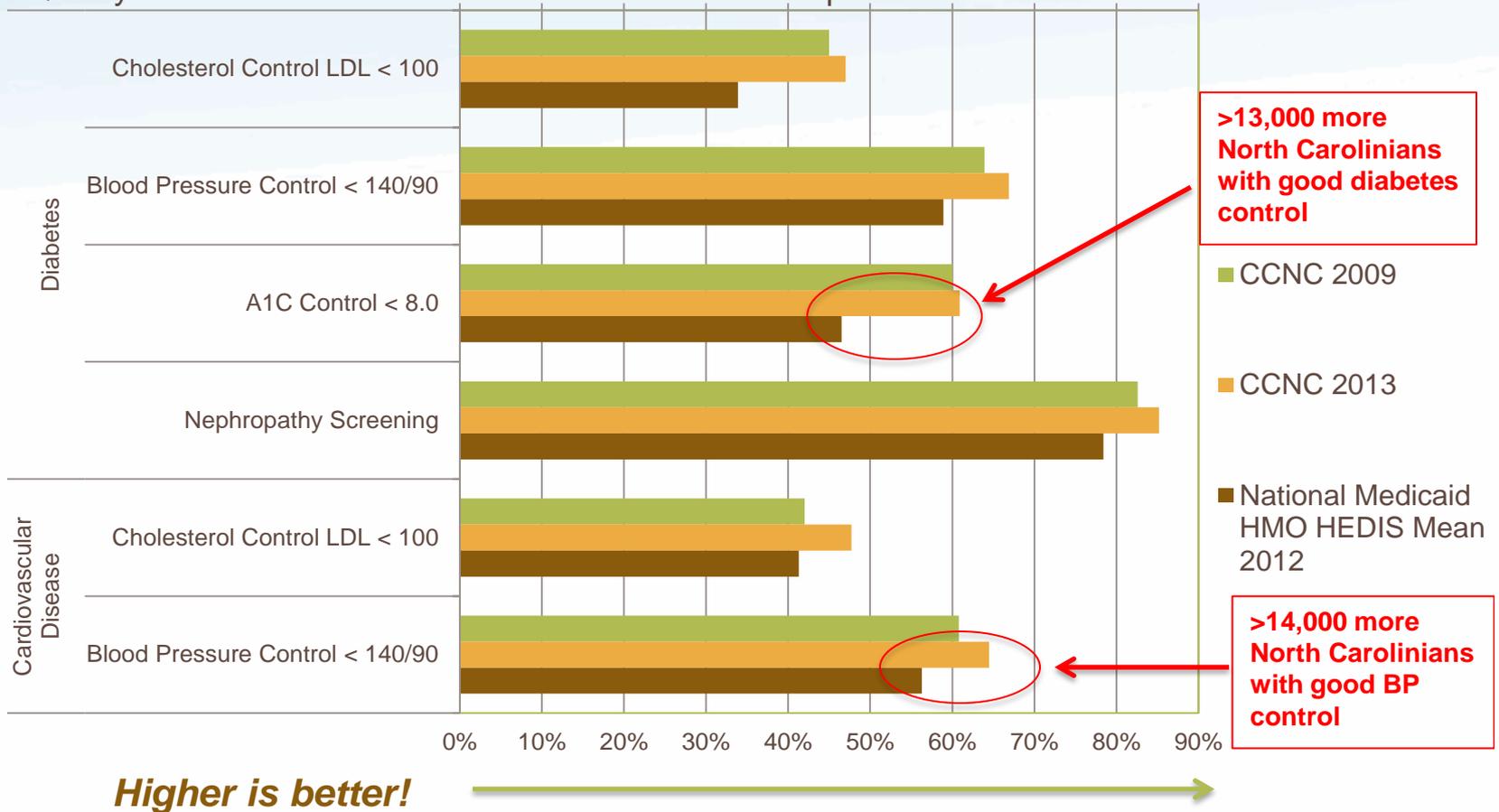
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- **We have a lot to be proud of and a long way to go**
- **It needs to not be so hard**
- **We're all in this together**
- **Value-based healthcare transformation requires a broad-based perspective—Let's not miss the forest for the trees**

