



2010 State Snapshots

Based on data collected for the 2010 National Healthcare Quality Report (NHQR)

Executive Summary

South Dakota

This document contains information available on the Web site of the Agency for Healthcare Research and Quality (<http://statesnapshots.ahrq.gov/snaps10/>).

This document is provided to facilitate information sharing when computers are not convenient, such as in group meetings. Included information is a high-level summary of the information available in the Web-based tool. Please visit the Web site for more in-depth detail on specific measures, different comparisons, and analytic methods.

Generated from the Web site:
May 23, 2011

Table of Contents

Guide to Contents	1
Executive Summary.....	2
Overall Health Care Quality for South Dakota.....	2
South Dakota’s Dashboard on Health Care Quality Compared to All States.....	3
Five Strongest and Weakest Measures.....	4
Focus on Payer	5
Focus on Disparities.....	6
Contextual Factors Measures and Metrics	7
Features on the State Snapshots Web Site	8

Guide to Contents

The 2010 State Snapshots provide State-specific health care quality information including strengths, weaknesses, and opportunities for improvement. The goal is to help State officials and their partners better understand health care quality and disparities in their State.

Select components from the 2010 State Snapshots for South Dakota are incorporated into this Executive Summary, including:

Overall Health Care Quality: The overall health care quality for South Dakota is shown on two meters as a composite of all 84 measures reported in the 2010 National Healthcare Quality Report for South Dakota. The first meter shows the State's position relative to the quality of health care across all States reporting such data in the Nation. The second meter shows the same compared only to States in the same region of the country. (Most measures are reported by all States.) Following the meters are tables showing the meter score for your State and the best performing States.

State Dashboard: The dashboard is a summary of South Dakota's performance, compared to all States reporting, on subsets of the measures related to types of care, settings of care, and clinical areas.

Strongest and Weakest Measures: South Dakota's strongest and weakest measures are reported. Strongest measures are those in which the State performed above the all-State average and are strongest among their measures relative to all reporting States. Weakest measures are those in which the State performed below the all-State average and are weakest among their measures relative to all reporting States.

Focus on Payer and Disparities: Two special "Focus" sections from the 2010 NHQR State Snapshots are also featured. They include:

- **Focus on Payer** showing information for hospital care measures that refer to inpatient mortality and potentially avoidable complications by expected primary payer (privately insured, Medicare, Medicaid, and the uninsured), and
- **Focus on Disparities** showing information on disparities in quality of health care for potentially preventable admissions, inpatient mortality, and potentially avoidable complications by race/ethnicity and low-income communities.

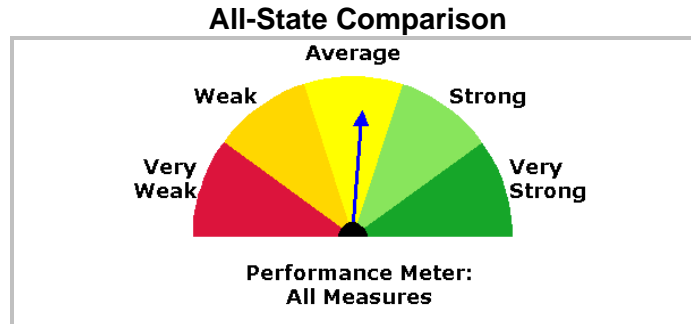
Contextual Factors: A table shows South Dakota's percent or rate for contextual factors related to demographics, health status, and resources compared to all States and the region. The contextual factors may aid in interpretation of the State performance meters.

State Snapshots Web Site Summary: The final section of this report is a summary of all features available on the State Snapshots Web site: <http://statesnapshots.ahrq.gov/snaps10/>.

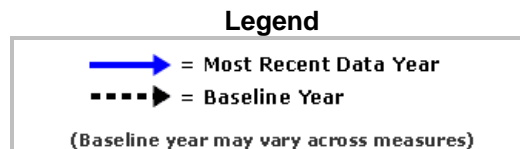
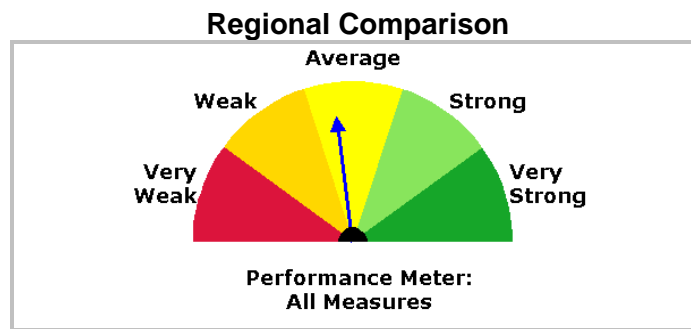
Executive Summary

Overall Health Care Quality for South Dakota

Compared to all States, for the most recent data year, the performance for South Dakota for all measures is in the average range. Performance for the baseline year is not available because of insufficient data.



