



KIHASA 한국보건사회연구원
Korea Institute for Health and Social Affairs



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

제1회 KIHASA-AHRQ 비디오 컨퍼런스

의료의 질 향상을 위한 국가적 접근

한국 의료의 질 / 형평성 보고서 작성

2014. 06. 18 (수) 08:30~11:00

한국보건사회연구원 대회의실



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프로그램

08:30-09:00 등 록

09:00-09:10 개회식

환영사 **최병호** | 한국보건사회연구원 원장

09:10-09:30 기조연설

국가수준 의료의 질 향상 접근에서 NHQR/DR
(National Healthcare Quality/ Disparities Report)의 역할

Richard Kronick | Director, Agency for Healthcare
Research and Quality(AHRQ)

09:30-10:10 주제발표

좌장 **정형선** | 연세대학교 보건행정학과 교수

1. 질 높은 의료전달체계 구축을 위한 NHQR/DR
개발 경험과 교훈

Ernest Moy | Director, Center for Quality Improvement
and Patient Safety Agency, AHRQ

2. 국가 의료 질 보고서 작성의 필요성과 가능성
강희정 | 한국보건사회연구원 건강보장연구센터장

10:10-11:00 토 론

토론자 **전기홍*** | 아주대학교 의과대학 교수

(기관명 **서남규*** | 국민건강보험공단 의료비분석센터장

가나다순) **김건훈*** | 보건복지부 보건의료정책과 사무관

남길량 | 건강보험심사평가원 평가기획실 부장

신승일 | 보건복지부 정책통계담당관 과장

이광수 | 연세대학교 보건행정학과 교수

정석훈 | (재) 한국병원경영연구원 책임연구원

서순려 | 질병관리본부 만성질환관리과 팀장

정율원 | 질병관리본부 만성질환관리과 책임연구원

김수경 | 한국보건 의료연구원 보건 의료 안전 연구팀장

(*지정토론)

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- 국가수준 의료의 질 향상 접근에서 NHQR/DR
(National Healthcare Quality/ Disparities Report)의 역할 07
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U.S. Department of Health and Human Services



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The Role of the National Healthcare Quality & Disparities Reports in Improving the Quality of Care in the United States

Rick Kronick, Ph.D.

Director

Agency for Healthcare Research and Quality

First Korea institute for Health and
Social Affairs-AHRQ Video Conference

June 18, 2014



Agenda



- AHRQ Overview
- Reporting and Performance in the United States
- Monitoring Quality Improvement and Disparities Reduction Nationwide



Priorities

Priority #1

Produce Evidence to
Improve Health Care
Quality

Priority #2

Produce Evidence to
Make Health Care Safer

Priority #3

Produce Evidence to
Increase Access to
Health Care

Priority #4

Produce Evidence to
Improve Health Care
Affordability, Efficiency
and Cost Transparency



Transformation of Health Care at the Front Line

- At least six components
 - Quality measurement
 - Aligned payment incentives
 - Comparative effectiveness and evidence available
 - Health information technology
 - Quality improvement collaboratives and learning networks
 - Training of clinicians and multi-disciplinary teams



Reporting and Performance Programs in the United States

Hospital Quality	Physician Quality	Post-Acute Care and Other Setting Quality	Payment Model	Population Model
<ul style="list-style-type: none"> • CAHPS • HCUP • <u>Hospital Compare</u> • EHR Incentive Program • Inpatient Quality Reporting • Readmission Reduction Program • Outpatient Quality Reporting 	<ul style="list-style-type: none"> • Physician Quality Reporting System • <u>Physician Compare</u> • Medicare and Medicaid EHR Incentive Program • eRx Quality Reporting 	<ul style="list-style-type: none"> • Nursing Home Compare • LTCH Quality Reporting • ESRD QIP • Hospice Quality Reporting • Home Health Quality Reporting 	<ul style="list-style-type: none"> • Hospital Value-Based Purchasing • Medicare Shared Savings Program • CMMI Payment Models 	<ul style="list-style-type: none"> • National Healthcare Quality and Disparities Reports • National Quality Strategy • <u>MEPS</u> • Medicaid Adult Quality Reporting • CHIPRA Quality Reporting • Insurance Exchange Quality Reporting • Medicare Part C • Medicare Part D



Background and History

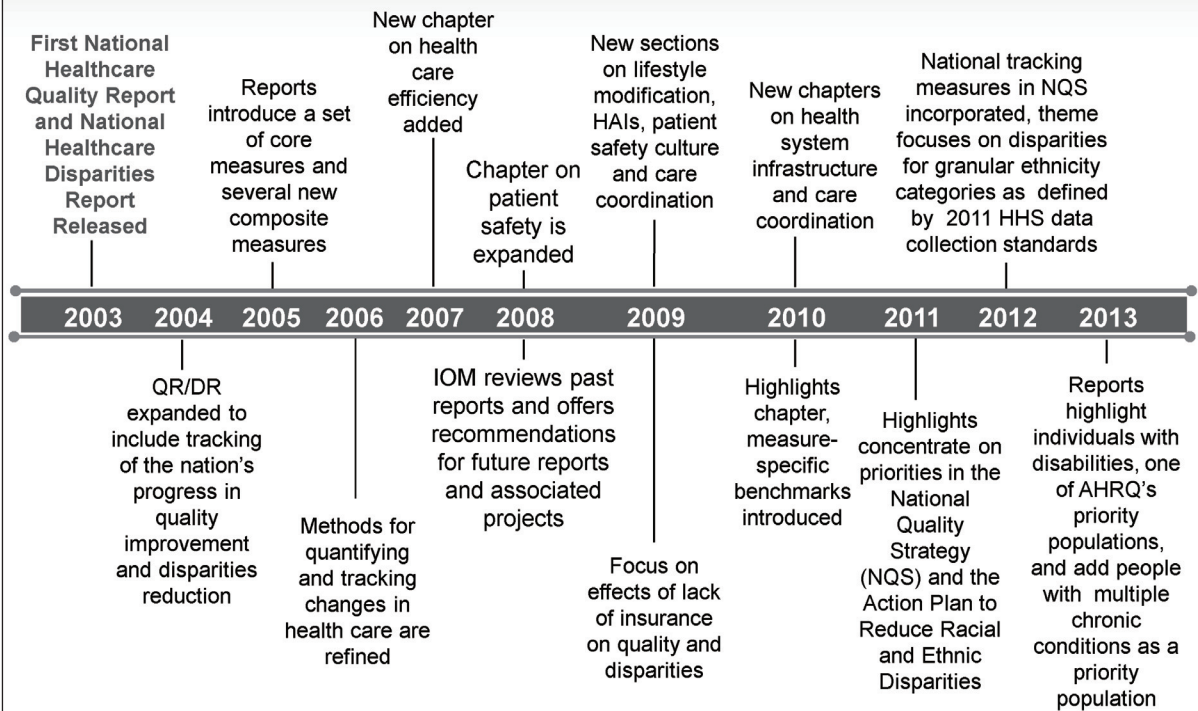
- The Healthcare Research and Quality Act of 1999 directed AHRQ to produce two annual reports for Congress
 - ▶ National Healthcare Quality Report (NHQR)
 - ▶ National Healthcare Disparities Report (NHDR)
- AHRQ commissioned the Institute of Medicine (IOM) to help develop visions for the reports
- The initial reports were released in 2003



<http://www.ahrq.gov/research/findings/nhqrdr/index.html>



Evolution of the Reports



NHQR/NHDR: Annual Snapshot of Health Care in the United States

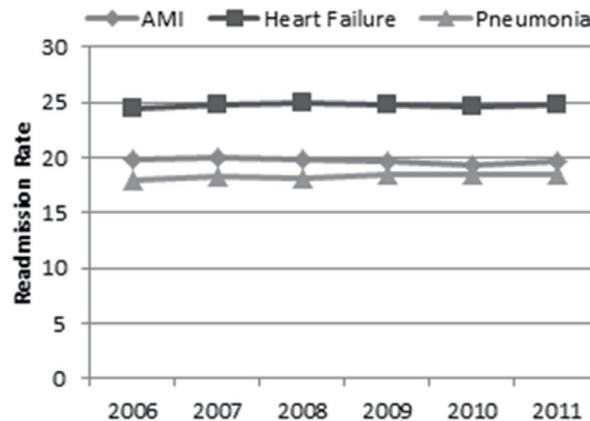
Key Findings in 2013:

	Status	Change over time	Areas improving	Areas lagging
Quality	Fair <ul style="list-style-type: none"> 70% of recommended care actually received Large variation across States 	Getting better	Improving more quickly <ul style="list-style-type: none"> Hospital care CMS publicly reported measures Adolescent vaccines Performing well <ul style="list-style-type: none"> New England and West North Central States 	Improving more slowly <ul style="list-style-type: none"> Ambulatory care Diabetes care Maternal and child health Performing more poorly <ul style="list-style-type: none"> West South Central and East South Central States
Access	Fair <ul style="list-style-type: none"> 26% with difficulties getting care* 	Getting worse*	Improving <ul style="list-style-type: none"> Availability of providers by telephone 	Not improving <ul style="list-style-type: none"> Private health insurance coverage*
Disparities	Poor <ul style="list-style-type: none"> Minorities and people in poverty with worse quality and access for large proportion of measures 	No change	Disparities getting smaller <ul style="list-style-type: none"> HIV disease Patient perceptions of care Few gaps in disparities data on Blacks, Hispanics, and Asians	Disparities getting bigger <ul style="list-style-type: none"> Cancer screening Maternal and child health Many gaps in disparities data on Native Hawaiians and Other Pacific Islanders



QR/DR Data Synthesis: Readmission Rates Stable

Median hospital 30-day risk-standardized readmission rate for certain conditions in adults, 2006-2011

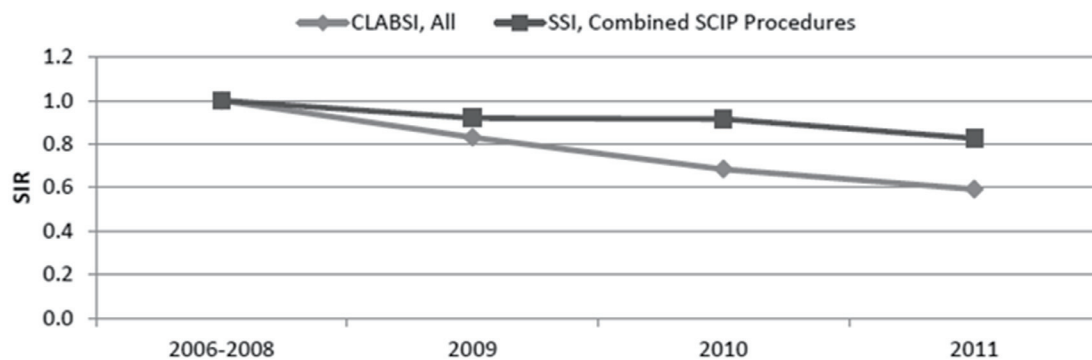


AHRQ 2013 National Healthcare Quality Report



CLABSIs Down by Roughly 40 Percent

Standardized infection ratios for central line-association bloodstream infections and surgical site infections in adults, 2009-2011

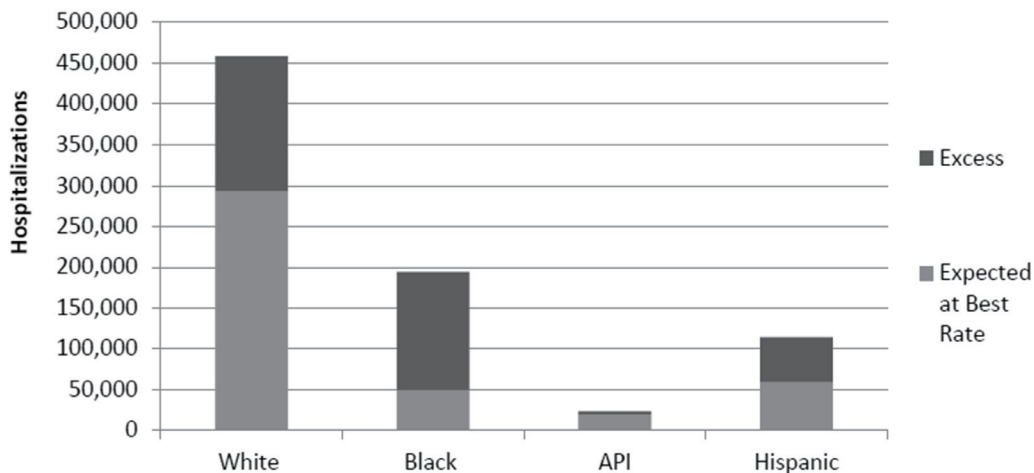


AHRQ 2013 National Healthcare Quality Report



Excess Hospitalizations, Associated Costs for Congestive Heart Failure

Excess number of hospitalizations for congestive heart failure, by race/ethnicity, 2010



AHRQ 2013 National Healthcare Disparities Report



How QR/DR Data is Used

- New York Department of Health used QR/DR data in support of Medicaid legislation
- Commonwealth Fund incorporated AHRQ resources in assessing U.S. Health System Performance
- The American Board of Internal Medicine's based efforts to reduce health disparities on the National Healthcare Disparities Report
- HHS agencies and offices



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Thank You

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Lessons Learned in Developing the National Healthcare Reports



Ernest Moy
CQuIPS

June 18, 2014

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Reports Framework & Trade-offs

- **Framework**
 - ▶ 1° Audience: Policymakers; NOT purchasers or providers
 - ▶ 1° Analytic Unit: Geographic area; NOT individual provider
 - ▶ 1° Use: Tracking; NOT public reporting, pay for performance
- **Measurement Implications**
 - ▶ Broad & Shallow > Narrow & Deep
 - ▶ Consensus > Cutting Edge
 - ▶ Composite > Granular
- **Reporting Implications**
 - ▶ Products: Family > One
 - ▶ Analysis: Simple > Complex
 - ▶ Examples: Typical > Exceptional

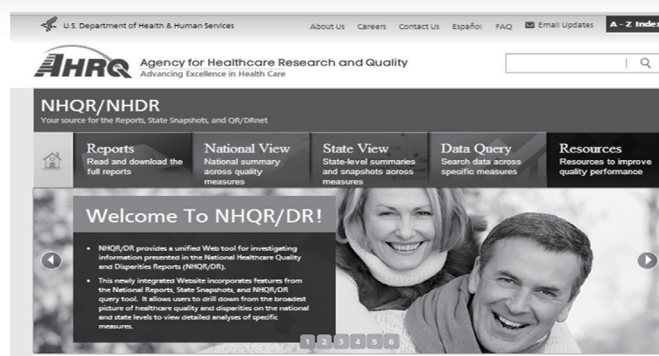


Broad & Shallow: Track ~250 Measures from ~40 Databases

- **Survey data collected from populations**
 - ▶ AHRQ, Medical Expenditure Panel Survey (MEPS)
 - ▶ CDC-NCHS, National Health Interview Survey (NHIS)
 - ▶ CMS, Medicare Current Beneficiary Survey (MCBS)
 - ▶ SAMHSA, National Survey of Drug Use and Health (NSDUH)
- **Data collected from samples of health care facilities**
 - ▶ American Cancer Society-American College of Surgeons, National Cancer Data Base
 - ▶ CDC-NCHS, National Ambulatory Medical Care Survey (NAMCS)
 - ▶ CMS, End-Stage Renal Disease Clinical Performance Measurement Program
- **Data extracted from data systems of health care organizations**
 - ▶ AHRQ, Healthcare Cost and Utilization Project State Inpatient Databases (HCUP SID)
 - ▶ CMS, Quality Improvement Organization (QIO) program.
 - ▶ Indian Health Service, National Patient Information Reporting System (NPIRS)
 - ▶ NIH, United States Renal Data System (USRDS)
- **Data from surveillance and vital statistics systems**
 - ▶ CDC-National Center for HIV, STD, and TB Prevention, HIV/AIDS Surveillance System
 - ▶ CDC-NCHS, National Vital Statistics System (NVSS)
 - ▶ NIH-National Cancer Institute, Surveillance, Epidemiology, and End Results program



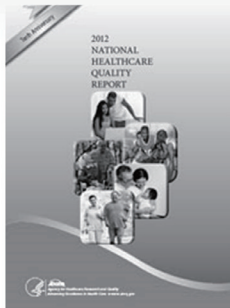
Family of Products Now Integrated into Single NHQR/NHDR Web Site



- **Features:**
 - ▶ Navigate site by subject areas and topics for intuitive access
 - ▶ View high level trends
 - ▶ Compare performance against achievable benchmarks
 - ▶ Incorporate racial and ethnic comparisons
 - ▶ Drill down to detailed data, tables, and graphs



Reports ≠ Better Health Care



How?