# We have a lot to be proud of

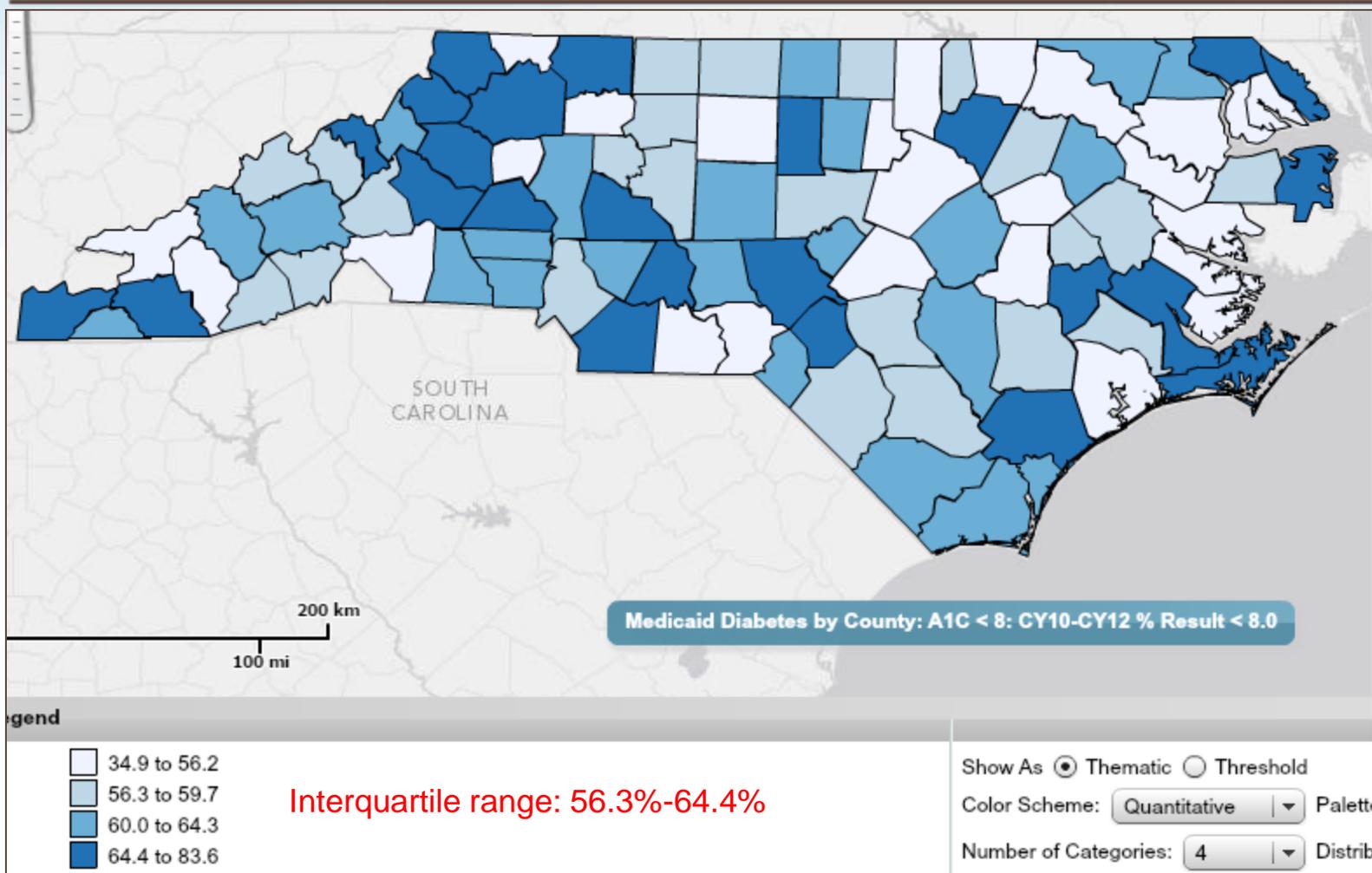


## Quality of Chronic Disease Care for NC Medicaid recipients



*But still a long way to go...*

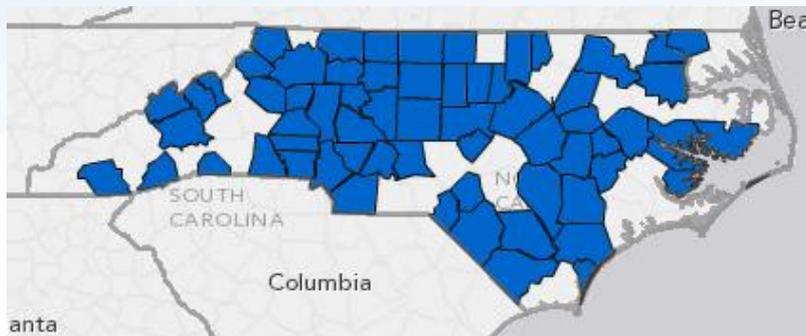
# Plenty of opportunity: Geographic variation in diabetes control



By the way, these are issues for *all* North Carolinians!