Compared to the West North Central States, for the most recent data year, the performance for South Dakota for all measures is in the average range. Performance for the baseline year is not available because of insufficient data.



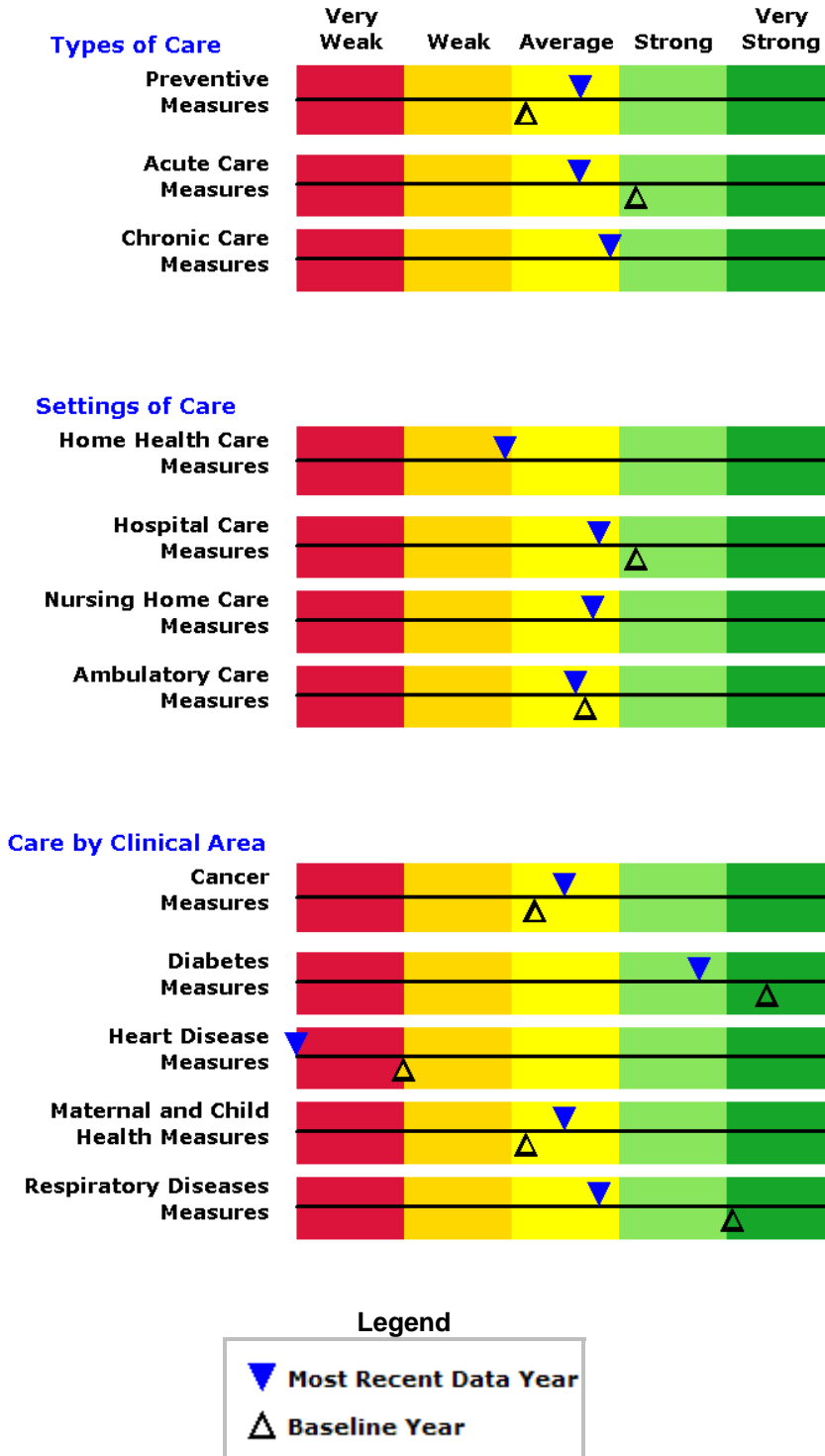
To see how close to best performance your State is, in the tables below find the rate for your State and compare to the rates for the best performing States.

