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Finger Lakes Health Systems Agency

# The State of Health Care in Our Region

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**Rochester Area Health Care Forum**  
**Business and Labor Coalition of New York**  
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# Finger Lakes Health Systems Agency

- FLHSA is an independent, state-supported community health planning organization serving the nine-county Rochester and Finger Lakes region.
  - As the driver of objective, data-driven solutions to changing health needs, FLHSA works with every stakeholder to optimize cost, quality and access to care.
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## Finger Lakes Health Systems Agency

- Independent, honest broker status – We represent the community without a separate agenda
  - Data warehouse – We have the most extensive information available on community health and health-care providers
  - Expert analytic capability – We interpret the data to help stakeholders craft solutions that improve the health system
  - Informed convener – We have ongoing relationships with system stakeholders and other experts; we create and staff commissions, coalitions and task forces to address critical health needs.
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# NYS DOH Agenda for Change

- Prevention Agenda
- Expectations of CON Applicants
- Support for Local Health Planning

# Healthcare in Our Region

# Health and Health Care Trends of Note

- Aging of the Population
- Determinants of Health – Behavior, Environment and Genetics more important than Health Care
- Movement of Health Care Services from Inpatient to Outpatient
- Disparities in Health Outcomes
- Disparities of Access to Health Care

# Preventable Hospitalizations

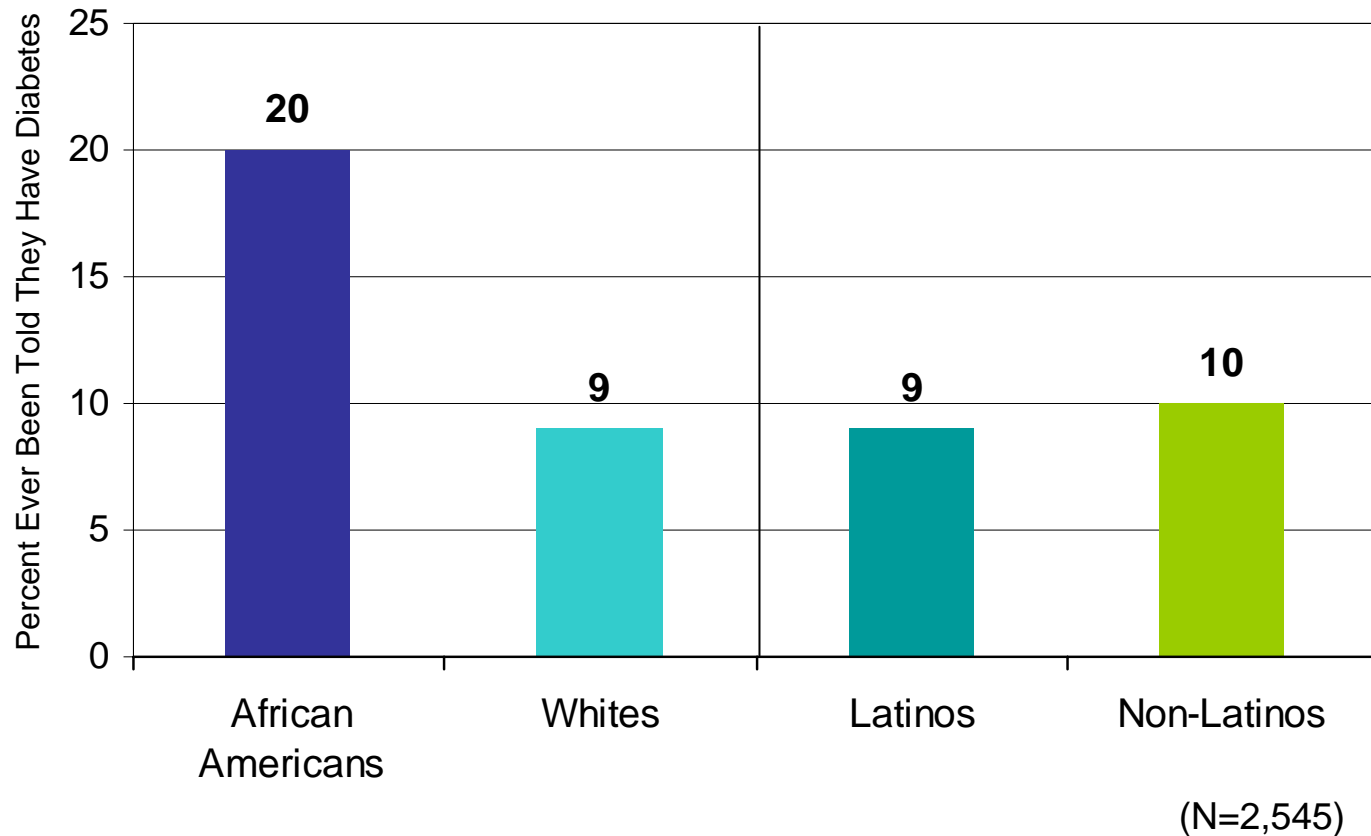
- Prevention Quality Indicators (PQIs): Used to assess the quality of outpatient care for "ambulatory care sensitive conditions" (ACSCs).
- ACSCs: Conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.
- NY Department of Health: With the Prevention Agenda, DOH puts priority emphasis on PQIs as a focus for improving access to and quality of health care services