## Commercially Insured (BCBS + SEHP)



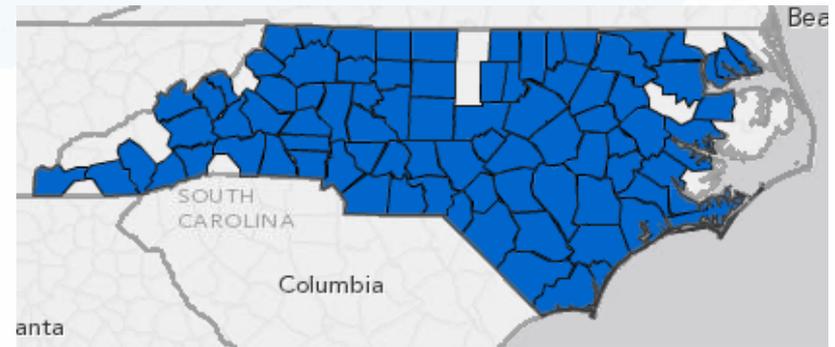
Counties where **>80%** of members with diabetes had A1C test in past year



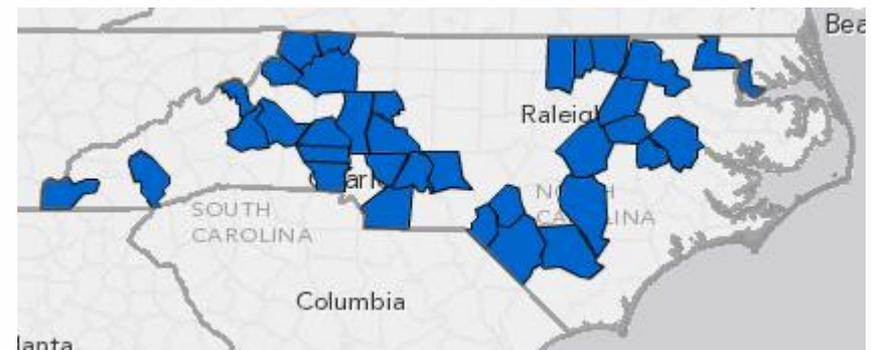
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[www.ncquality.org/health-atlas](http://www.ncquality.org/health-atlas)