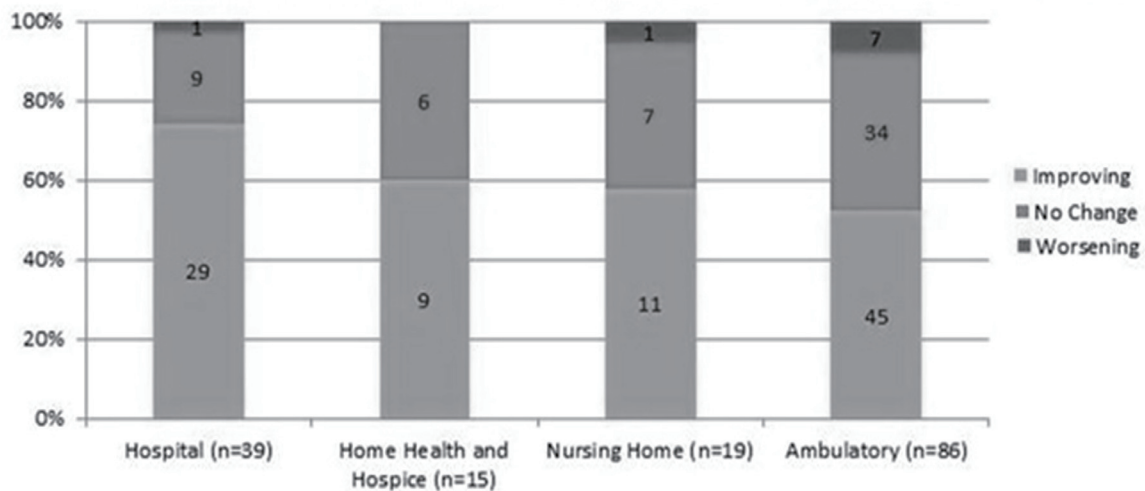
QRDR	Local Benchmarks	Quality Improvement
Know	Plan	Do
See it happen	Help it happen	Make it happen
Policy Makers	Health Organizations	Providers

Better Health Care



Raise Awareness that Care is Suboptimal

Number and proportion of measures that are improving, not changing, or worsening, by setting of care



Key: n = number of measures.

Improving: Quality is going in a positive direction at an average annual rate greater than 1% per year.

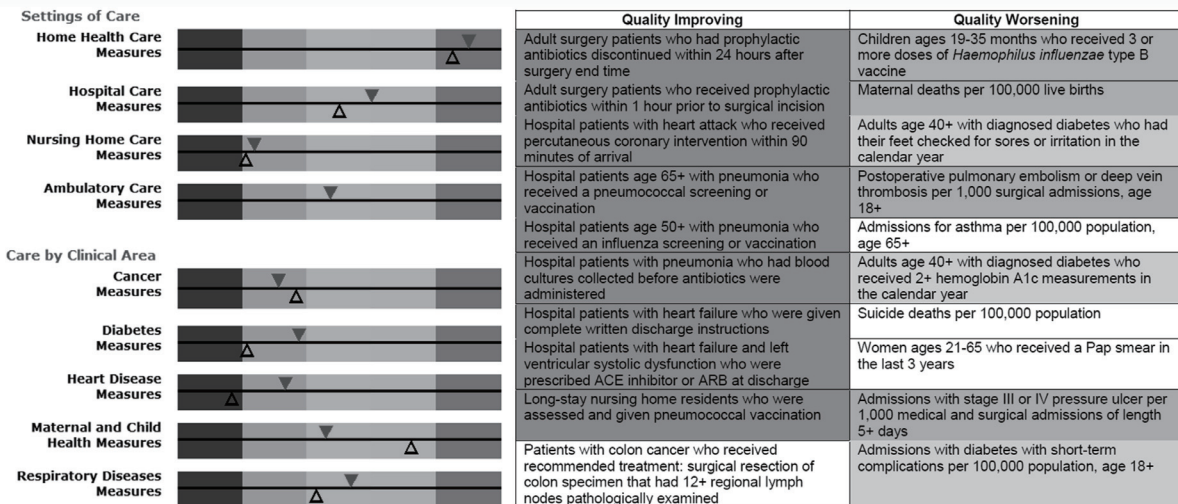
No Change: Quality is not changing or is changing at an average annual rate less than or equal to 1% per year.

Worsening: Quality is going in a negative direction at an average annual rate greater than 1% per year.

Note: For the vast majority of measures, trend data are available for 2000-2002 to 2010-2011.



Prioritize Interventions to Improve Quality

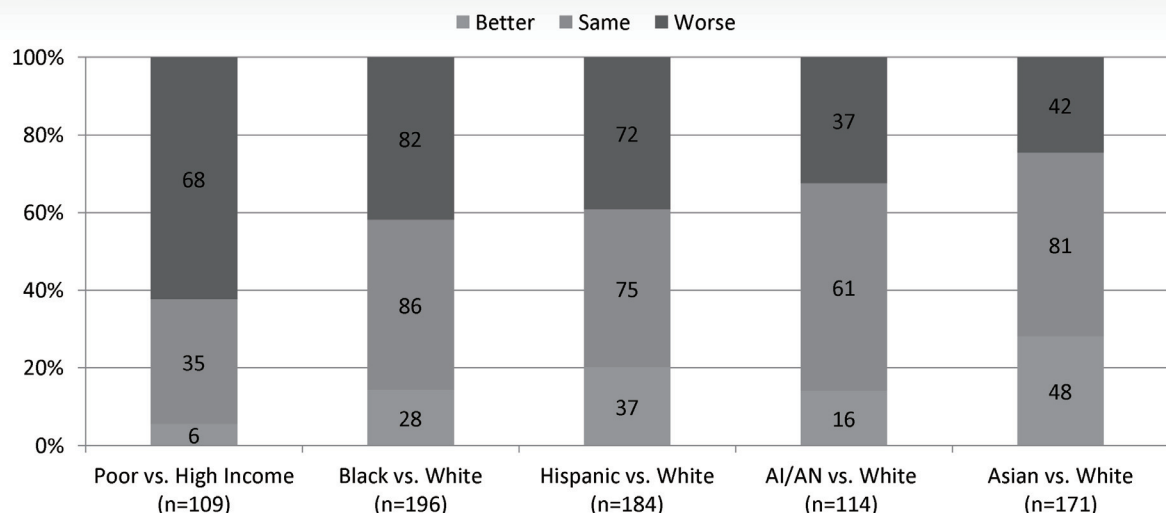


- State Snapshots: Problem Areas Relative to Other States

- QRDR: Best and Worst Performing Measures



Target Interventions to Reduce Disparities



Key: AI/AN = American Indian or Alaska Native; n = number of measures.

Better = Population received better quality of care than reference group.

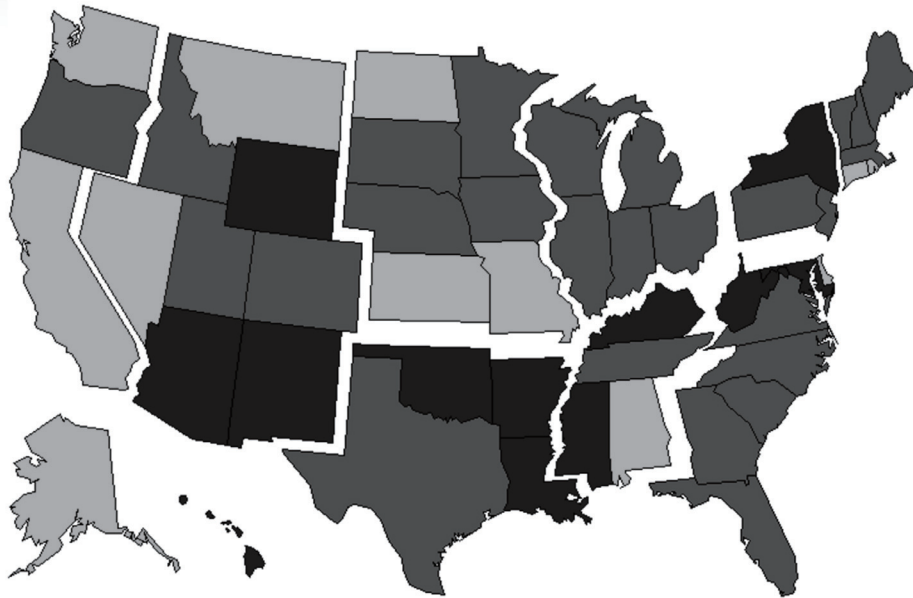
Same = Population and reference group received about the same quality of care.