# Examples of Adult PQIs

- Short-term complication of diabetes
- Long-term complication of diabetes
- Uncontrolled diabetes
- Lower-extremity amputation among patients with diabetes
- Hypertension
- Congestive heart failure
- Angina
- Chronic obstructive pulmonary disease
- Asthma
- Dehydration
- Bacterial pneumonia
- Urinary tract infection

# Case Example: Diabetes

## Prevalence of Diabetes by Race/Hispanic Origin, Monroe County

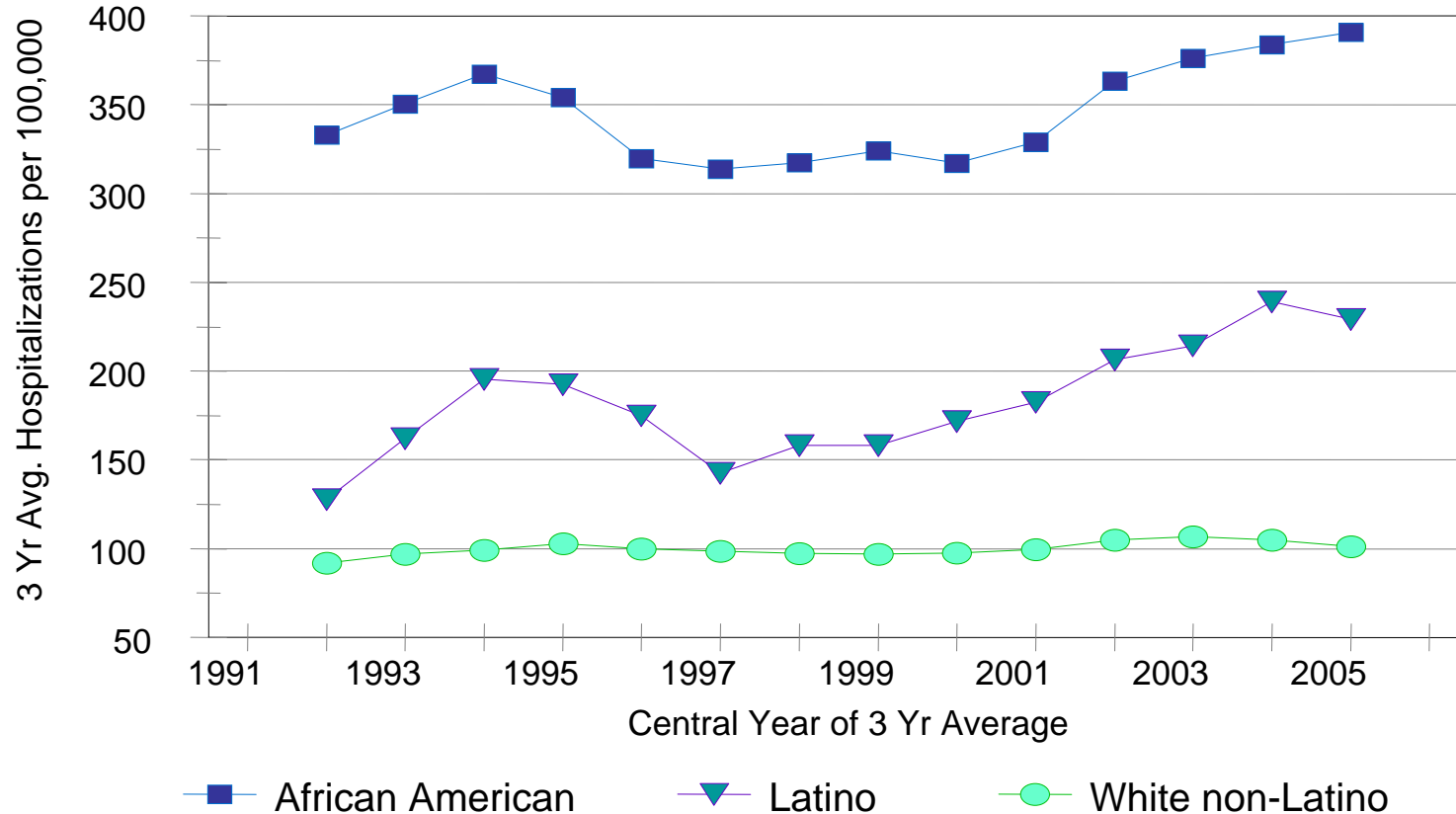


African Americans are still significantly more likely to have been told they have the disease. The rates do not vary significantly for Latinos and non-Latinos

