Vermont Banking, Insurance, Securities and Health Care Administration
Measures for the 2009 Hospital Community Needs Assessment Report
Approved by the Commissioner, February 2007

This document includes a listing of the quantitative measures for the 2009 hospital community needs assessment reports as approved by the commissioner of the Vermont Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA) per the requirements of 18 V.S.A. § 9405a. A separate section on page 25 includes unique requirements applicable to Retreat Healthcare. For the 2005 reports, the Vermont Department of Health (VDH) provided the bulk of the measures and data tables used in the reports. BISHCA requested VDH to review the measures in the 2005 reports and make recommendation for the 2009 measures and data tables based on the availability and quality of data. VDH will coordinate with the Vermont Association for Hospitals and Health Systems in the production of measures for the 2009 report. BISHCA specifically posed the following questions as a guide for the VDH review of measures:

- Which measures from the 2005 reports should be maintained for 2009?
- Which measures should be removed (and why)?
- Are there new measures that should be added for the 2009 reports?
- Which measures would be appropriate to include statistical significance testing?
- How should the 2009 reports display the data (e.g., show 2005 and 2009 results for each measure for HSA and State overall?)
- Which measures should show rates based on demographic characteristics (e.g., gender)?

BISHCA would like to thank the staff involved in this exercise from the following units and programs in VDH including the Chronic Disease Epidemiology Branch, Mental Health Statistics Unit, Research & Statistics Unit, Surveillance Systems & Policy Unit, Vermont Immunization Registry, Vermont Cancer Registry, Vital Records / Statistics Unit, and the Public Health Statistics Chief. BISHCA also thanks the Vermont Association of Hospitals and Health Systems (VAHHS) for facilitating communication with the hospitals and for continuing coordination of this reporting mandate.

Quantitative Measures

Overview

A series of measures related to health status, health habits and behaviors, and hospital utilization will be obtained from the Vermont Department of Health (VDH) as described in the bullets below. All data from VDH will be collated and reported by health service area (HSA), as described below, unless otherwise noted. This data will be available to hospitals and VAHHS by July 1, 2008. VAHHS will work closely with VDH to finalize the format for the approved measures. (Note: Measures may be removed from the report based on recommendations from VDH and BISHCA, in consultation with VAHHS, after they begin collating the data.)

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VAHHS will make a single request for data to VDH on behalf of all Vermont hospitals. The data will be the most recent available at the time of the request. The time period will depend on the measures, but in general, data from a time period spanning 2003 to 2006 will be utilized.

Data will be trended over time, as appropriate, to make the measures more robust. In most cases, this will be either a three- or four-year time period. The table within this document outlines the specific measures.

Health Service Areas

For the purposes of obtaining VDH data on Vermont residents pertaining to hospital utilization, vital statistics, registries, surveys and programs, health service areas are defined in the same manner as they are defined for the Vermont State Health Plan.

Timetable

In order to meet the requirement that the 2009 Report be released on March 1, 2009, the following timetable will be in place for development of the report contents:

March – June 2008	Health Department gathers and prepares data
July 1, 2008	Data from Health Department delivered to VAAHS (completed / formatted)
Sept. – Nov. 2008	Hospitals meet with the public
March 1, 2009	2009 Report released

Format

VDH will provide the data to VAHHS in the following format:

- Excel spreadsheet for <u>each</u> HSA;
- Each spreadsheet will contain separate tabs that correspond to each category of measures;
- Each tab will show the data for: HSA vs. State Overall (2005); HSA vs. State Overall (2009); and, results of statistical significance testing (if applicable) for only the HSA vs. State Overall (2009).

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Measures

The 2009 CNA reports will display the following data for each measure: 2005 CNA report number/value for the HSA; 2005 CNA report number/value for the State Overall; 2009CNA Report number/value for the HSA; 2009CNA Report number/value for the State Overall; results of any statistical significance testing, as appropriate (bold or an asterix on differences). Any statistical significance testing will only be performed for HSA vs. State Overall for the 2009 report data. (Significance testing to compare 2009 Report data to the 2005 Report data will not be conducted.) VDH will provide links to web sites that contain trend over time data for a specific measure or topic (where available).

The measures to be included are organized by the following categories (which are the same as the 2005 reports):

DEMOGRAPHICS

- Utilize the 2006 VDH population estimates for purposes of rates and percentages.
- Leading causes of death will be the same as the 2005 CNA Report (five leading causes). The time period for comparison will be 2003-2006. Data will show: 2005 CNA Report number for HSA; 2005 CNA Report number for State Overall; 2009 CNA Report number for HSA; 2009 CNA Report number for State Overall.
- Include age-adjusted death rates, as well as the number of deaths.
- Include gender break for the leading causes of death.
- Exclude statistical significance testing for leading causes of death since for most of the HSA's the numbers become quite small after the first two causes.

