2022 National Healthcare Quality and Disparities Report

Introduction
2022 NATIONAL HEALTHCARE QUALITY AND DISPARITIES REPORT

Introduction
ACKNOWLEDGMENTS

The National Healthcare Quality and Disparities Report (NHQDR) is the product of collaboration among agencies from the U.S. Department of Health and Human Services (HHS), other federal departments, and the private sector. Many individuals guided and contributed to this effort. Without their magnanimous support, the report would not have been possible. Specifically, we thank:

Primary AHRQ Staff: Robert Valdez, David Meyers, Erin Grace, Karen Chaves, Darryl Gray, Barbara Barton, Romsai Boonyasai, Cecilia Hahn, and Doreen Bonnet.

HHS Interagency Workgroup (IWG) for the NHQDR: Chidera Agwu (HRSA), Girma Alemu (HRSA), Meredith Anderson (HRSA), Jill Ashman (CDC), Elizabeth Barfield (NIH), Barbara Barton (AHRQ), Troyana Benjamin (HRSA), Doreen Bonnett (AHRQ), Romsai Boonyasai (AHRQ), Christopher Cairns (CDC), Victoria Chau (SAMHSA), Karen Chaves (AHRQ), Xiuhua Chen (CVP Corp), Robin Cohen (CDC), Deborah Duran (NIH), Melissa Evans (CMS), Camille Fabiyan (AHRQ), William Freeman (AHRQ), Sabrina Frost (HRSA), Darryl Gray (AHRQ), Kirk Greenway (IHS), Monika Haugett (AHRQ), Rebecca Hawes (NIH), Kirk Henry (CDC), Sarah Heppner (HRSA), Roxana Hernandez (SAMHSA), Susan Jenkins (ACL), Christine Lee (FDA), Doris Lefkowitz (AHRQ), Lan Liang (AHRQ), Jesse Lichstein (HRSA), Shari Ling (CMS), Iris Mabry-Hernandez (AHRQ), Marlene Matosky (HRSA), Tracy Matthews (HRSA), Donna McCree (CDC), Christine Merenda (FDA), Kamila Mistry (AHRQ), Dawn Morales (NIH), Ernest Moy (VHA), Pradip Muhuri (AHRQ), Elizabeth Ochoa (HRSA), Benjamin Picillo (HRSA), Sarada Pyda (ASPE), Mary Roary (SAMHSA), Rajesri Roy (NIH), Diane Rucinski (OASH), Asel Ryskulova (CDC), Michelle Schreiber (CMS), Yahtyng Sheu (HRSA), Adelle Simmons (ASPE), LaQuanta Smalley (HRSA), Loida Tamayo (CMS), Caroline Taplin (ASPE), Anjel Vaharian (CDC), Michelle Washko (HRSA), Tracy Wolff (AHRQ), Abigail Woodroffe (AIR), Ying Zhang (IHS), and Rachael Zuckerman (ASPE).

NHQDR Team: Barbara Barton (CQuIPS), Doreen Bonnett (OC), Romsai Boonyasai (CQuIPS), Xiuhua Chen, (CVP Corp), Camille Fabiyan (OEREP), William Freeman (OEREP), Erin Grace (CQuIPS), Darryl Gray (CQuIPS), Cecilia Hahn (CQuIPS), Lan Liang (CFAC), Kamila Mistry (OEREP), Margie Shofer (CQuIPS), Andrea Timaskenka (CQuIPS), Tseleto Tilahun (CQuIPS), and Abigail Woodroffe (AIR).

HHS Data Experts: Cuong Bui (HRSA), Lara Bull (CDC), Christopher Cairns (CDC), Robin Cohen (CDC-NCHS), Joann Fitzell (CMS), Elizabeth Goldstein (CMS), Irene Hall (CDC-HIV), Katrina Hoadley (CDC), Jessica King (NPCR), Amanda Lankford (CDC), Lan Liang (AHRQ), Sharon Liu (SAMHSA), Marlene Matosky (HRSA), Tracy Matthews (HRSA), Robert Morgan (CMS), Richard Moser (NIH-NCI), Pradip Muhuri (AHRQ), Anthony Oliver (CMS), Robert Pratt (CDC), Asel Ryskulova (CDC-NCHS), LaQuanta Smalley (HRSA), Alek Sriripatana (HRSA), Lori Teichman (CMS), Reda Wilson (CDC-NCCDPHP-ONDIEH), and Xiaohong (Julia) Zhu (HRSA).

