

North Carolina Triple Aim Scorecard

Strategic Area	Measure	Trend	NC Rate	Goal	Year	NC Range
Population Health						
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	↔	10.7%	7.2%	2012	7.7-15.3%
Obesity	Adult obesity rate	↔	31.0%	24.1%	2012	19.8-39.5%
Patient Experience/Quality						
Care Transitions	Patients reporting good care transitions	↔	52%	56%	2014Q3-2015Q2	37-76%
Hospital Infections	CAUTI Standardized Infection Ratio (SIR)	↓	0.54	0.50	2016Q1	0.0-2.3
Mental Health System	% of ED visits which are for mental health	↔	3.5%	3.2%	2014Q4-2015Q3	0.8-8.5%
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
Cost						
Readmissions	30-day all cause, all payer readmission rate	↔	11.9%	10.6%	2014Q4-2015Q3	3.2-18.9%
Medicaid Costs	Total Medicaid spending per full benefit enrollee	n/a	\$5,450	n/a	2011FY	US range: \$4,010-\$11,041

May 26, 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 0.3%, comparing baseline data (2011) to current data (2014), is less than 1%. 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/> 5/03/16.

2. **Diabetes** prevalence (age-adjusted). Goal is the rate among the top 10th percentile of US states reporting in the baseline time period (2011CY). The trend is reported as no change, because the decrease of 0.1% from 2011, is less than 1%. 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 5/3/16.

3. **Obesity** rate (age-adjusted). Goal is the rate among the top 10th percentile across all US states reporting in the baseline time period (2011CY). The trend is reported as no change, because the decrease of 0.34% from 2011 is less than 1%. Range is across all NC counties reporting. Data source is BRFSS, accessed at http://www.cdc.gov/diabetes/atlas/countydata/County_ListofIndicators.html in Obesity Prevalence (Prevalence, Age-Adjusted) 5/3/16.

4. **Care Transitions (CTM3)**. Goal is the rate among the top 10th percentile of US states reporting (2014 Q3 – 2015 Q2). Trend represents no change from 2014CY. Range is across all NC hospitals reporting. Data source is HCAPS, July 2014 – June 2015. Accessed at CMS Hospital Compare, <https://data.medicare.gov/data/hospital-compare> 5/4/16.

5. **Hospital Infections**: CAUTI across all locations. Due to changes in the CAUTI definition made in 2015, trend is based on the 2015CY baseline to the most recent quarter of data. Current trend shows a 7.1% 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 from CDC: <http://www.cdc.gov/hai/progress-report/index.html> accessed 5/18/16. 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.

6. **Mental Health System**. Goal was set as the performance of the second best NCHA district in NC in 2014CY. Trend represents a 0.3% decrease of from 2013CY baseline to most recent four quarters of data (trends of 1% or less are shown as arrows representing no change). Range is across all NC 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 10th 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 5/3/16.

8. Readmissions. 30 day all cause all payer readmission rate. Goal is a reduction of 10% from the 2014CY state performance. Trend is 4.7% decrease from 2013CY. Range is across all acute care hospitals in NC reporting readmission data. Data source is NCHA claims data (RRI) accessed 5/18/16.

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 5/12/16.