## Medicaid-CCNC

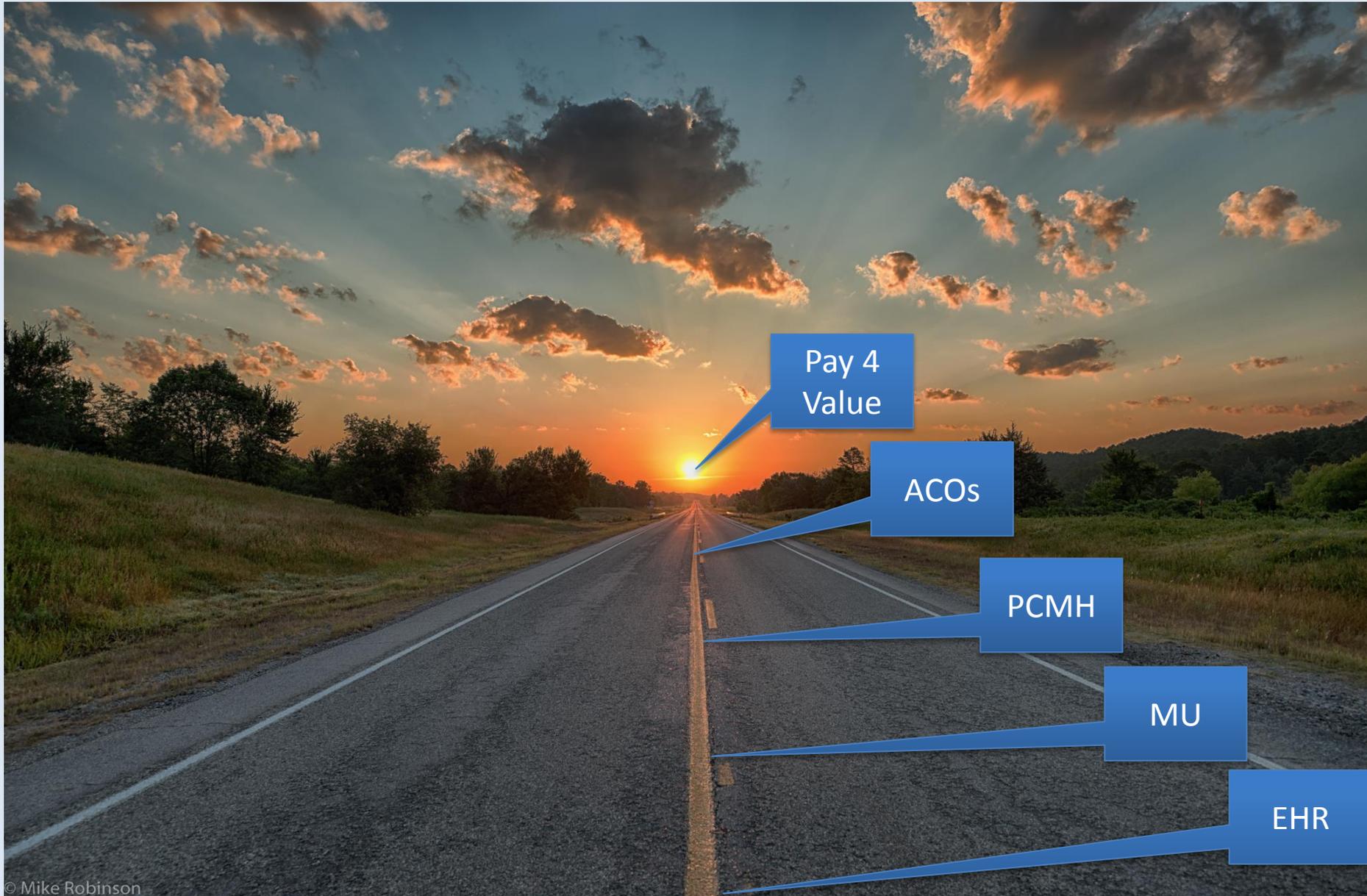


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# What is Coming Down the Road?