OVERALL MEASURES OF COMMUNITY HEALTH AND HOSPITAL UTILIZATION

- Mental health (MH) data will be provided for a time period through 2006 and compared to the previous CNA Report. The time period for comparison will be dependent on which measure is utilized. Data will show: 2005 CNA Report number for HSA; 2005 CNA Report number for State Overall; 2009 CNA Report number for HSA; 2009 CNA Report number for State Overall.
- Confidence intervals were provided with the 2005 CNA Report data on unduplicated numbers of people served since statistical estimation was involved. Significance measures when actual counts (number of episodes of care and numbers of patient days) were not provided because there was no statistical uncertainty. We will utilize the same methodology.
- In the 2005 CNA Reports, the number of patient days for dozens of narrow diagnostic categories was unhelpful to readers. Utilize a smaller number of diagnostic categories of significant interest for the 2009 CNA Report.

- For all other data (non-MH data), utilize the 2006 hospital discharge data and compare to the previous CNA Report. Data will show: 2005 CNA Report number for HSA; 2005 CNA Report number for State Overall; 2009 CNA Report number for HSA; 2009 CNA Report number for State Overall.
- Statistical testing will not be performed since it is not appropriate for hospital level data and the HSA program already tests the HSA against the state rate for a given year.
- If VDH is receiving out-of-state data for ED records and outpatient procedures, and those records seem to be defined in a way that is comparable to the VT hospital data, then these data will be run by HSA. (In the 2005 CNA Report, all of these tables were by hospital only.)

CANCER

- Maintain all of the cancer incidence measures from the 2005 CNA Report. The time period utilized will be 2002 – 2005. Data will show: 2005 CNA Report number for HSA; 2005 CNA Report number for State Overall; 2009 CNA Report number for HSA; 2009 CNA Report number for State Overall.
- In addition, add three measures that look at stage at diagnosis. Those additions are:
    - Rate of breast cancer incidence per 100,000 women age 40 and over diagnosed at advanced stage (regional, distant stage or local stage w/tumor greater than 2cm.
    - Rate of cervical cancer incidence per 100,000 women age 20 and over diagnosed at advanced stage (all invasive tumors).
    - Rate of colorectal cancer incidence per 100,000 men and women age 50 and over diagnosed at advanced stage (tumors diagnosed at regional or distant stage).
- Maintain the same methodology utilized in the 2005 CNA report, which included calculation of rates and number of cases per year.
- Data will be age-adjusted to the 2000 Census; responses for age 18+.
- Include statistical significance testing on HSA vs. State Overall.

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MATERNAL/CHILD HEALTH

- The time period for comparison will be 2003 – 2005 or 2003 – 2006. Data will show: 2005 CNA Report number for HSA; 2005 CNA Report number for State Overall; 2009 CNA Report number for HSA; 2009 CNA Report number for State Overall.
- Exclude statistical significance testing due to comparability problems. VDH transitioned to the federal government's revised standard Birth Certificate, converted legacy data into a new database, and launched a completely new Electronic Birth Registration System (EBRS) in mid-2005.
- Add a new measure for "breast feeding at time of discharge."

MENTAL HEALTH AND SUBSTANCE ABUSE

- BRFSS data will be provided for 2003 – 2006 or 2004 – 2007 and compared to the previous CNA Report. The time period for comparison will be dependent on which measure is utilized. (Some measures are not asked every year on the BRFSS.) We will work to make it a comparable time period for comparison purposes. Data will show: 2005 CNA Report number for HSA; 2005 CNA Report number for State Overall; 2009 CNA Report number for HSA; 2009 CNA Report number for State Overall.
- Data will be age-adjusted to the 2000 Census; responses for age 18+.
- Include all of the BRFSS measures from the 2005 CNA Report except: Binge drinking (question changed on BRFSS and not comparable to old question).

CHRONIC DISEASE

- BRFSS data will be provided for 2003 – 2006 or 2004 – 2007 and compared to the previous CNA Report. The time period for comparison will be dependent on which measure is utilized. (Some measures are not asked every year on the BRFSS.) We will work to make it a comparable time period for comparison purposes. Data will show: 2005 CNA Report number for HSA; 2005 CNA Report number for State Overall; 2009 CNA Report number for HSA; 2009 CNA Report number for State Overall.
- Data will be age-adjusted to the 2000 Census; responses for age 18+.
- Include all of the BRFSS measures from the 2005 CNA Report. COPD might not be available (no longer asked on BRFSS).
- Include statistical significance testing on HSA vs. State Overall.