Other Data Experts: Valarie Ashby (University of Michigan), Mark Cohen (ACS NSQIP), Sheila Eckenrode (MPSMS-Yale), Clifford Ko (ACS NSQIP), Jill McCarty (IBM), Joe Messana (University of Michigan), Tammie Nahra (University of Michigan), Leticia Nogueira (American Cancer Society), Robin Padilla (University of Michigan), Rebecca Anhang Price (RAND), Jennifer Sardone (University of Michigan), Yun Wang (MPSMS-Yale), and Robin Yabroff (American Cancer Society).

Other AHRQ Contributors: Cindy Brach, Howard Holland, Edwin Lomotan, Corey Mackison, Karen Migdail, Milli O’Brien, Pamela Owens, Mary Rolston, Bruce Seeman, and Michele Valentine.

Data Support Contractors: AIR, CVP Corp.
INTRODUCTION

This Introduction provides background on the annual National Healthcare Quality and Disparities Report (NHQDR) and modifications that have occurred over time.

Background on the National Healthcare Quality and Disparities Report

For the 20th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on “national trends in the quality of health care provided to the American people” (42 U.S.C. 299b-2(b)(2)) and “prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations” (42 U.S.C. 29-a-1(a)(6)).

The NHQDR is produced with the support of a Department of Health and Human Services (HHS) Interagency Work Group (IWG) and guided by input from AHRQ’s National Advisory Council and the Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine.

The 2022 NHQDR tracks about 550 measures and Appendix B presents 442 of them (see the section on changes to the 2022 NHQDR below for more details on Appendix B). The measures cover a wide variety of conditions and settings. Data years vary across measures.

All measures are available in the Data Query Tool.

Changes to the National Healthcare Quality and Disparities Report

The NHQDR was significantly shaped by several IOM reports. Two of these reports, Crossing the Quality Chasm and To Err Is Human raised awareness about gaps in the quality of healthcare and patient safety. The extensive literature review included in a third report, Unequal Treatment, drew attention to disparities in the care rendered to racial and ethnic populations, low-income populations, and other vulnerable groups.

Since the report’s inception as the National Healthcare Quality Report (NHQR) and National Healthcare Disparities Report (NHDR) in 2003, AHRQ has worked continuously to enhance and refine the NHQDR. These enhancements include:

- Introducing core measures and composite measures and refining the methods of analysis.
- Expanding the patient safety section to include sections on healthcare-associated infections and patient safety culture and adding sections on lifestyle modification and care coordination.

---

i Federal participants on IWG: AHRQ, Administration for Community Living, Assistant Secretary for Planning and Evaluation, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services, Food and Drug Administration, Health Resources and Services Administration, Indian Health Service, National Institutes of Health, Office of the Assistant Secretary for Health, Office of the Assistant Secretary for Planning and Evaluation, Substance Abuse and Mental Health Services Administration, and Veterans Health Administration.
Introduction

- Producing a single Highlights chapter that integrated findings from the NHQR and NHDR.
- Adding measure-specific benchmarks that reflect the high level achieved by the best performing states.
- Categorizing the measures into six priority areas (e.g., Patient Safety, Healthy Living) that could help achieve the Triple Aim.\textsuperscript{ii}
- Combining the NHQR and NHDR into the NHQDR to provide a more complete and integrated assessment of access to and quality of healthcare, as well as disparities. Also included measures related to other key populations, including women, children, older adults, people with disabilities and at the end of life, and residents of rural areas and inner cities.

