

Quality of Care at Safety Net Hospitals: Do Findings Vary Based on How One Defines Safety Net Hospitals?

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TRANSFORMING HEALTH CARE THROUGH RESEARCH AND EDUCATION



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Objectives

- (1) Identify common approaches to categorize hospitals as safety net providers.
- (2) Explore whether the approaches identify the same hospitals as safety net providers.
- (3) Compare quality of care at safety net and non-safety net hospitals using the different approaches.



PubMed Search (1996-2008)

- 20 studies categorized hospitals as safety net providers for analysis
- Approaches varied, but 19/20 used at least one of the following criteria:
 - Measure of uncompensated care costs
 - Measure of service to Medicaid patients
 - Facility characteristics (e.g. public hospitals, teaching status)



3 Common Approaches

- 1. Uncompensated Care Burden** – In top decile for uncompensated care costs/total expenses; large contribution to community's uncompensated care (Bazzoli et al 2005, 2006; Lindrooth et al 2006; Zuckerman et al 2001)
- 2. Medicaid Caseload** – Medicaid caseload greater than or equal to 1 standard deviation above the state average (Gaskin et. al. 1999, 2001; Hadley & Cunningham 2004; Ross et. al. 2007)
- 3. Facility Characteristics** – Public hospitals and/or COTH members (Baxter & Mechanic, 1997; Lipson & Naierman, 1996)



Identification of Safety Net Hospitals

		Number of Safety Net Hospitals (N = 4,554)	Percent
Uncompensated Care Approach	Core	84	1.8%
	High-Burden	371	8.2
	High Market	242	5.3
Medicaid Caseload		612	13.4
Facility Characteristics		1,323	29

Source: Analysis of 2006 AHA Annual Survey

Only 98 hospitals (2%) qualified as safety net hospitals under all three approaches.

Comparison of Quality Scores

Data:

- 2008 HQA scores from Hospital Compare
- Opportunity weighted scores for AMI, HF, PN, SCIP
- 2006 AHA Annual Survey

Analysis:

- T-tests



Quality Scores – Uncompensated Care Burden

	Core	High-Burden	High-Market	Non-Safety Net
AMI	93.55***	82.49***	95.40***	89.17
HF	84.51***	68.31***	86.94***	79.11
PN	84.90***	84.0***	89.36*	88.40
SCIP	81.97	72.21***	85.68***	81.37

***p<.001, **p<.01, *p<.05



Quality Scores – Medicaid Caseload

	High Medicaid Hospitals	Non-Safety Net Hospitals
AMI	88.84	89.40
HF	79.24	78.97
PN	87.22**	88.25
SCIP	79.65**	81.51

***p<.001, **p<.01, *p<.05



Quality Scores – Facility Characteristics

	Public Hospitals and COTH Members	Non-Safety Net Hospitals
AMI	85.97***	89.24
HF	72.23***	80.36
PN	84.87***	88.48
SCIP	78.91***	81.20

***p<.001, **p<.01, *p<.05



Conclusions

- HSRs use a variety of approaches for identifying safety net hospitals.
- Different approaches for identifying safety net hospitals largely produce different groups of “safety net” hospitals.
- How HSRs identify safety net providers can affect research outcomes and policy recommendations.



Limitations

- The three approaches for identifying safety net hospitals may not be the “best” approaches.
- HQA measures focus on narrow dimensions of quality.



Implications for Research

- Researchers should carefully consider criteria used to identify safety net hospitals and perform sensitivity analysis.
- Researchers should clearly articulate methods to audiences and describe implications of methods.