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- Add two YRBS measures: BMI; Fruit/vegetable consumption.
- BRFSS data will be provided for 2003 – 2006 or 2004 – 2007 and compared to the previous CNA Report. The time period for comparison will be dependent on which measure is utilized. (Some measures are not asked every year on the BRFSS.) A comparable time period will be used for comparison purposes. Data will show: 2005 CNA Report number for HSA; 2005 CNA Report number for State Overall; 2009 CNA Report number for HSA; 2009 CNA Report number for State Overall.
- Data will be age-adjusted to the 2000 Census; responses for age 18+.
- Include all of the BRFSS measures from the 2005 CNA Report except: 6+ teeth lost (no longer asked on BRFSS).
- We will conduct statistical significance testing on HSA vs. State Overall.

INJURY AND VIOLENCE

- Utilize the 2006 hospital discharge data and compare to the previous CNA Report. Data will show: 2005 CNA Report number for HSA; 2005 CNA Report number for State Overall; 2009 CNA Report number for HSA; 2009 CNA Report number for State Overall.
- Statistical testing will not be performed since it is not appropriate for hospital level data and the HSA program already tests the HSA against the state rate for a given year.
- The four injury tables in the 2005 CNA Report were based on ED records and run by hospital. With comparable ED records from out-of-state hospitals, these tables could be run by HSA.

WORKFORCE

- Physician and Dentist data will be provided for the most recent year compared to the previous CNA Report. For the physician data, it will be 2006. For the dentist data, it will be 2007. Data will show: 2005 CNA Report number for HSA; 2005 CNA Report number for State Overall; 2009 CNA Report number for HSA; 2009 CNA Report number for State Overall.
- Maintain the Workforce measures from the 2005 CNA Report. Statistical significance testing is not appropriate on these counts of the full target population.

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Demographics					Demographics
• Total population	Yes	Yes	No	VDH Health Stats	
• Percent population 65 and over	Yes	Yes	No		
• Percent population 0 – 19	Yes	Yes	No		
• Percent at 100 percent and 200 percent of poverty level	Yes	Yes	No	VAHHS to obtain (Census Data)	
• Race and ethnic breakdowns	Yes	Yes	No		
Leading Causes of Death					Overall Measures of Community Health and Hospital Utilization
• All deaths per 100,000 (age-adjusted)	Yes	Yes	No	VDH Health Stats	
• Age-adjusted top 5 leading causes of death per 100,000	Yes	Yes	No		

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Hospital Utilization by Diagnosis and Procedure					

• Inpatient discharges by Hospital Service Area. Information will match the format of the Vermont Hospital Monograph.
  • Population by Hospital Service Area (see Monograph 1).
  • Five-year utilization by Hospital Service Area (see Monograph 5):
    • Number of discharges
    • Number of patient days
    • Discharge rate per 1,000
    • Patient Day rate per 1,000
    • Age-adjusted discharge rate
    • Age-adjusted patient day rate
• Summary Statistics by Hospital (see Monograph 2). Includes top 25 major diagnostic categories.
			No (see notes above under the description of the measures' categories)		Overall Measures of Community Health and Hospital Utilization

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					Overall Measures of Community Health and Hospital Utilization

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					Overall Measures of Community Health and Hospital Utilization

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• Outpatient Procedures by Hospital. Information will match the format of the Vermont Hospital Monograph.					

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Measure	Included in the 2005 Reports	Included in the 2009 Reports	Statistical Testing	Data Source	Table of Contents Section
	No	Yes	No (see notes above under the description of measures' categories)	BISHCA - Vermont Uniform Hospital Discharge Dataset. Reports will be provided by VDH.	
• Inpatient Discharges and unduplicated count of patients for Retreat Healthcare by appropriate diagnostic groupings by Age Cohort (<19, 19-44, 45-64, 65+) and Patient Origin (county) (See page 25 regarding additional reporting requirements for Retreat Healthcare)	Yes	Yes	No (see notes above under the description of measures' categories)	Retreat Health Care data. Reports will be provided by VDH.	