Best Performing States Across All Measures in Overall Health Care

Your State	Meter Score for Overall Health Care
SD	52.38
Best Performing States	Meter Score for Overall Health Care
NH	65.49
MN	64.46
ME	62.61
MA	60.74
RI	59.57
Percentile Range Across States	Meter Score for Overall Health Care
75th Percentile	54.66
50th Percentile	46.43
25th Percentile	38.31

South Dakota's Dashboard on Health Care Quality Compared to All States

The graphics below show a State's performance compared to the all-State average by different types of measures reported in the 2010 NHQR for the most recent and baseline data years. Information on the measures included in each type is provided in a separate Measures Appendix.



Five Strongest and Weakest Measures

South Dakota's Strongest Measures

Strongest Measures are those in which the State performed above the all-State average and are the five strongest among their measures relative to all reporting States. This State may be leading the way in quality in these measures.

Notes: The best result for each measure can be either the highest or lowest value. The direction representing best is noted in the "Best" column. When the fifth strongest measure was tied in rank with additional measures beyond it, all of those measures were included in the strongest list; therefore more than five measures may be listed for a State.

Measure Short Name	Measure Long Name	Best
Flu vaccine in past 12 months - high-risk, age 18-64	Percentage of adults ages 18-64 at high risk (e.g., COPD) who received an influenza vaccination in the last 12 months	Highest
Adult patients - poor communication with doctors	Percentage of adult hospital patients who sometimes or never had good communication with doctors in the hospital	Lowest
Adult patients - poor communication with nurses	Percentage of adult hospital patients who sometimes or never had good communication with nurses in the hospital	Lowest
Nursing home long-stay residents - received pneumococcal vaccine	Percentage of long-stay nursing home residents who were assessed and received pneumococcal vaccination	Highest
Dialysis and on kidney transplant list	Percentage of dialysis patients under age 70 who were registered on a waiting list for transplantation	Highest

South Dakota's Weakest Measures

Weakest Measures are those in which the State performed below the all-State average and are the five weakest among their measures relative to all reporting States. These measures highlight some of the opportunities for improvement.

Notes: The best result for each measure can be either the highest or lowest value. The direction representing best is noted in the "Best" column. When the fifth weakest measure was tied in rank with additional measures beyond it, all of those measures were included in the weakest list; therefore more than five measures may be listed for a State.

Measure Short Name	Measure Long Name	Best
End stage renal disease - hemodialysis with arteriovenous fistula	Percentage of new end stage renal disease patients who initiated hemodialysis with an arteriovenous fistula	Highest
Heart attack - ACEI or ARB at discharge	Percentage of hospital patients with heart attack and left ventricular systolic dysfunction who were prescribed ACE inhibitor or ARB at discharge	Highest
Always had good communication with providers - adults on Medicare fee-for-service	Percentage of adults who had a doctor's office or clinic visit in the last 12 months whose health providers always listened carefully, explained things clearly, respected what they had to say, and spent enough time with them, Medicare fee-for-service	Highest
Nursing home long-stay residents - more depressed or anxious	Percentage of long-stay nursing home residents who are more depressed or anxious	Lowest
Heart failure - recommended hospital care received	Percentage of hospital patients with heart failure who received recommended hospital care	Highest
Heart failure - ACEI/ARB at discharge	Percentage of hospital patients with heart failure and left ventricular systolic dysfunction who were prescribed ACE inhibitor or ARB at discharge	Highest