Pay 4 Value

ACOs

PCMH

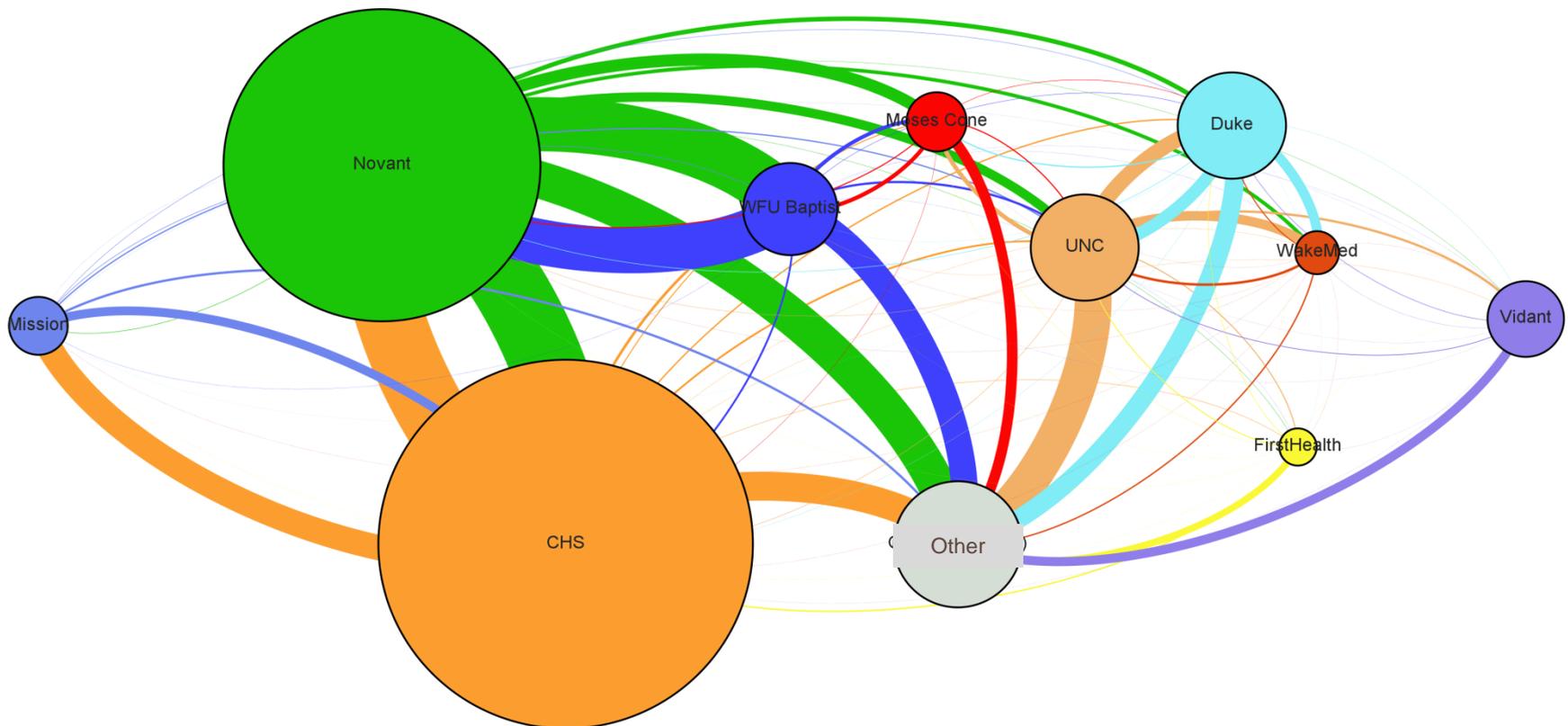
MU

EHR