Worse = Population received worse quality of care than reference group.

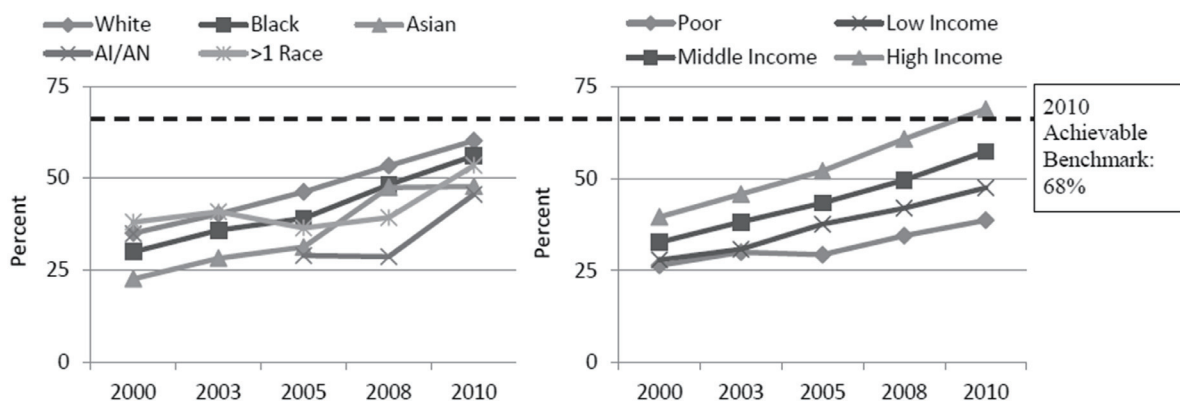
Note: For each measure, the most recent data available to our team were analyzed; for the majority of measures, this represents data from 2010 and 2011.



Allocate Resources



Provide Achievable Benchmarks



Key: AI/AN = American Indian or Alaska Native.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2000, 2003, 2005, 2008, and 2010.

Denominator: Civilian noninstitutionalized population ages 50-75.

Note: Rates are age adjusted to the 2000 U.S. standard population. Colorectal cancer screening includes blood stool test in the past year or sigmoidoscopy in the past 5 years and blood stool test in the past 3 years or colonoscopy in the past 10 years. The 2003 data for AI/ANs did not meet criteria for statistical reliability, data quality, or confidentiality.



Standardize Measures & Methods

Screening for Breast Cancer

Measure Title

Women age 40 and over who report they had a mammogram within the past 2 years.

Measure Source

Healthy People 2010, measure 3-13.

Tables

1. Women age 40 and over who reported they had a mammogram within the past 2 years, United States, 2003, by

- Race
- Ethnicity
- Family income

Data Source

Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey (NHIS).

Denominator

U.S. female resident population age 40 and over.

Numerator

Number of women age 40 and over who report receiving a mammogram within the past 2 years.

Comments

Data reported in Table 1 are age adjusted to the 2000 standard population. Age-adjusted percents are weighted sums of age-specific percents. For a discussion of age adjustment, see Part A, Section 5 of *Tracking Healthy People 2010*.



Help Purchasers & Providers Find Solutions

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Innovations and Tools to Improve Quality and Reduce Disparities

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March 02, 2011 Issue
Refugee Health

This Issue includes

Innovations:

- Refugees Identified With Disabilities Access Culturally Competent Services
- Physician-Nurse House Calls to New Refugees Reduce Barriers to Services

QualityTools:

- Lead Poisoning Prevention in Newly Arrived Refugee Children: Tool Kit
- Refugee Nutrition Outreach Toolkit
- U.S. Committee for Refugees and

Past Issues

- Personal Health Records
- Mental Illness Care
- Phone-Based Care Management
- Workplace Wellness
- Baldrige Award

Baldrige Award [GO >](#)

Welcome

The Innovations Exchange helps you solve problems, improve health care quality, and reduce disparities.

- **Find** evidence-based innovations and QualityTools.
- **View** new innovations and tools published biweekly.
- **Learn** from experts through events and articles.

Browse by Subject... About subjects

- Disease or Clinical Category**
Asthma, Cancer, Diabetes, Heart failure, Hospital-acquired infections, Pressure ulcers
- Setting of Care**
General hospital, Health plan, Physician office, Worksite wellness
- Stage of Care**
Acute care, Chronic care, Emergency care, Preventive care
- Organizational Process**
Intake/Admissions, Organizational culture



Conclusions

- QRDR track quality & disparities for the Nation & States.
- QRDR not designed to direct action but can
 - ▶ Make case for action
 - ▶ Identify quality improvement opportunities: Services, populations, communities
 - ▶ Provide local benchmarks
 - ▶ Help pick measures & methods
 - ▶ Help find solutions
- Local teams with local data do the actual improvement



Our Many Federal & Non-federal Partners

Acknowledgments

The NHQR and NHDR are the products of collaboration among agencies across the Department of Health and Human Services (HHS). Many individuals guided and contributed to these reports. Without their magnanimous support, the reports would not have been possible.

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국가 의료 질 보고서 작성의 필요성과 가능성

강희정 | 한국보건사회연구원 건강보장연구센터장

1st KIHASA-AHRQ VIDEO CONFERENCE

Feasibility of Developing NHQR in Korea

2014. 6.18

Hee-Chung Kang, Director, Center of Health Security Research



Background



- **Threatening the sustainability of health care system**
 - Population ageing & high prevalence of chronic care conditions
 - Growing demand for high tech & high quality health care
 - Expanding NHI benefit coverage
- **Spillovers in health care safety and quality**
 - Nationwide shock from recent Sewol Ferry sinking(~300 dead or missing)
 - calling into question safety throughout Korea national system
 - Demanding system approach to provide good quality care in safe
- **Shifting toward value based health care system**
 - Improving value (Δ quality or Δ outcome / Δ cost)
 - Not cutting cost, expecting savings by improving quality(outcome)

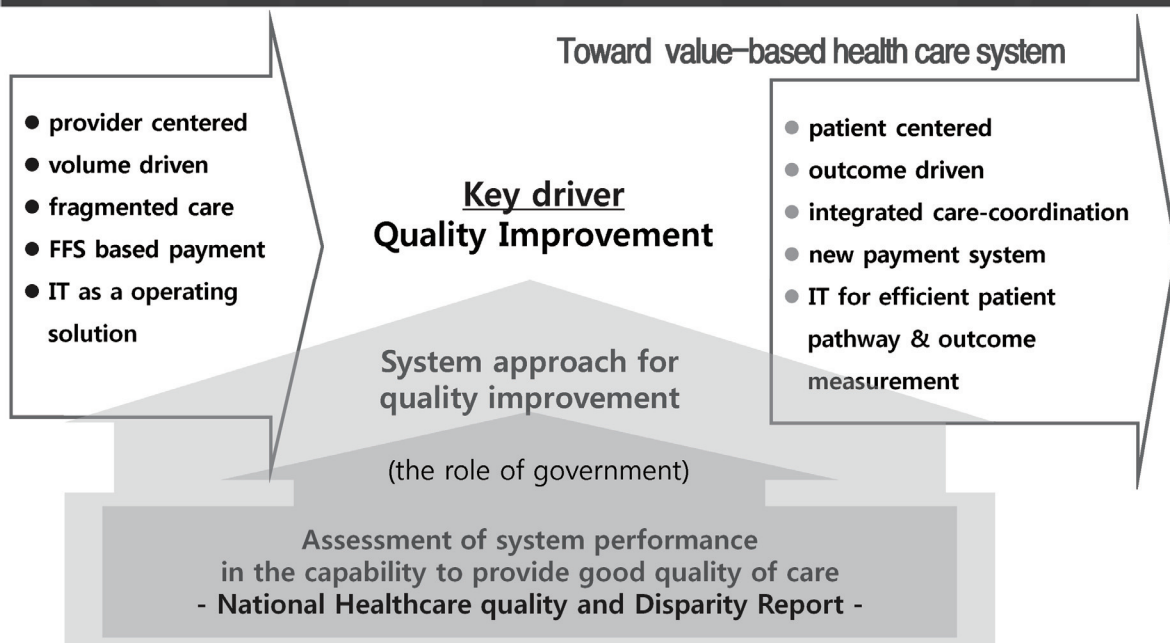
Page 1

Why National Healthcare Quality Report ?