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Cancer				VDH Cancer Registry	Cancer
• Breast	Yes	Yes	Yes		
• Colorectal	Yes	Yes	Yes		
• Lung	Yes	Yes	Yes		
• Melanoma	Yes	Yes	Yes		
• Prostate	Yes	Yes	Yes		
• Cervical	Yes	Yes	Yes		
• All Cancers Combined	Yes	Yes	Yes		
• Rate of breast cancer incidence per 100,000 women age 40 and over diagnosed at advanced stage (regional, distant stage or local stage w/tumor greater than 2cm. **[NEW MEASURE]**	No	Yes	Yes		
• Rate of cervical cancer incidence per 100,000 women age 20 and over diagnosed at advanced stage (all invasive tumors). **[NEW MEASURE]**	No	Yes	Yes		
• Rate of colorectal cancer incidence per 100,000 men and women age 50 and over diagnosed at advanced stage (tumors diagnosed at regional or distant stage). **[NEW MEASURE]**	No	Yes	Yes		

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Measure	Included in the 2005 Reports	Included in the 2009 Reports	Statistical Testing	Data Source	Table of Contents Section
Maternal/Child Health				VDH Vital Statistics	Maternal/Child Health
• Percent singleton low birth weight newborns	Yes	Yes	No (see notes above)		
• % with inadequate weight gain during pregnancy	Yes	Yes	No (see notes above)		
• % with excessive weight gain during pregnancy	Yes	Yes	No (see notes above)		
• Adequacy of pre-natal care	Yes	Yes	No (see notes above)		
• Percent of mothers receiving first trimester prenatal care	Yes	Yes	No (see notes above)		
• Percent of pregnant women who smoke (any trimester)	Yes	Yes	No (see notes above)		
• Percent of mothers breastfeeding at time of discharge	No	Yes	No (see notes above)		

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Mental Health and Substance Abuse				VDH Adult BRFSS (items 1-3, 5) VDH Vital Statistics (item 4)	Mental Health and Substance Abuse
• Percent reporting chronic drinking	Yes	Yes	Yes		
• Percent reporting binge drinking	Yes	No	---		
• Percent at-risk for depression	Yes	Yes	Yes		
• Suicide rates	Yes	Yes	No		
• Drinking and driving	Yes	Yes	Yes		
Chronic Disease				VDH BRFSS	Chronic Disease
• Diabetes	Yes	Yes	Yes		
• Asthma	Yes	Yes	Yes		
• Coronary Artery Disease	Yes	Yes	Yes		
• Depression	Yes	Yes	Yes		
• COPD	Yes	Yes	Yes		

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Prevention ○ Colorectal screening **[NEW MEASURE]** ○ Prostate screening **[NEW MEASURE]** ○ Cervical screening **[NEW MEASURE]** ○ Breast screening **[NEW MEASURE]** ○ Blood pressure **[NEW MEASURE]**	No	Yes	Yes (if enough data)	VDH BRFSS	Prevention

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AHRQ Prevention Measures The Prevention QIs consist of the following rates of admission to the hospital: • Bacterial pneumonia • Dehydration • Urinary tract infection • Perforated appendix • Low birth weight • Angina without procedure • Congestive heart failure • Hypertension • Adult asthma • Chronic obstructive pulmonary disease • Diabetes short-term complication • Diabetes long-term complication • Uncontrolled diabetes • Lower-extremity amputation among patients with diabetes	Yes	Yes	No (the AHRQ software does not do statistical testing)	VDH using AHRQ software by health service area http://www.qualityindicators.ahrq.gov/data/hcup/prevqi.htm "The Prevention Quality Indicators (QIs) are a set of measures that can be used with hospital inpatient discharge data to identify "ambulatory care sensitive conditions." These 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 the health care system outside the hospital setting."	

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Measure	Included in the 2005 Reports	Included in the 2009 Reports	Statistical Testing	Data Source	Table of Contents Section
Access					Access
• Percent unemployed	Yes	Yes	Yes	VDH BRFSS	
• Percent uninsured	Yes	Yes	Yes		
• Percent couldn't afford to visit physician	Yes	Yes	Yes		
• Percent no visit to dentist in past 2 years	Yes	No	---		
• Number of Federally Qualified Health Centers (FQHC)	Yes	Yes	---	VAHHS to obtain (VDH Office of Rural Health and Primary Care) Primary Care Practice Database	
• Number of Rural Health Clinics	Yes	Yes	---		
• Number of Free Clinics	Yes	Yes	---		
• Occupancy rate of total nursing home beds in the service area	Yes	Yes	---	VAHHS to obtain (DAIL - Division of Rate Setting)	