\textbf{Changes to the 2022 NHQDR}

\textbf{New Features}

The 2022 NHQDR has a new structure to present a comprehensive overview of the healthcare landscape, feature key policy topics, and provide more comprehensive data for all core and noncore measures.

The updated overview section of the report provides readers with a portrait of the healthcare landscape, including needs and utilization. The section provides an expanded description of the current U.S. population as it relates to mortality, health conditions, and social determinants of health. Insights about healthcare delivery organizations and the healthcare workforce are presented, including changes in the workforce during and after the COVID-19 pandemic. The section also provides new information about healthcare expenditures and variations in healthcare quality.

Following the overview section are a series of sections that delve into timely policy topics. For the 2022 NHQDR, the topics are maternal health, child mental health, substance use disorder, and oral health. The topics were chosen based on administration and agency priorities, relevance to quality and disparities, and availability of relevant data.

Each topic section includes discussion of morbidity and mortality of the condition, healthcare costs related to the condition, and barriers to effective and timely care for the condition. In each section, exhibits and corresponding bullets highlight key aspects of quality and disparities for the most recent data year and over time. The sections end with a conclusion and resources aimed at improving healthcare access and quality for the condition.

The 2022 NHQDR also introduces a new appendix (Appendix B) composed of chapters for access and each of the six quality domains. The chapters are organized by chapter sections (e.g., the Affordable Care chapter has sections for Financial Burden of Healthcare and Usual Source of Care). Each appendix chapter provides a brief introduction about the chapter topic and key findings from the NHQDR analyses.

\textsuperscript{ii} More information on the Triple Aim is available from the Institute for Healthcare Improvement at http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx.
After the introduction, information for all core and noncore measures related to the chapter domain is presented, including measure name, data source, benchmark, disparity year, national trends over time, trends for subpopulations, and disparities between subpopulations for the most recent data year.

**Updates in Data Source Availability**

- Healthcare Cost and Utilization Project (HCUP) trend data are available for the 2022 report due to the availability of 4 years of data after the change from ICD-9-CM\textsuperscript{iii} diagnosis codes to ICD-10-CM codes and changes to the AHRQ Quality Indicators (2016-2019 data).
- The Child Preventive Health (CS) Section and Sample Adult Questionnaire (SAQ) of the Medical Expenditure Panel Survey are fielded in odd years only (e.g., 2019). Two CS measures and 12 SAQ measures that did not have 2018 data are included with 2019 data in the 2022 NHQDR.
- The NHQDR dataset now includes data from AHRQ’s Quality and Safety Review System to replace the Medicare Patient Safety Monitoring System data.
- The Hospital Inpatient Quality Reporting Program and Hospital Outpatient Quality Reporting Program are included in the trend analysis because 4 years’ data became available.

**Organization of the 2022 National Healthcare Quality and Disparities Report**

The 2022 report is organized around the concept of access to care, quality of care, disparities in care, and six priority areas, including patient safety, person-centered care, care coordination, effective treatment, healthy living, and affordable care. Appendix B provides details for individual measures.

The report presents information on trends, disparities, and changes in disparities over time, as well as federal initiatives to improve quality and reduce disparities. It includes the following:

- **Portrait of American Healthcare** describes the U.S. population, including mortality, morbidity, and social determinants of health; healthcare system, including workforce and delivery organizations; healthcare costs; and variations in quality of care.
- **Priority Topic** sections provide background information, current quality and disparities information, and resources for four key topic areas.

\textsuperscript{iii} ICD-9-CM is the International Classification of Diseases, Clinical Modification, 9\textsuperscript{th} Revision. ICD-10-CM is the 10\textsuperscript{th} revision.
Additional information on each measure can be found in the Data Query section of the NHQDR website (https://datatools.ahrq.gov/nhqdr). Below each generated table are links to:

- **Data Sources**, which provides information about each database analyzed for the report, including data type, sample design, and primary content. The list of data sources is available in Appendix A, Methods.

- **Measure Specifications**, which provide information about how measures are generated and analyzed for the report. Measures highlighted in the report are described, as well as other measures that were examined but not included in the text of the report. The measure specifications can be found online.

**References**