*Monroe County Adult Health Survey Report, 2006*

# Diabetes Hospitalization Rate

## Finger Lakes Region by Race/Hispanic Origin

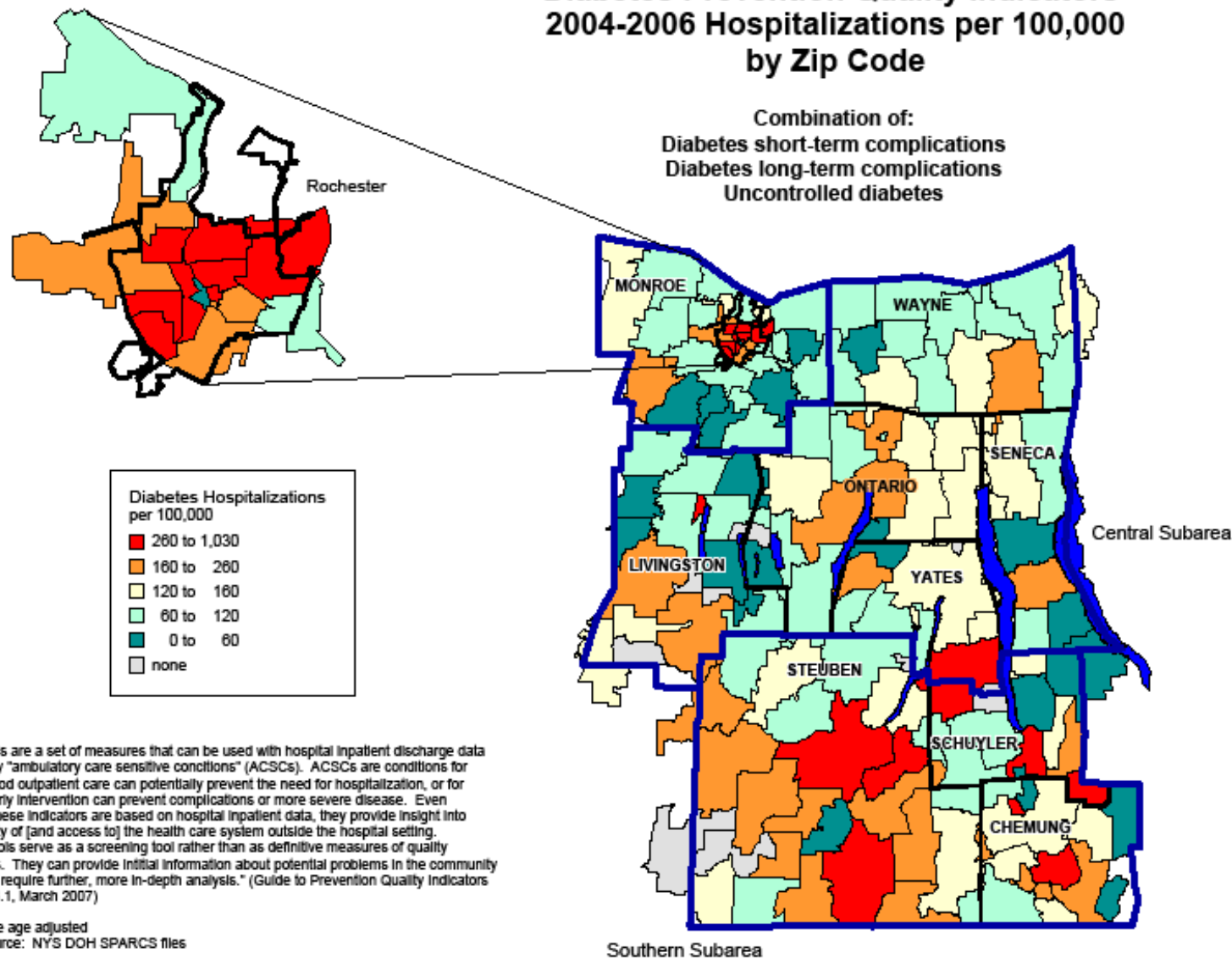


Increasingly high diabetes hospitalizations among African Americans and Latinos increases the gap between Rochester and high performing health systems.