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Lifestyle and Behavior					Lifestyle and Behavior
• 6+ teeth lost to decay or gum disease	Yes	No	---	VDH BRFSS	
• Percent of population not getting regular exercise	Yes	Yes	Yes		
• Percent of population over a healthy weight	Yes	Yes	Yes		
• Percent of population who are current smokers	Yes	Yes	Yes		
• Percent of population who were ever told their blood pressure is high	Yes	Yes	Yes		
• Percent reporting general health as fair or poor	Yes	Yes	Yes		
• Percent reporting getting recommended exercise	Yes	Yes	Yes		
• Youth risk behavior factors o Tobacco o Alcohol o Other Drug o Adolescents planning suicide (8th to 12th graders) o Suicide attempts o Depression o BMI **[NEW MEASURE]** o Fruit / Vegetable consumption **[NEW MEASURE]**	Yes Data was for CY 2003	Yes Data will be for CY2007	Yes	VDH YRBS	

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Injury and Violence					Injury and Violence
• Injury o Motor vehicle crashes o Falls o Fire o Assault	Yes	Yes	No (see notes above under the description of measures' categories)	BISHCA - Vermont Uniform Hospital Discharge Data Set. Reports will be provided by VDH using Emergency Department visit data plus Emergency Department visits which resulted in inpatient admissions.	
• Violence Child abuse (if available)	Yes	Yes	Unknown	VAHHS to obtain (SRS)	

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Workforce				VDH Health Stats Physician Licensing Survey	Workforce
• Primary care physician to population ratios (FTEs and numbers)	Yes	Yes	No		
o Adults: internal medicine and family practice (proportions) Notes: Ratios will be provided using both FTEs and raw numbers. Comparisons to standards will be provided if available. Adults are persons over 18 Family practice will be counted under both adults and children ratios (i.e., double counted)	Yes	Yes	No		
o Children: pediatrics and family practice (proportions, FTEs and numbers) Notes: Ratios will be provided using both FTEs and raw numbers. Comparisons to standards will be provided if available. Children are persons age 18 or younger Family practice will be counted under both adults and children ratios (i.e., double counted)	Yes	Yes	No		
• Percent of primary care physicians over 60 years of age	Yes	Yes	No		
• Percent of full time equivalent primary care physicians not accepting new patients	Yes	Yes	No		
• Percent of full time equivalent primary care physicians not accepting new Medicaid patients	Yes	Yes	No		
• Percent of full time equivalent primary care physicians who are not accepting new Medicare patients	Yes	Yes	No		

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• Selected specialty care physicians to population ratios. Available specialties are: o Pediatric Psychiatrists (to population < 18) o Psychiatry (excluding pediatric) o General Surgery o OB/GYN o Orthopedic Surgery o Internal Medicine o Anesthesiology o Radiology o Emergency Medicine	Yes	Yes	No	VDH Health Stats Physician Licensing Survey Note: Border hospitals may use their own data that includes their entire service area, including towns outside of Vermont	
• Primary care dentist to population ratio	Yes	Yes	No	VDH Health Stats Dental Licensing Survey	
• Percent of primary care dentists over 55 years of age	Yes	Yes	No		
• Percent of full time equivalent primary care dentists not accepting new patients	Yes	Yes	No		
• Percent of full time equivalent primary care dentists not accepting new Medicaid patients	Yes	Yes	No		

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• Nursing o Vacancy rate o Turnover rate o Length of time to fill positions o Travelers as a percentage of total staff nurse and CRNA budget	Yes	Yes	No	VAHHS to obtain (VAHHS HR survey)	
• Other Hospital Health Employees o Top 3 most unavailable positions o Vacancy rates for top 3 most unavailable positions o Positions more difficult to fill in 2003 than 2002	Yes	Yes	No	VAHHS to obtain (VAHHS HR survey)	

Reporting Requirements for the 2009 Community Needs Assessment for Retreat Healthcare

Retreat Healthcare will conduct the mental health and substance abuse-specific qualitative assessment of the Brattleboro market area, in conjunction with Brattleboro Memorial Hospital. Retreat Healthcare and Brattleboro Memorial Hospital may conduct joint meetings with providers, community leaders and community members per these guidelines. Retreat Healthcare will contribute the findings from the joint community meetings to the Brattleboro Memorial Hospital community needs assessment and also incorporate these findings into a separate community needs assessment report to be compiled by Retreat Healthcare to also include:

- Data its outreach workers are already collecting regularly from its primary referral sources
- Interviews from the directors of children's services at community mental health centers around the state

Retreat Healthcare will consult with the Vermont Council of Developmental and Mental Health Services if Retreat Healthcare chooses to use a survey instrument to conduct interviews of the directors of children's services at the community mental health centers for the purpose of refining the survey.

Pertaining to quantitative data, Retreat Healthcare will provide the inpatient discharge data to the Vermont Department of Health to support the production of reports specified on page 13 of this document listing quantitative measures required for Retreat Healthcare.