- **Mechanism of nationwide quality improvement**
 - Standardizing of quality measurement framework
 - Coordinating of multilevel, multidimensional quality performances
- **Keep up with quality improvement on the national level**
 - Current snap shot
 - Change over time
 - Identify areas where quality improvement are in need
 - Access quality policies
- **Soft power of national quality reporting, not inspecting**
 - Standardize performance and reduce variation
 - Increase a public awareness of quality of care
 - Induce cooperative quality governance to achieve national goals

Page 2

Barometer for continuous system improvement

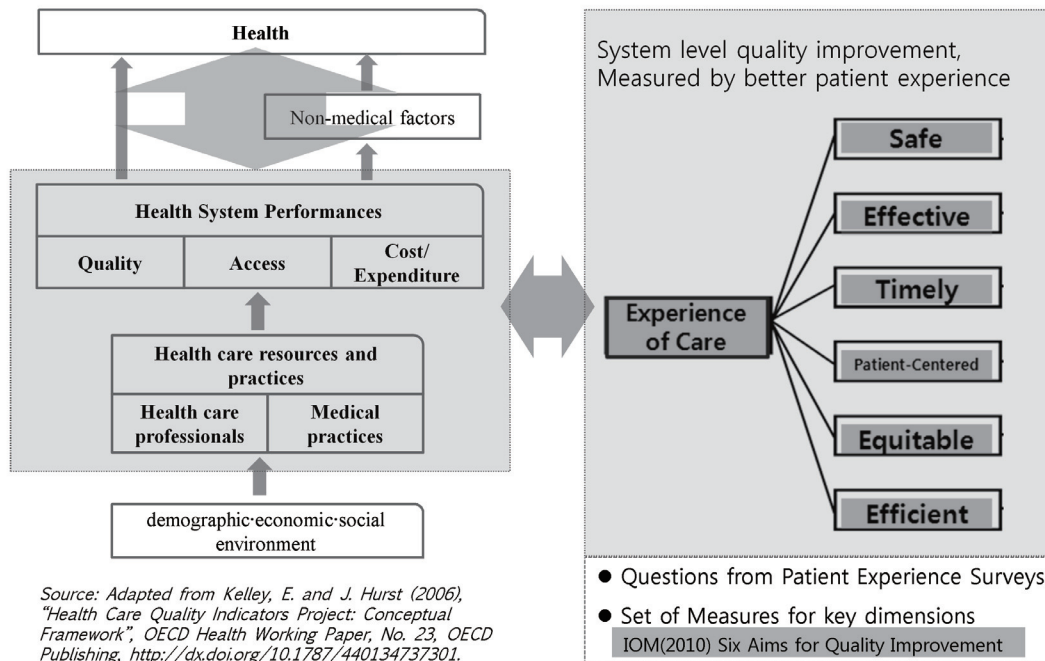


Source: 1. CMS webpage, Affordable Care Act
 2. AHRQ. NHQR/DR.
 3. Soderlund et al(2012), Progress toward value-based health care, BCG.

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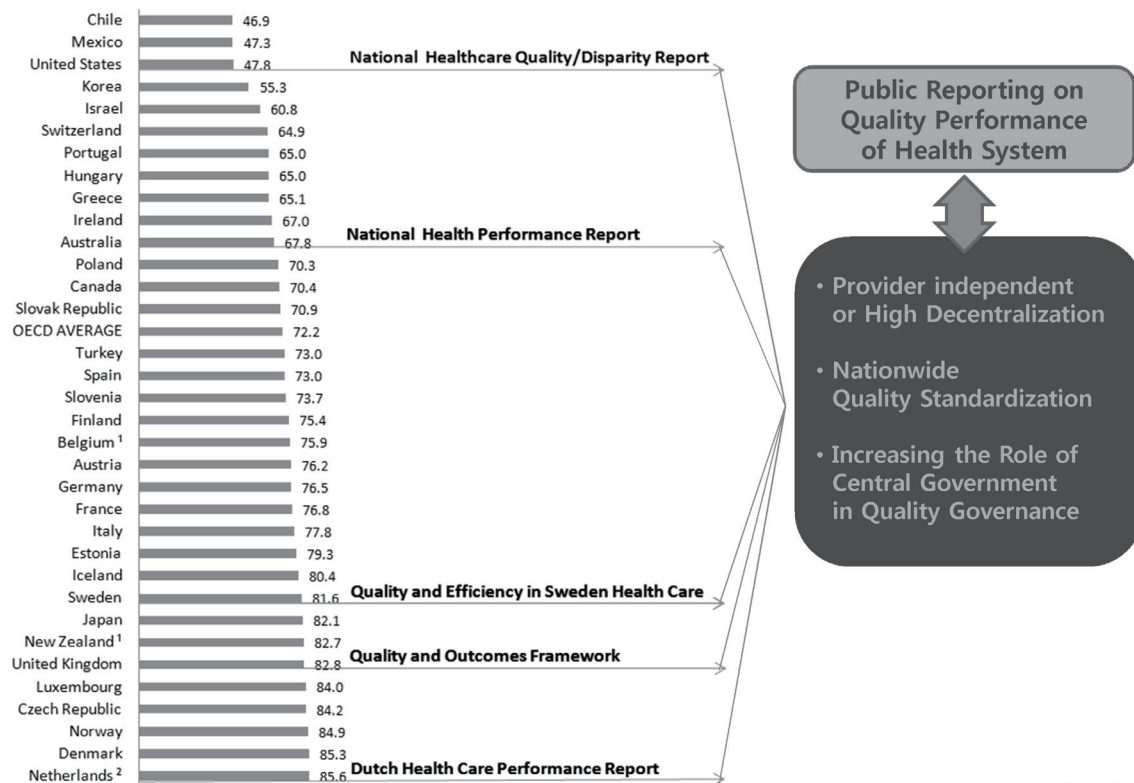
Conceptual framework for health system performance assessment

KI HASA
한국보건사회연구원
Korea Institute for Health and Social Affairs



Page 4

Public expenditure on health, % TEH, 2011 (or nearest year), OECD



Source: OECD Health Statistics 2013, Last updated: 21 January 2014

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Comparing performance dimensions

USA AHRQ NHQR	ENGLAND QOF	NETHELAND	SWEDEN	AUSTRALIA
Effectiveness of care	Premature death, Mental health, Dementia	Effectiveness	Mortality, State of Health, etc.	Effective, Appropriate
Patient Safety	Safe Care & protection from avoidable harm	Safety		Safe
Timeliness			Availability	Accessible
Patient Centeredness	Positive experience of care	Responsiveness	Confidence & Patient experience	Responsive
Care Coordination		Coordination		Continuous
Efficiency				Efficient
Health System Infrastructure				Capable, Sustainability
Access to Health Care			Availability, Cost	Accessible

Most comprehensive

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Korea Healthcare Quality and Disparity Report

- Covers whole health care system based on AHRQ NHQR framework
- Quality measurement and comparison between subgroups
(in conjunction with health plan 2020)
- Directed towards policy leadership : expand the role of central government
- Comparison : quality change over time, international comparison
- Use process & outcome measure based indicators
- Use existing indicators or data sources
 - Published indicators
 - Produce trial indicators using micro data
 - Reproduce published information to a meaningful indicators