Rates are age-sex adjusted to 2000 standard U.S. population

*NYS DOH, Vital Statistics*

# Diabetes Prevention Quality Indicators 2004-2006 Hospitalizations per 100,000 by Zip Code



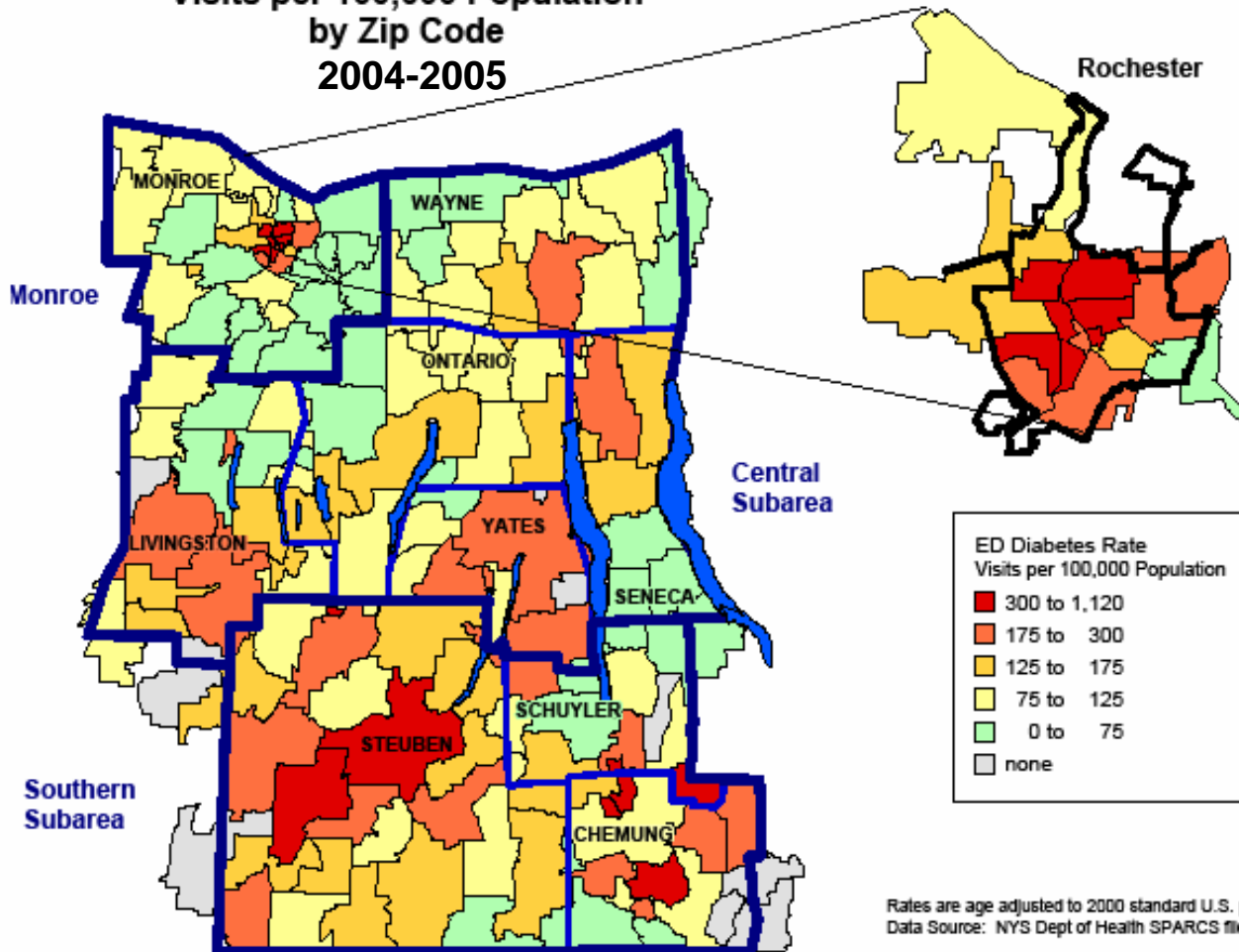
Preventable diabetes hospitalizations predominantly come from Rochester City and the Southern tier, indicating disparities of access to health care resources among the poorest residents.

"The PQIs are a set of measures that can be used with hospital inpatient discharge data to identify "ambulatory care sensitive conditions" (ACSCs). ACSCs are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. Even though these indicators are based on hospital inpatient data, they provide insight into the quality of [and access to] the health care system outside the hospital setting. These tools serve as a screening tool rather than as definitive measures of quality problems. They can provide initial information about potential problems in the community that may require further, more in-depth analysis." (Guide to Prevention Quality Indicators version 3.1, March 2007)

Rates are age adjusted  
Data Source: NYS DOH SPARCS files

*NYS DOH SPARCS files, 2004-2006*

**Emergency Dept Treated & Released Visits  
with Primary Diagnosis of Diabetes  
Visits per 100,000 Population  
by Zip Code  
2004-2005**



