

## North Carolina Triple Aim Scorecard

Strategic Area	Measure	Trend	NC Rate	Goal	Year	NC Range
<b>Population Health</b>						
Racial disparities in infant health	African-American babies born w/low birth weight	↔	13.8%	7.5%	2014	6.3-23.8%
Diabetes	Diabetes prevalence	↓	9.8%	7.2%	2014	7.5-14.8%
Obesity	Adult obesity rate	↔	29.7%	24.1%	2013	23.0-40.7%
<b>Patient Experience/Quality</b>						
Care Transitions	Patients reporting good care transitions	↔	52%	56%	2014Q4-2015Q3	40-64%
Hospital Infections	CAUTI Standardized Infection Ratio (SIR)	↓	0.55	0.50	2016Q1-2016Q2	0.0-1.3
Mental Health System	% of ED visits which are for mental health	↓	2.4%	2.4%	2015Q4-2016Q1	0.5-7.4%
Adequacy of Ambulatory Care	Rate of admissions for conditions amenable to outpatient care (per 1,000 Medicare beneficiaries)	↓	56.7	38.2	2012CY	47.7-68.8
<b>Cost</b>						
Readmissions	30-day all cause, all payer readmission rate	↔	11.9%	10.7%	2015Q1-2015Q4	3.0-18.4%
Medicaid Costs	Total Medicaid spending per full benefit enrollee	n/a	\$5,450	n/a	2011FY	US range: \$4,010-\$11,041

August 31, 2016

1. **Racial disparities** in infant health. Goal is to reduce percent of low birth weight babies among African-Americans to the percent of low birth weight babies among Caucasian mothers for the same time period. Trend arrow represents no change, since the decrease of 2%, comparing baseline data (2011) to current data (2014), is less than 5%. NC Range represents highest and lowest county rates, excluding 27 counties with fewer than 20 births to African-American mothers in 2014. Data source is NC birth data accessed at <http://www.schs.state.nc.us/interactive/query/> 8/17/16.

2. **Diabetes** prevalence (age-adjusted). Goal is the rate among the top 10<sup>th</sup> percentile of US states reporting in the baseline time period (2011CY). The trend is reported as decreasing 8% from 10.6% in 2010 to 9.8% in 2014. Range is across all NC counties reporting. Data source is BRFSS, accessed at <http://www.cdc.gov/diabetes/atlas/countydata/atlas.html> in Diagnosed Diabetes (Prevalence, Age-Adjusted) on 8/17/16.

3. **Obesity** rate (age-adjusted). Goal is the rate among the top 10<sup>th</sup> percentile across all US states reporting in the baseline time period (2011CY). Trend arrow represents no change, since the decrease of 4%, comparing baseline data (31.0% in 2012) to current data (29.7% in 2013) is less than 5%. Range is across all NC counties reporting. Data source is BRFSS, accessed at [http://www.cdc.gov/diabetes/atlas/countydata/County\\_ListofIndicators.html](http://www.cdc.gov/diabetes/atlas/countydata/County_ListofIndicators.html) in Obesity Prevalence (Prevalence, Age-Adjusted) 8/17/16.

4. **Care Transitions (CTM3)**. Goal is the rate among the top 10<sup>th</sup> percentile of US states reporting (2014 Q4 – 2015 Q3). Trend represents no change from 2014CY. Range is across all NC hospitals reporting. Source is HCAHPS data from CMS Hospital Compare (<https://data.medicare.gov/data/hospital-compare>) accessed on 7/27/16.

5. **Hospital Infections**: CAUTI across all hospital locations. Due to changes in the CAUTI definition made in 2015, trend is based on the 2015CY baseline to the two most recent quarters of data. Changes to the CAUTI definition in 2015 made it impossible to set a CAUTI goal based on past national performance; because of this, NCQC reviewed 2015CY data for NC and used the lowest quarter of 2015 as NC's goal for 2016CY. Current trend shows a 5.5% decrease. Range is across NC hospitals granting NCQC/NCHA rights to view their data in the CDC's infection database (NHSN) that also had an expected number of CAUTIs greater than or equal to 1.0. Data source for state data accessed 7/25/16.

6. **Mental Health System**. Mental Health definition revised to reflect alignment with NCHA Behavioral Health Workgroup as well as recent conversion to ICD-10 coding. Goal was set as the performance of the second best NCHA district in NC during 2014CY. Trend represents a 7.4% decrease of from 2013CY baseline to most recent two quarters of data. Range is across all NC acute care hospitals reporting. Data source is NCHA claims data (PDS).

7. **Adequacy of Ambulatory Care**. Discharges for Ambulatory Sensitive Conditions per 1,000 Medicare enrollees, 2012. Trend represents a decrease of 6% from 2011. Goal is the rate among the top 10<sup>th</sup> percentile across all US states reporting. Range is across

NC Hospital Referral Regions. Data source is Dartmouth Atlas of Health, <http://www.dartmouthatlas.org/data/table.aspx?ind=199> accessed 8/17/16.

**8. Readmissions.** 30 day all-cause, all-payer readmission rate. Goal is a reduction of 10% from the 2014CY state performance. Trend represents no change from 2013 CY baseline. Range is across all acute care hospitals in NC reporting readmission data. Data source is NCHA claims data (RRI) accessed 8/22/16.

**9. Medicaid costs per capita.** Range is across all US states reporting. The goal is n/a because there is no good national data on a Medicaid target for spending; also, while lower costs are generally better, Medicaid spending which is too low can indicate under-resourcing. Data source is <http://kff.org/medicaid/state-indicator/medicaid-spending-per-full-benefit-enrollee/> accessed 8/12/16.