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Data Source for Korea NHQR



Institution	Data	Institution	Data
National Survey		surveillance and vital statistics	
Ministry of Health & Welfare	Korean Youth General Survey	Korea Centers for Disease Control & Prevention(KCDC)	Korean Nosocomial Infections Surveillance System(KONIS)
Ministry of Health & Welfare	Epidemiological Survey of Psychiatric Illnesses in Korea	Korea Centers for Disease Control & Prevention(KCDC)	National Infectious Diseases Surveillance System
Ministry of Health & Welfare	Korea National Oral Health Survey	National Health Insurance Service(NHIS)	Statistics of Physical Examination
Ministry of Health & Welfare, Korea Centers for Disease Control & Prevention(KCDC)	Korea National Health & Nutrition Examination Survey(Korea Health Statistics)	National Health Insurance Service(NHIS) Health Insurance Review & Assessment Service(HIRA)	National Health Insurance Statistics, Disease Statistics
Korea Institute for Health and Social Affairs(KIHASA)	National Survey on Fertility, Family Health and Welfare in Korea	Korea Institute for Health and Social Affairs(KIHASA)	Health and Welfare Statistics
Korea Institute for Health and Social Affairs(KIHASA)	Patient Survey	National Cancer Center	Cancer Facts & Figures
Korea Institute for Health and Social Affairs(KIHASA), National Health Insurance Service(NHIS)	Korea Health Panel	National Emergency Medical Center	Statistics of Emergency Medical
Korea Centers for Disease Control & Prevention(KCDC)	Community Health Survey	Statistics Korea(KOSTAT)	Cause of Death Statistics
Korea Centers for Disease Control & Prevention(KCDC)	Korea National Immunization Survey		
Korea Centers for Disease Control & Prevention(KCDC) (Ministry of Education / Ministry of Health & Welfare)	Korea Youth Risk Behavior Web-based Survey		
Health Care Facilities and Clinical Data		Other	
National Health Insurance Service	Long-term Care Facility Quality Assessment	Korean Network for Organ Sharing	Report of Transplant
Health Insurance Review & Assessment Service	Assessment of Long-term Care Hospital	Korea Centers for Disease control & Prevention, Korea Federation for HIV/AIDS Prevention	HIV/AIDS Knowledge, Attitudes, Belief and Behaviors Survey
Health Insurance Review & Assessment Service	Assessment about use of preventive antibiotics for operations	Korean Breast Cancer Society	Breast Cancer Facts & Figures
Health Insurance Review & Assessment Service	Assessment of AMI	The Korean Society of Nephrology	End-stage renal disease investigation (over 505 medical institution, one-off)
Health Insurance Review & Assessment Service	Assessment of hemodialysis	Prosecution Service	Drug Crime White Paper
Health Insurance Review & Assessment Service	Number of Medical Care Institutions	Ministry of Health & Welfare, Health Insurance Review & Assessment Service	OECD Health Care Quality Indicator
Korea Health Industry Development Institute	Survey on National Health Care Resources	OECD	Health at a Glance 2011
Korea Health Industry Development Institute	Statistics for Hospital management	Ministry of Health & Welfare	Health Plan 2020

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Status of measures applicable to Korea (1)



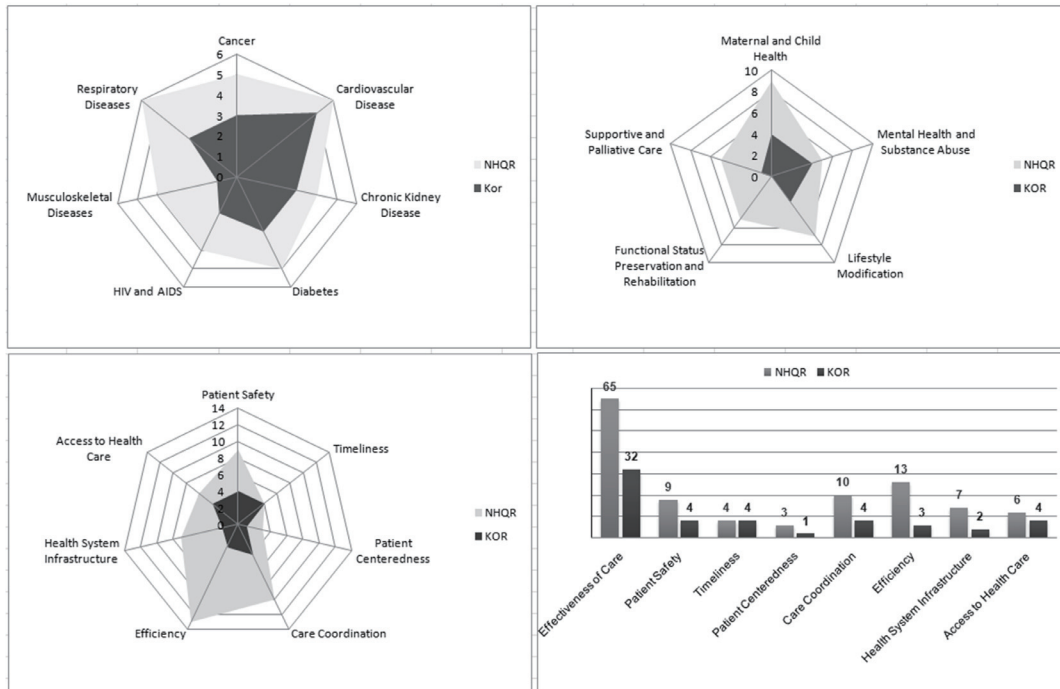
Dimension		Number of measures		
		AHQ NHQR(A)	Korea (B)	B/A
1. Effectiveness of Care	Cancer	4	3	75.0%
	Cardiovascular Disease	6	5	83.3%
	Chronic Kidney Disease	4	3	75.0%
	Diabetes	5	3	60.0%
	HIV and AIDS (excluded in Korea NHQR)	4	2	50.0%
	Musculoskeletal Diseases	4	1	25.0%
	Respiratory Diseases	6	3	50.0%
	Maternal and Child Health	9	4	44.4%
	Mental Health and Substance Abuse	5	4	80.0%
	Lifestyle Modification	7	3	42.9%
	Functional Status Preservation and Rehabilitation	5	0	0.0%
	Supportive and Palliative Care	5	1	20.0%
	Sub Total	64	32	50.0%
2. Patient Safety		10	5	50.0%
3. Timeliness		4	4	100.0%
4. Patient Centeredness		3	1	33.3%
5. Care Coordination		8	4	50.0%
6. Efficiency		13	4	30.8%
7. Health System Infrastructure (modified for Korea NHQR)		7	2	28.6%
8. Access to Health Care		6	4	66.7%
Total		115*	56**	48.7%

* This doesn't include all sub-measures as of NHQR 2012

** This includes substitute measures which are not exactly the same

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Status of measures applicable to Korea (2)

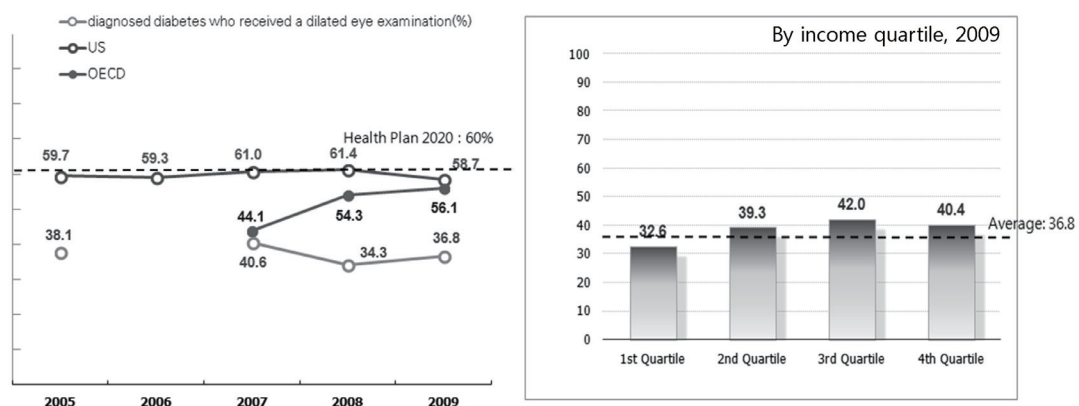


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1. Effectiveness

Diabetes : process measure

%, adults age 40 and over with diagnosed diabetes
who reported receiving dilated eye exam in the calendar year

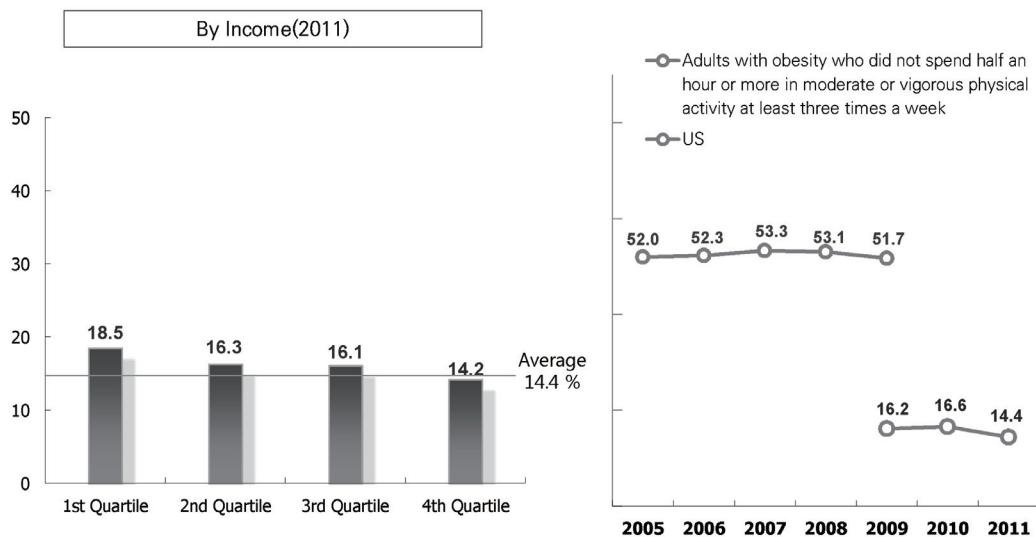


Source: OECD, health at a glance.
Department of Health and Welfare, Health Plan 2020.
Korea CDC, National Health and Nutrition Examination Survey
AHRQ, NHQR(2012)