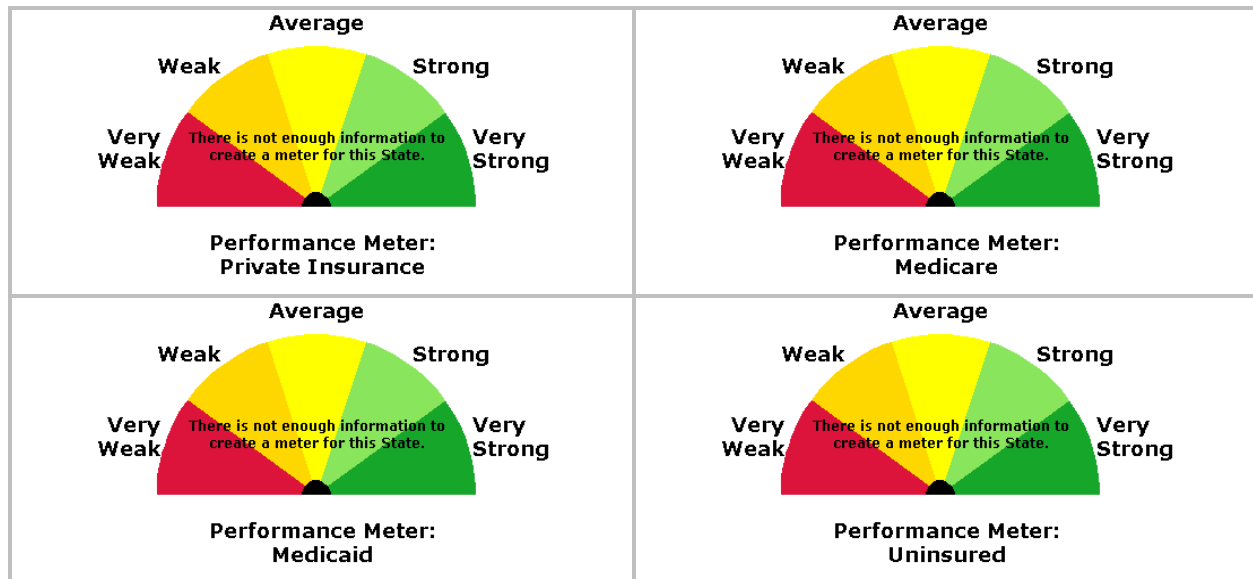
States' specific performances on each of these measures are available in the All-State Data Table for All Measures page on the State Snapshots Web site: <http://statesnapshots.ahrq.gov/snaps10/>.

Focus on Payer

Focus on Payer shows State-specific information by expected primary payer for hospital care measures that refer to:

- inpatient mortality and
- potentially avoidable complications.

The graphics below represent South Dakota's balance of the number of those measures that are below average, average, and above average compared to the U.S. for Medicare, Medicaid, privately-insured and uninsured hospitalizations. The performance meter score is based on up to 15 measures of quality of care and is reported only if at least five measures are available. A State receives a stronger performance meter score as the number of measures for which the State is doing better than the U.S. increases. A State receives a weaker performance meter score as the number of measures for which the State is worse than the U.S. increases.



Focus on Disparities

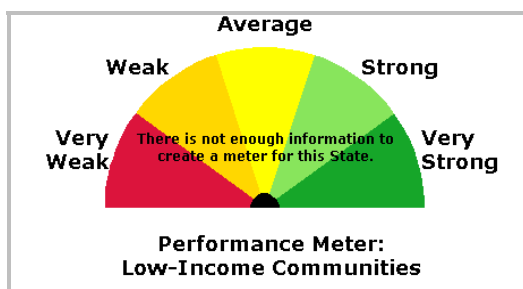
Focus on Disparities shows State-specific information on race/ethnicity and individuals living in low-income compared to high-income communities for health care disparities related to:

- potentially preventable admissions,
- inpatient mortality, and
- potentially avoidable complications.

The graphics below show the South Dakota-to-U.S. comparison for low-income communities compared to high-income communities and Hispanics (All Races), Blacks (Non-Hispanic), and Asians and Pacific Islanders (Non-Hispanic) compared to Whites (Non-Hispanic) for the most recent data year (2007).

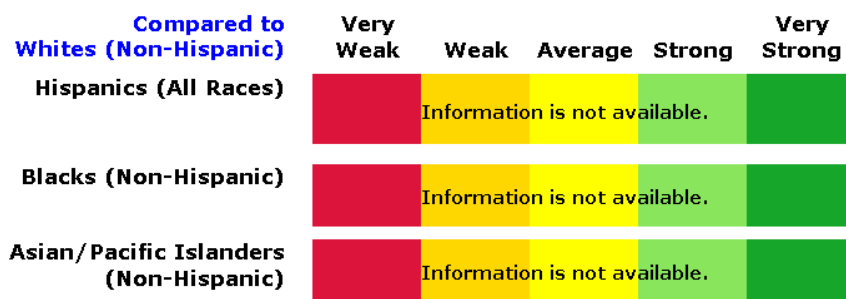
South Dakota Focus on Disparities: Low-Income Communities

Compared to the U.S., the performance for South Dakota in quality of care of individuals living in low-income communities compared to persons in high-income communities is not available because of insufficient data.