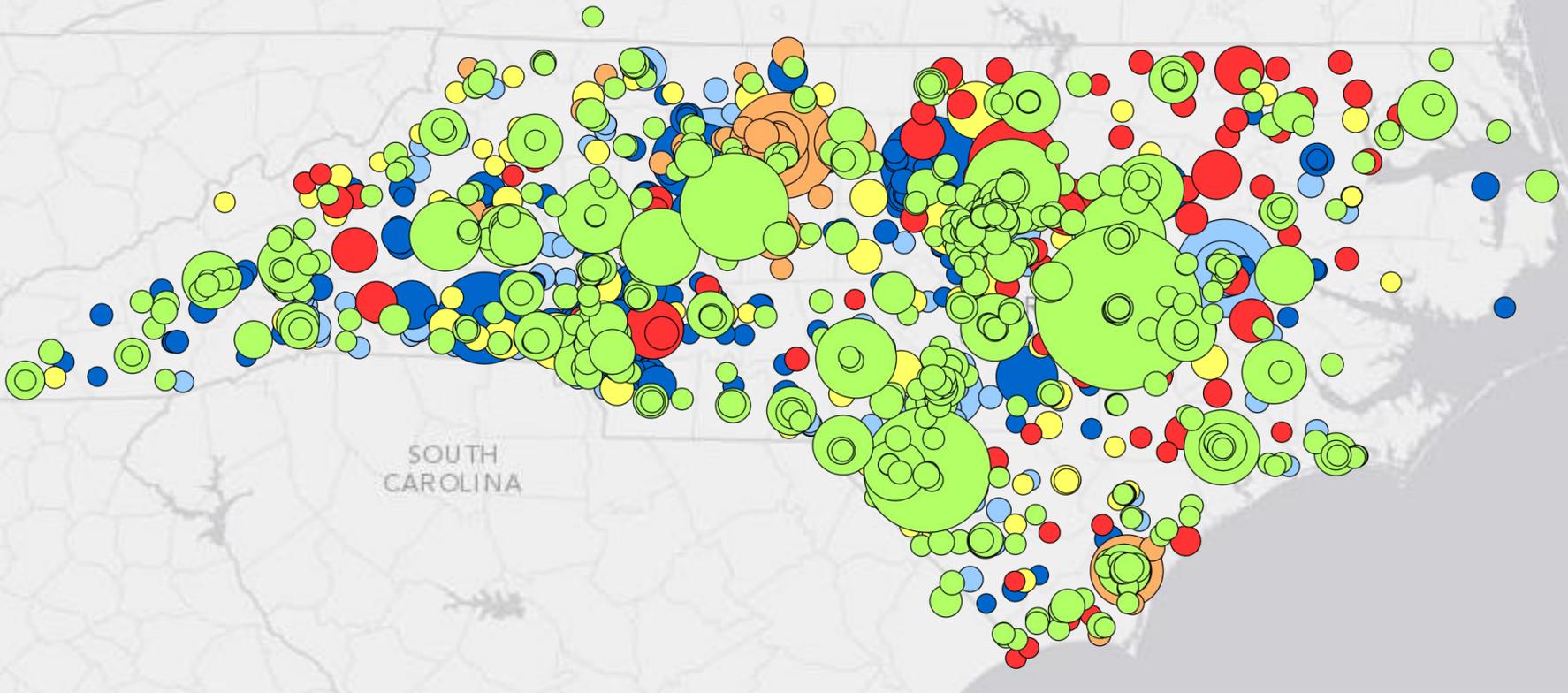
# We are all in this together!