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Effectiveness

Lifestyle Modification : Outcome measure Obese Adults Who Do Not Exercise, %



Source: KIHASA & NHIS, Korea Health Panel
AHRQ, NHQR(2012)

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2. Patient Safety

Healthcare-Associated Infections

- Postoperative Sepsis
- Catheter-Associated Urinary Track Infections
- Central line-associated bloodstream infections (CLABSI)
- Standardized infection ratios for CLABSI
- CLABSI in pediatric and neonatal intensive care units

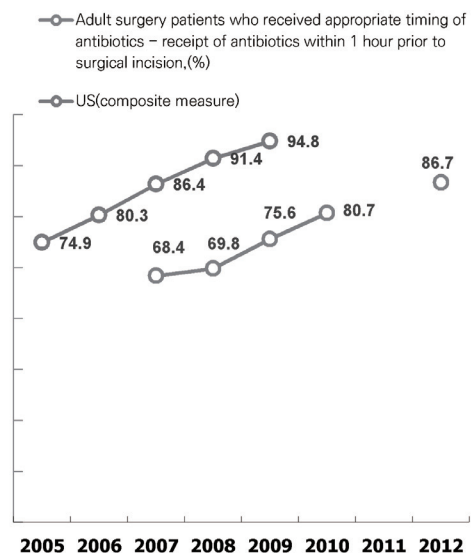
Adverse events

- Mechanical adverse event associated with central venous catheters
- Obstetric trauma
- Overall hospital-acquired condition rate

Patient safety culture

- Results from the 2011 Hospital Survey on Patient Safety Culture

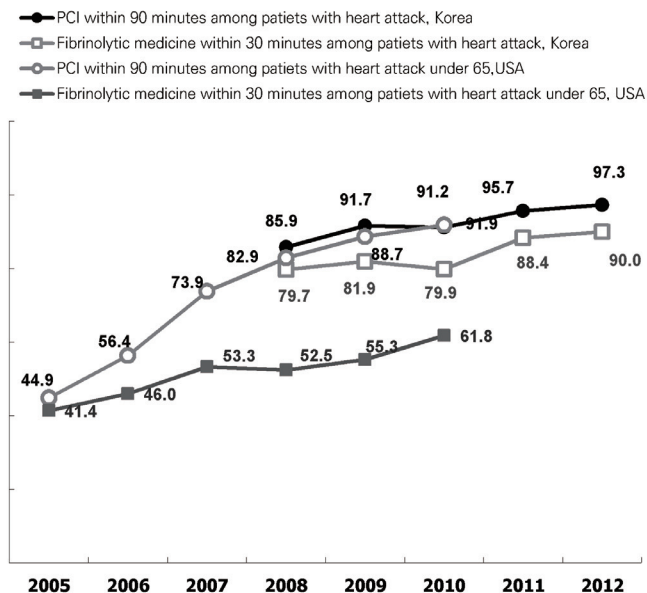
Prevention : Appropriate Timing of Antibiotics Among Surgical Patients (retired since 2012)



Source: HIRA, quality assessment report(2012)
AHRQ, NHQR(2012)

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3. Timeliness



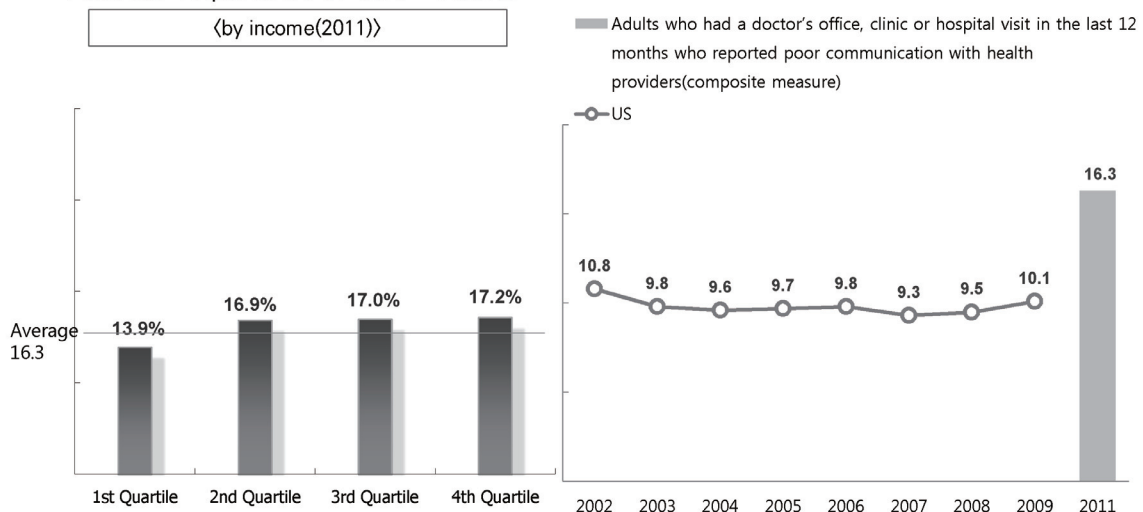
Source: HIRA, quality assessment report(2012)
AHRQ, NHQR(2012)

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4. Patient Centeredness

Patients' Experience of Care – Adults

〈by income(2011)〉



source: KIHASA & NHIS, Korea Health Panel
AHRQ, NHQR(2012)

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5. Care Coordination

No comparable indicators

* AHRQ care coordination indicators

Measures	Specific Measures
Transitions of care	Adequate hospital discharge information
Readmissions	Readmissions for cognitive heart
Integration of information	Provider asking about medications from other doctors
	Electronic exchange of medication information
Children with special health care needs(CSHCN)	CSHCN with effective care coordination
	CSHCN with a medical home

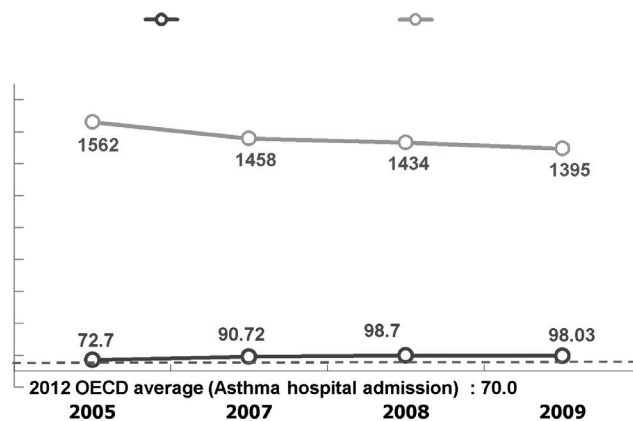
Source: AHRQ, NHQR(2012)

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6. Efficiency

Measures

- Preventable emergency department visits
- Preventable hospitalizations
- Perforated appendixes
- Trends in hospital cost efficiency



Compare only its trend !