South Dakota Focus on Disparities: Race/Ethnicity

Compared to the U.S., the performance for South Dakota in quality of care compared to Whites (Non-Hispanic) is not available because of insufficient data for Hispanics (All Races), Blacks (Non-Hispanic), and Asians and Pacific Islanders (Non-Hispanic).



A State receives a stronger score if the State is doing better than the U.S. (i.e., disparity in quality of care between the minority group and Whites (Non-Hispanic) or between the low-income and high-income communities is smaller) for a majority of the 29 possible measures. A State receives a weaker score if the State is doing worse than the U.S. (i.e., disparity in quality of care between the minority group and Whites (Non-Hispanic) or between the low-income and high-income communities is larger) for a majority of the 29 possible measures.

Contextual Factors Measures and Metrics Compared to All States and West North Central States

The following table shows the State's percent or rate for each contextual factor compared to all States and the region. The contextual factors, categorized by demographics (seven factors), health status (three factors), and resources (three factors) may aid in interpretation of the State performance meters. The contextual factors might have a cause, effect, or other indirect association with the results in the performance meter.

Contextual Factor	State Percent or Rate	All-State		Regional	
		Minimum	Maximum	Minimum	Maximum
Demographics — Percent of State Population:					
Under poverty level (2008-2009)	16	11	28	13	18
Uninsured (2008-2009)	13	5	26	9	14
Under Medicaid (2008-2009)	12	8	22	9	14
Age 65 and over (2008-2009)	14	8	17	12	14
Black (2008-2009)	1	1	52	1	11
Hispanic (2008-2009)	3	1	42	1	9
Without Bachelor's degree (2008)	75	52	83	69	76
Health Status — Percent of State Population:					
Overweight/obese (2009)	64	50	68	62	64
At risk of heart disease and stroke (2003)	34	27	46	32	39
Reporting poor mental health (2007)	26	23	39	26	36
Resources:					
Specialist physicians per 100,000 population (2007)	148	116	570	128	203
Admissions per 1,000 population (2008)	127	83	233	117	141
HMO penetration rate (2009)	9	0	52	3	18

Features on the State Snapshots Web Site

<http://statesnapshots.ahrq.gov/snaps10/>

Online State Resources include a compilation of available information to assist statewide organizations in taking action to improve health care quality and reduce disparities in their State.

Performance meters summarize States' performance on the NHQR measures of the quality of care relative to all States and the region by overall health care quality, three types of care (preventive, acute, and chronic), four settings of care (hospitals, ambulatory care, nursing home, and home health), and five clinical areas (cancer, diabetes, heart disease, maternal and child health, and respiratory conditions). For each section, best performing States are identified and information on all States is available.

Measures behind the meters are available for each State graphic. Click on any graphic meter to see the underlying data table.

State Ranking Tables rank each State on 18 core measures of health care quality.

Focus on:

Diabetes provides information on prevalence, care quality, disparities, and costs, as well as lives and potential savings from quality improvement of diabetes care.

Asthma provides information on prevalence, care quality, and the potential return-on-investment of asthma quality improvement programs.

Disparities provides information on disparities in quality of health care for potentially preventable admissions, inpatient mortality, and potentially avoidable complications by race/ethnicity and low-income communities.

Payer provides information on hospital care measures that refer to inpatient mortality and potentially avoidable complications by expected primary payer (privately insured, Medicare, Medicaid, and the uninsured).

Variation over time shows the high degree of variation across States and over time in potentially avoidable adult and pediatric hospital admissions for acute and chronic conditions.

Healthy People 2010 displays 19 measures by focus area with the Healthy People 2010 target, in addition to the most recent and baseline State rate.

Clinical Preventive Services summarizes selected measures consistent with the recommendations of the U.S. Preventive Services Task Force and the CDC's Advisory Committee on Immunization Practice.

Strongest and Weakest Measures lists measures in which the State performed above or below the all-State average and are the five strongest or weakest among their measures relative to all reporting States. Strongest measures demonstrate where a State may be leading the way in quality. Weakest measures highlight some of the opportunities for improvement.

Contextual factors related to demographics, health status, and resources aid in interpreting differences in State performance meters.

A downloadable table includes all NHQR estimates available at the State level.

Methods explains how summary measures were developed, scored, and presented, and how the special Focus sections were constructed.