## Cross-system traffic among Medicaid patients enrolled in hospital-owned primary care practices

- Bubble size represents number of inpatient admissions by patients enrolled in a practice owned by the hospital system.
- Thickness of the lines represents the number of inpatient admissions that occur outside of the respective healthcare systems.



# Who Provides Primary Care Medical Homes for NC Medicaid Recipients?



**Large Health System Owned Practices**

**Other Hospital Owned Practices**

**Federally Qualified Community Health Centers**

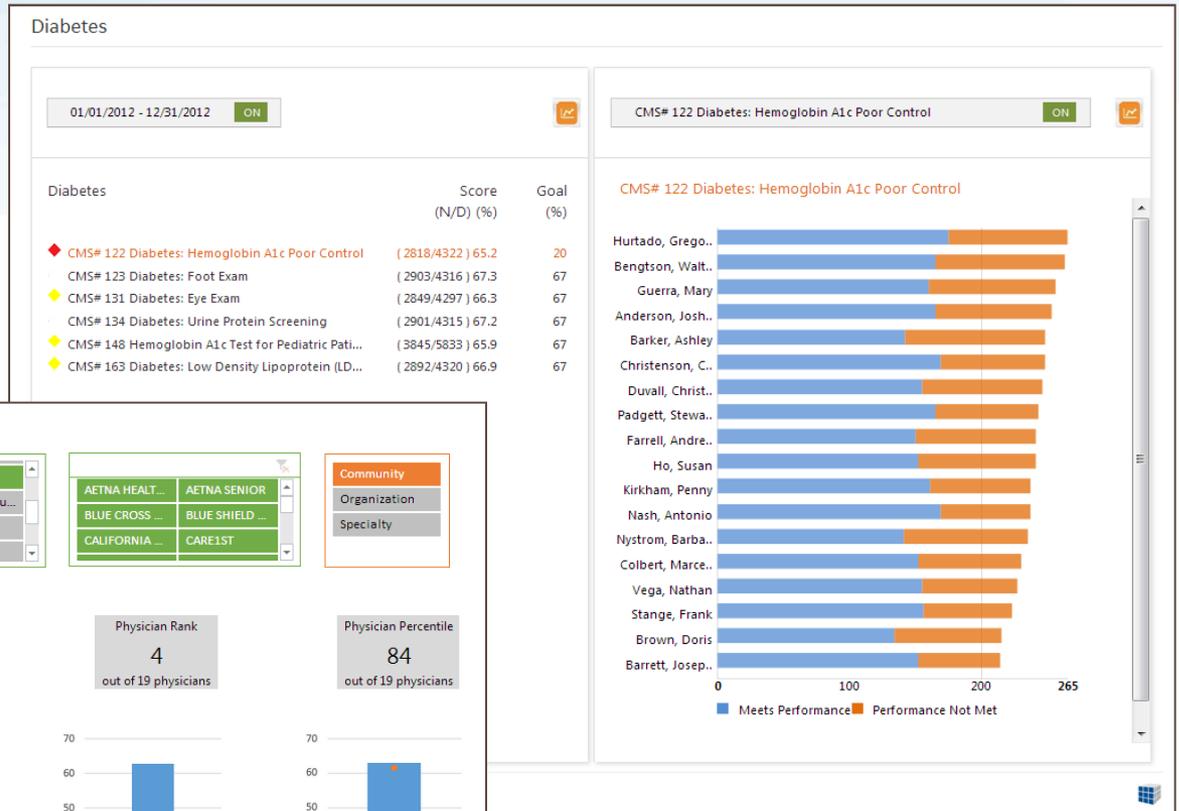
**Other Safety Net (RHC, LHD, other)**

**Independents**

**Established Provider-led ACO's**

# A vision!

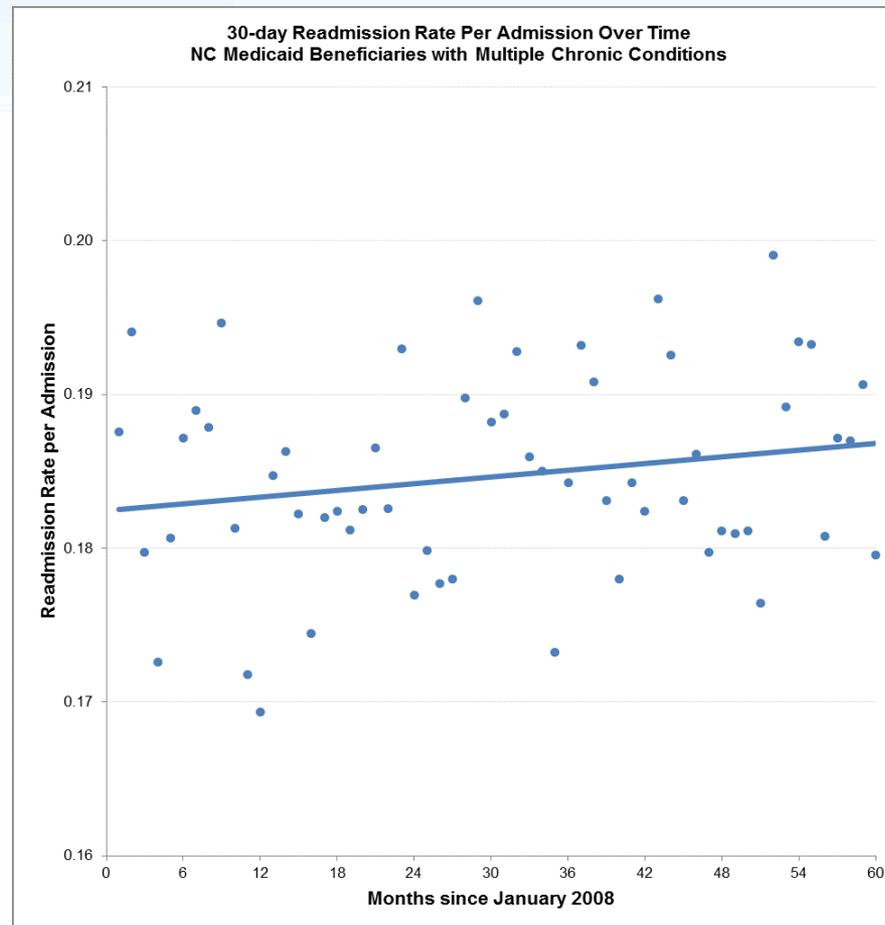
Affordable, effective tools for quality improvement and secure access to health information available to *everyone* in our healthcare fabric



# Finally: let's not miss the forest for the trees



All-cause readmission rate trends from a hospital-centric perspective



# Finally: let's not miss the forest for the trees



## All-cause admission and readmission rate trends from a population perspective