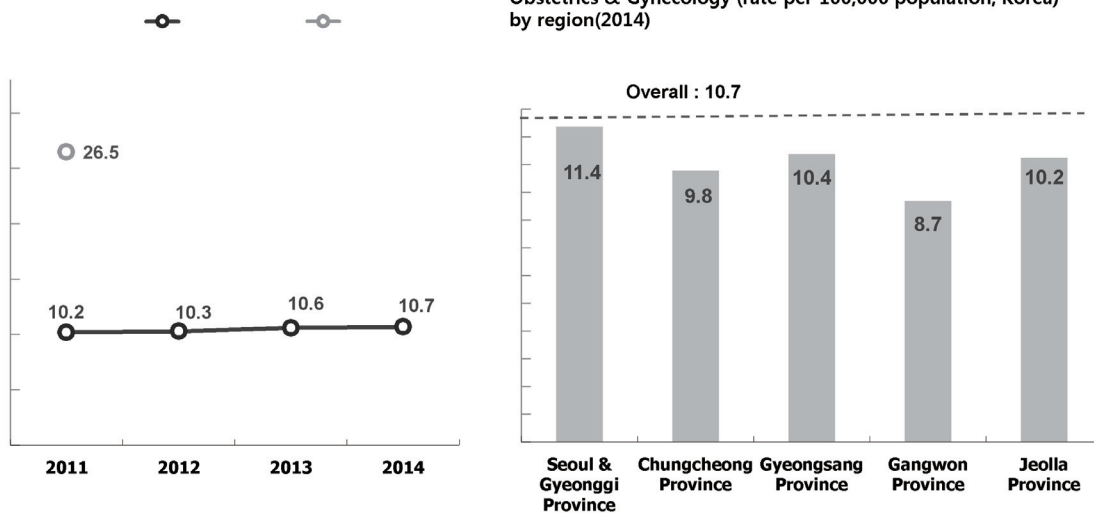
- * Korea include only 7 conditions(asthma, COPD, diabetes short-&long-term complications, controlled diabetes, diabetes lower extremity amputation, hypertension)
- * AHRQ NHQR produce a composite measure on all ACSC quality indicators

source: HIRA, developing OECD quality indicators(2011)
AHRQ, NHQR(2012)

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7. Health System Infrastructure

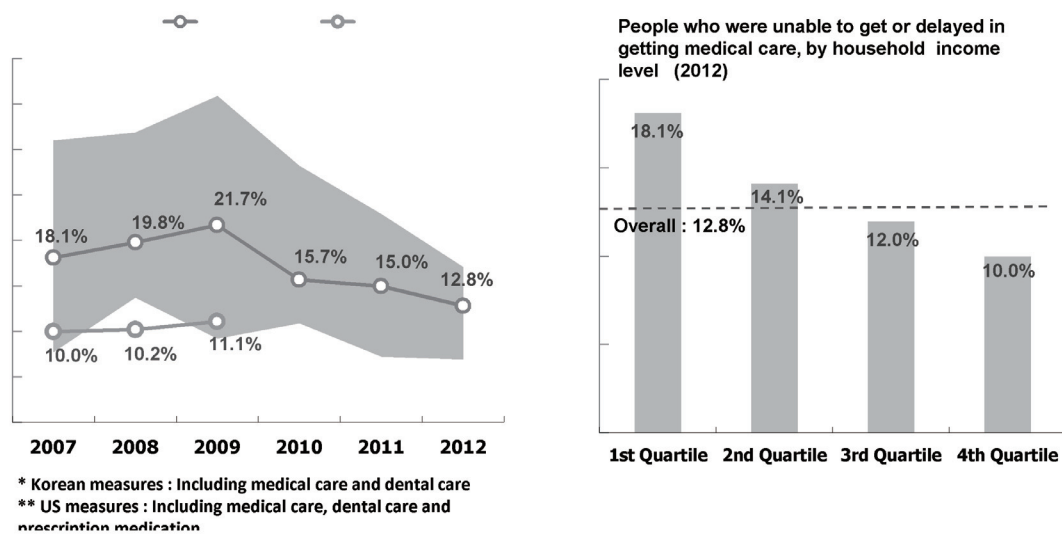
Obstetrics & Gynecology (rate per 100,000 population, Korea)
by region(2014)



source: HIRA, NHI statistics(2014)
AHRQ, NHQR(2012)

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8. Access to Health Care (1)

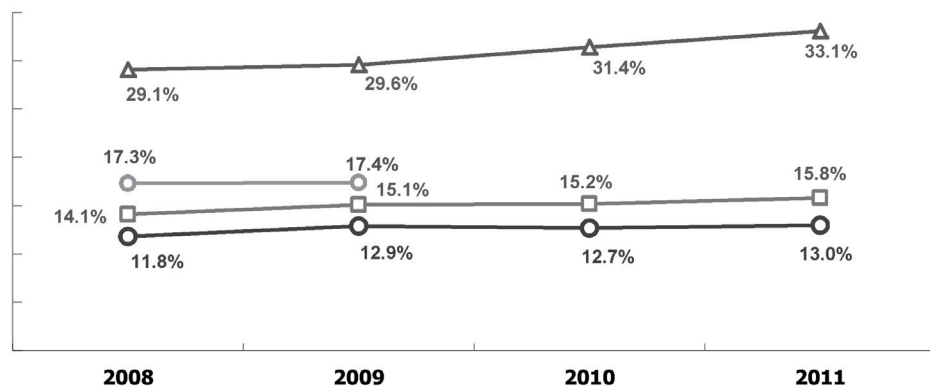


source: KIHASA & NHIS. Korea Health Panel
AHRQ, NHQR(2012)

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8. Access to Health Care (2)

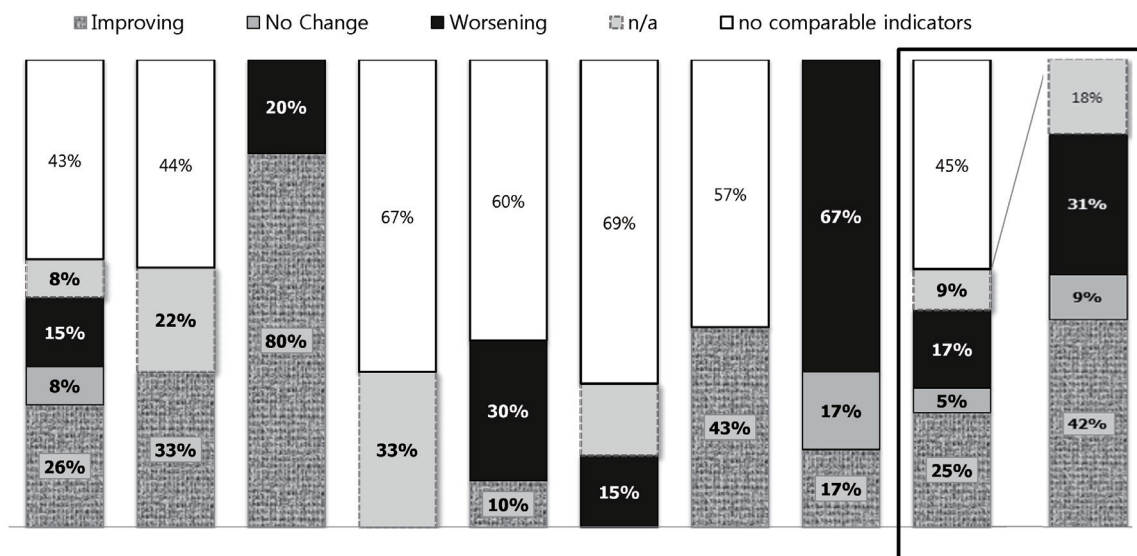
- People whose out-of-pocket medical expenses were more than 10% of total family income (total, Korea)
- △ People whose out-of-pocket medical expenses were more than 10% of total family income (over age 65, Korea)
- People whose out-of-pocket medical expenses were more than 10% of total family income (under age 65, Korea)
- ◇ People whose out-of-pocket medical expenses were more than 10% of total family income (under age 65, US)



Source: KIHASA & NHIS, Korea Health Panel

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Changing over time



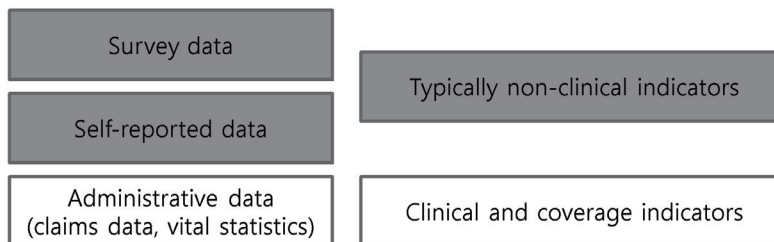
Improving=going is a positive direction at an average annual rate greater than 1% per year
 No Change=going is not changed or changing at an average annual rate less than 1% per year
 Worsening=going is a negative direction at an average annual rate greater than 1% per year
 n/a = if indicators have only one year, no comparable indicators are measures which can't produce in Korea among AHRQ all measures
 Note: for each measure, the earliest and most recent data were analyzed, data from 2005~2011

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Challenges

1. Establishing National Quality Strategy
2. Cooperation among quality stakeholders, government agencies
3. Data diversity

Administrative data-dependent → Different types of data-complementary



4. Expanding measures & scientific validation of measures
5. Policy implications

MEMO