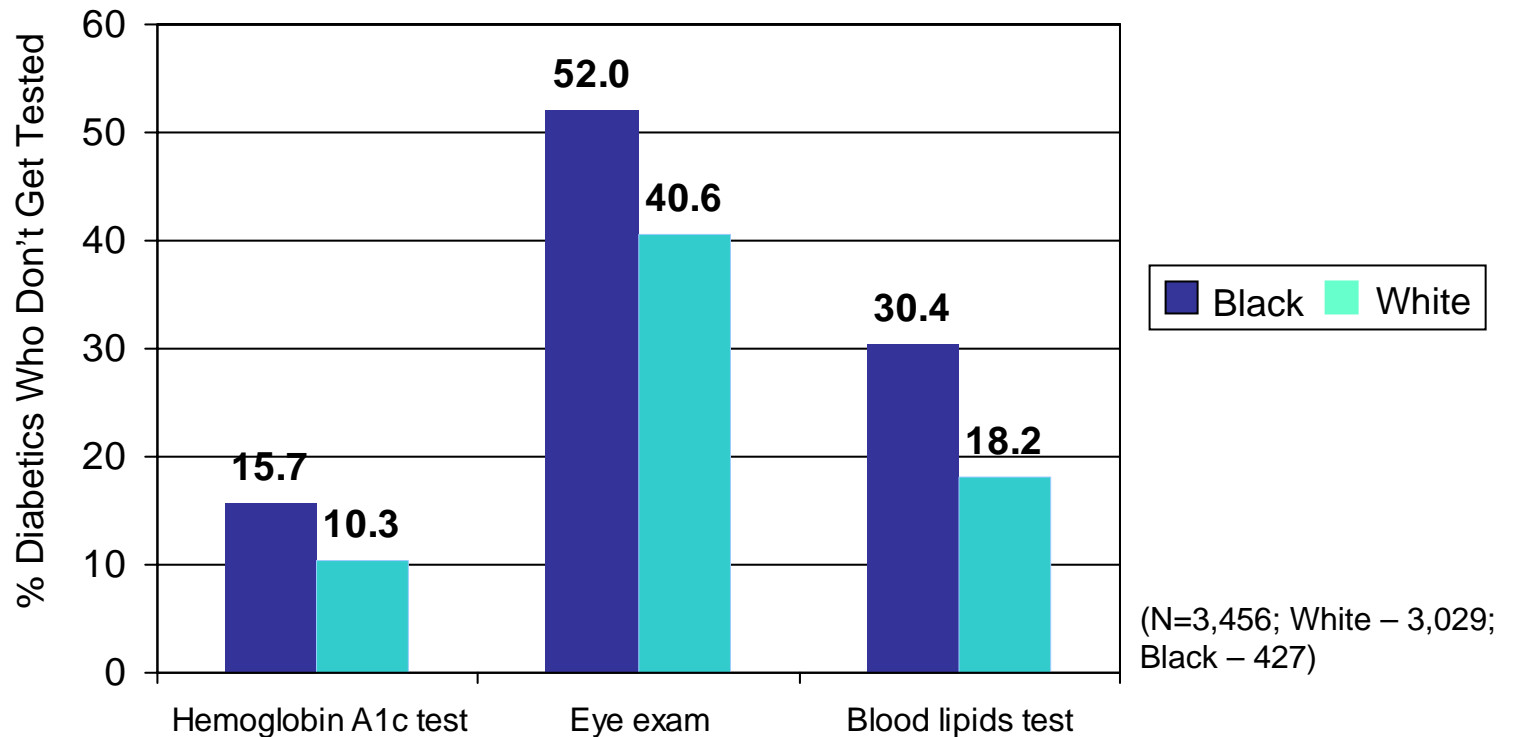
Rates are age adjusted to 2000 standard U.S. population  
Data Source: NYS Dept of Health SPARCS files

In Rochester, the majority of diabetics treated in the emergency department are African American and Latino.

\*ED visits for SMH are incomplete

# Indicators of Quality of Diabetes Care – Rochester, NY Health Referral Region (HRR)

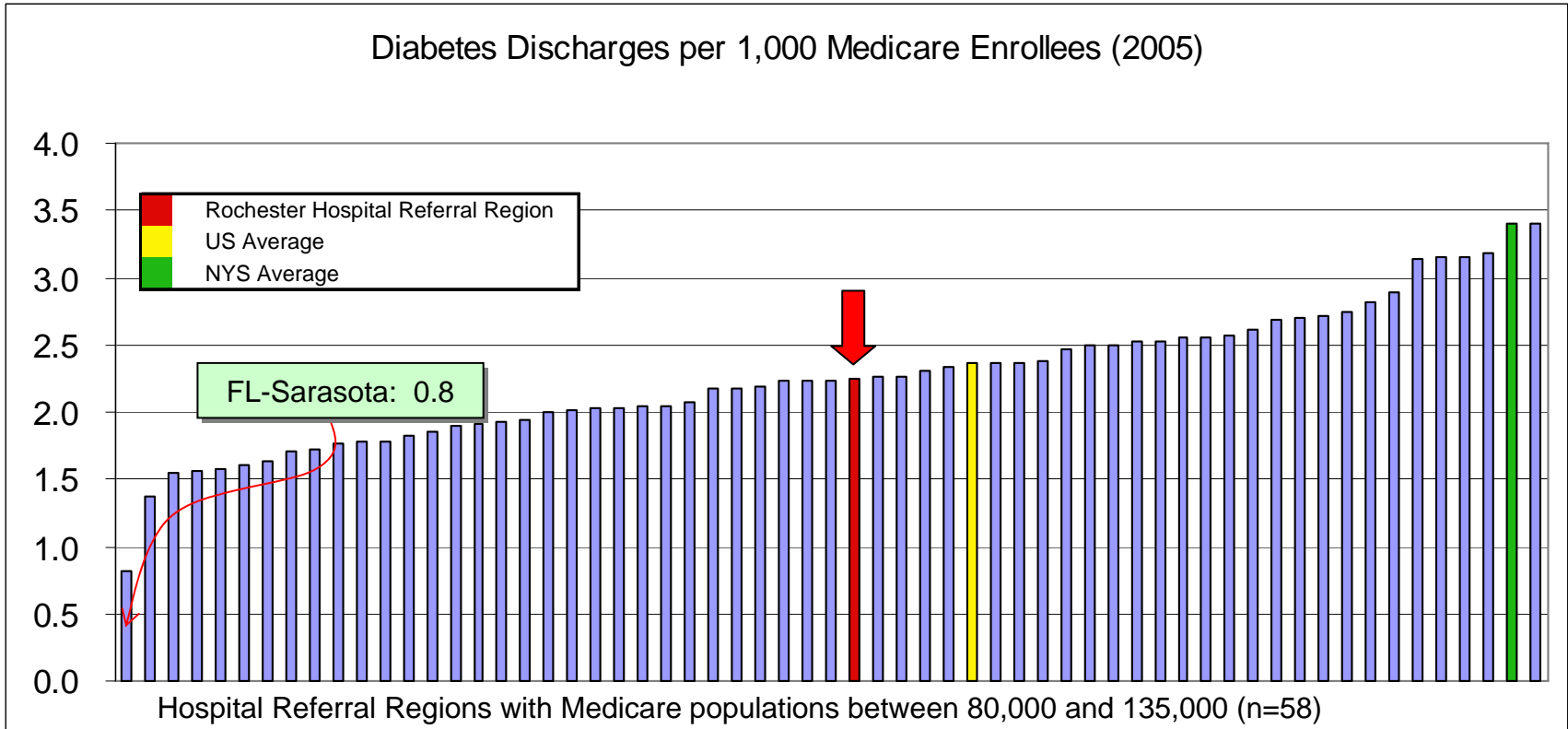
## Medicare Enrollees, 2003-2005



The racial disparities regarding the number of individuals likely to have their blood lipids tested and get eye exams were more pronounced in the Rochester area than in other parts of western NY and other parts of the country.

*Aligning Forces for Quality, Dartmouth Atlas, 2008*

# FLHSA Comparison to Similar Health Referral Regions (HRRs)



Source: Dartmouth Atlas of Health Care

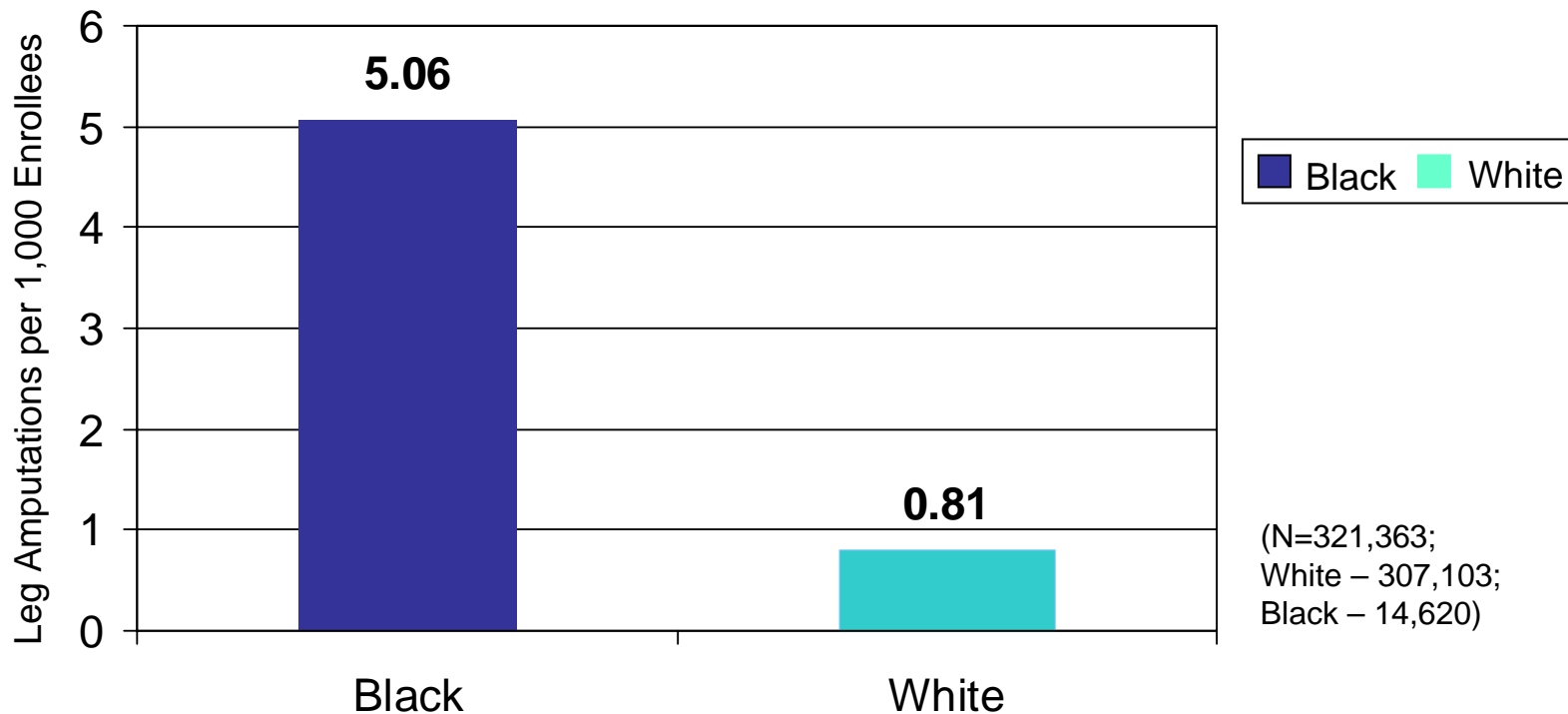
<b>Rochester HRR</b>	
<b>Actual</b>	2.2
<b>Percentile</b>	53
<b>Rank (n of 306)</b>	164

Stroudwater Associates, 4/14/08

Although it compares favorably to the NYS and national averages, adoption of best practices could reduce the number of diabetes discharges per 1,000 Medicare enrollees – and likely among HMO members.

# Indicators of Quality of Diabetes Care – Rochester, NY Health Referral Region (HRR)

## Medicare Enrollees, 2003-2005

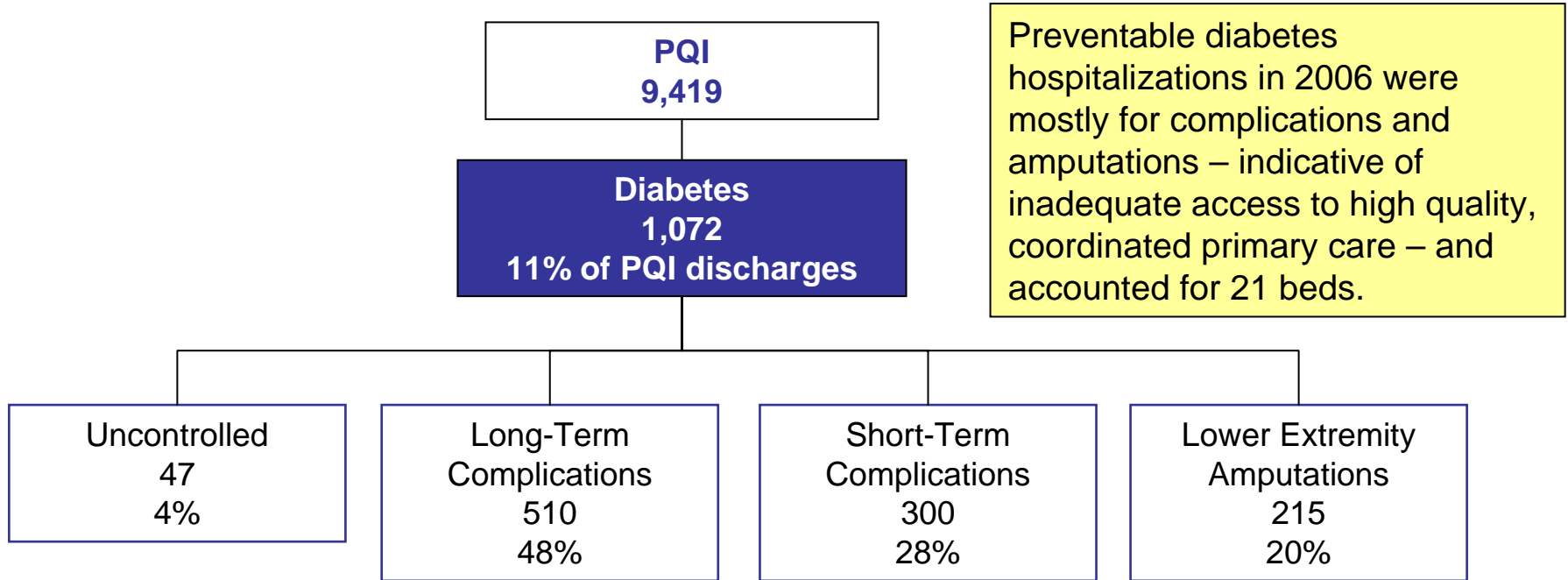


The discrepancy of leg amputation rates indicates differences in preventative care and a community's socioeconomic problems. These racial disparities are more pronounced in the Rochester area than in other parts of western NY and nationwide.

*Aligning Forces for Quality, Dartmouth Atlas, 2008*

# Diabetes PQI Hospitalizations – Avg. Discharges, 2006

## Monroe County Hospitals\*



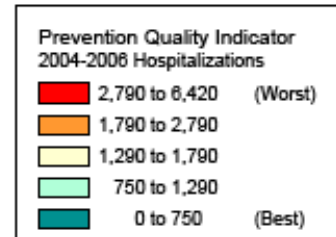
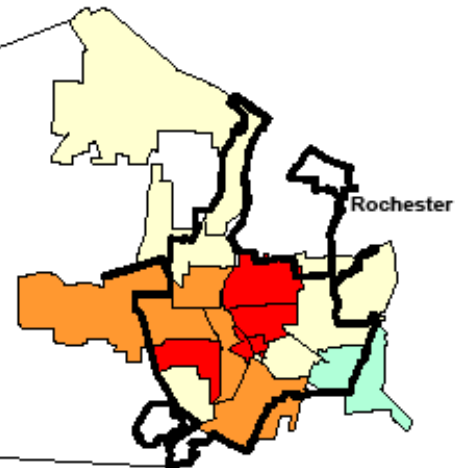
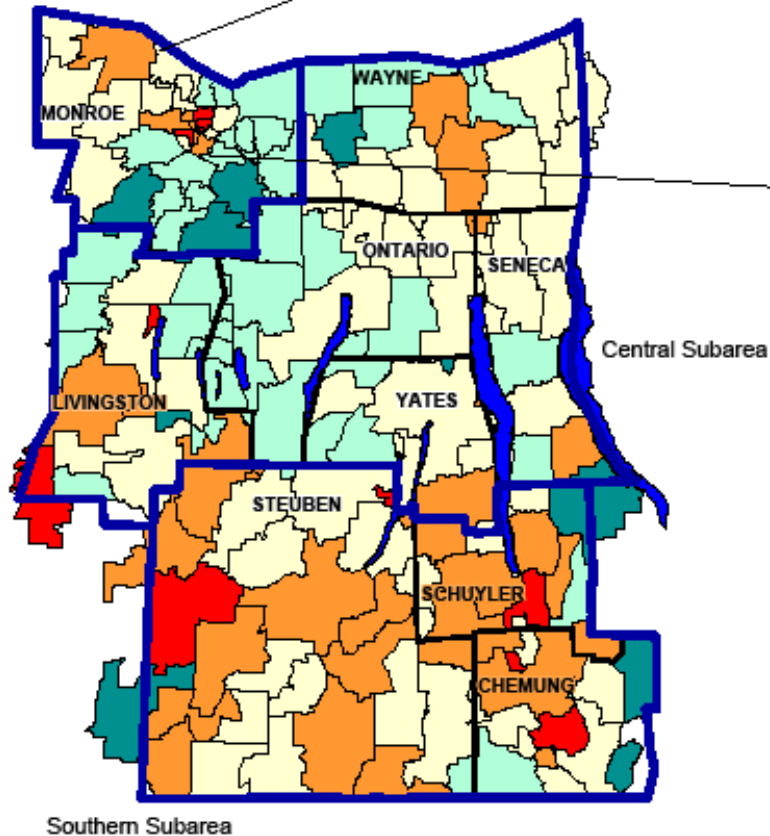
Preventable diabetes hospitalizations in 2006 were mostly for complications and amputations – indicative of inadequate access to high quality, coordinated primary care – and accounted for 21 beds.

Patient Days	7,689
Associated Charges (not costs)	\$15,850,000
Diabetes PQI Beds	21

AHRQ Prevention Quality Measures, 2006

\*Includes HH, RGH, Unity, SMH, Lakeside

**Prevention Quality Indicator (Adults)  
2004-2006 Hospitalizations per 100,000  
by Zip Code**



As in the case of diabetes PQI hospitalizations and ED utilization, overall PQI hospitalizations derive from minority and poor populations.

"The PQIs are a set of measures that can be used with hospital inpatient discharge data to identify "ambulatory care sensitive conditions" (ACSCs). ACSCs are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. Even though these indicators are based on hospital inpatient data, they provide insight into the quality of [and access to] the health care system outside the hospital setting. Although other factors outside the direct control of the health care system, such as 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." (AHRQ Guide to Prevention Quality Indicators version 3.1, March 2007)

Rates are age-adjusted  
Data Source: NYS DOH SPARCS files

*NYS DOH SPARCS files*

## Areas to Improve in Use of Healthcare Services

- Potentially Avoidable Inpatient Use
- Avoidable Use of Emergency Departments
- In-migration of Low Acuity Hospital Patients into Urban Facilities
- Shortages of Primary Care Physicians & Excesses of Specialty Care Physicians
- Mis-placed Emphasis on Treatment vs Prevention of Disease, especially Chronic Diseases



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## Finger Lakes Health Systems Agency

The triangle represents our agency's role as a fulcrum—the point on which a lever pivots—boosting the community's health by leveraging the strengths of all stakeholders. The fulcrum is also a point of equilibrium, reflecting our ability to balance the needs of consumers, providers and payers on complex health matters. The inner triangle also evokes the Greek letter delta—used in medical and mathematical contexts to represent change—with a forward lean as we work with our community to achieve positive changes in health care.

Give me a lever long enough and a fulcrum on which to place it,  
and I shall move the world. —Archimedes

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This event is brought to you in coordination with our Rochester area organizing partners:

**American Cancer Society \* Downtown  
Community Forum \* Finger Lakes Health  
Systems Agency \* IBEW local 86 \* NYSUT \*  
Rochester Area Labor Federation**

A special thank you to our sponsor:  
**Monroe Plan for Medical Care**