

Massachusetts

Commonwealth Fund Scorecard on State Health System Performance, 2014

RANKING SUMMARY	2014	2009
	Scorecard	Revised ^a
OVERALL	2	2
Access & Affordability	1	1
Prevention & Treatment	1	1
Avoidable Hospital Use & Cost	30	31
Equity ^b	1	2
Healthy Lives	2	5

CHANGE IN RATES	2014	
	Count	Percent
Indicators with trends	34	100%
State rate improved ^c	12	35%
State rate worsened ^c	5	15%
No change in state rate ^d	17	50%

DISTRIBUTION OF RATES	2014	
	Count	Percent
Total indicators	42	100%
Top 5 states	20	48%
Top quartile	28	67%
2nd quartile	6	14%
3rd quartile	6	14%
Bottom quartile	2	5%
Bottom 5 states	0	0%

EQUITY	RANKING		CHANGE IN EQUITY GAP			
	2014	2009	Indicators with trends	No change in gap	Gap narrowed/ vulnerable group improved	Gap widened/ vulnerable group worsened
	Scorecard	Revised ^a				
Equity Dimension	1	2	16	4	11	1
Low-Income	1	2	7	1	5	1
Race/Ethnicity	3	4	9	3	6	0

ESTIMATED IMPACT		
If Massachusetts improved its performance to the level of the best-performing state for this indicator, then:		
Insured adults	0	more individuals (under age 65) would be covered by health insurance, and would be more likely to receive health care when needed
Adults with a usual source of care	0	more adults (age 18 and older) would have a usual source of care to help ensure that care is coordinated and accessible when needed
Adult preventive care	0	more adults (age 50 and older) would receive recommended preventive care, such as colon cancer screenings, mammograms, Pap smears, and flu shots
Children with a medical home	85,352	more children (ages 0–17) would have a medical home to help ensure that care is coordinated and accessible when needed
High-risk drug	0	fewer Medicare beneficiaries would receive an unsafe medication
Mortality amenable to health care	490	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
Hospital readmissions	6,109	fewer hospital readmissions would occur among Medicare beneficiaries (age 65 and older)
Potentially avoidable ED visits	54,193	fewer emergency department visits for nonemergent or primary care-treatable conditions would occur among Medicare beneficiaries
Tooth loss from decay or disease	166,562	fewer adults, ages 18–64, would have lost six or more teeth because of tooth decay, infection, or gum disease

NOTES

a Rates from the 2009 edition have been revised to match methodology used in the 2014 edition.

b The equity dimension was ranked based on gaps between the most vulnerable group and the U.S. national average for selected indicators.

c Denotes a change of at least 0.5 standard deviations.

d Denotes a change of less than 0.5 standard deviations.

EQUITY:

The equity profile displays gaps in performance for vulnerable populations for selected indicators. An equity gap is defined as the difference between the U.S. national average for a particular indicator and the rate for the state's most vulnerable group by income and race/ethnicity. For all equity indicators, lower rates are better; therefore, a positive or negative gap value indicates that the state's most vulnerable group is better or worse than the U.S. average for a particular indicator.

ESTIMATED IMPACT:

The table shows the estimated impact if this state's performance improved to the rate of the best-performing state for eight *Scorecard* indicators. (Refer to this state's individual performance profile to see actual rates.) These examples illustrate only a few important opportunities for improvement. Because some indicators affect the same individuals, these numbers should not be added.

Dimension and Indicator	Year	All-State			Rank	Year	All-State		Change in Rate ¹	Meaningful Change Over Time ²
		State Rate	Median	Best State			State Rate	Median		
ACCESS & AFFORDABILITY										
		2014 Scorecard				2009 Revised Scorecard^a				
Adults ages 19–64 uninsured	2011-12	5	20	5	1	2007-08	7	17	2	No Change
Children ages 0–18 uninsured	2011-12	3	8	3	1	2007-08	3	9	0	No Change
Adults who went without care because of cost in past year	2012	9	15	9	1	2007	7	12	-2	Worsened
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income	2011-12	11	16	10	3	--	--	--	--	--
At-risk adults without a routine doctor visit in past two years	2012	6	14	6	1	2007	8	14	2	Improved
Adults without a dental visit in past year	2012	11	15	10	2	2006	10	14	-1	No Change
PREVENTION & TREATMENT										
		2014 Scorecard				2009 Revised Scorecard^a				
Adults with a usual source of care	2012	89	78	89	1	2007	89	82	0	No Change
Adults ages 50 and older who received recommended screening and preventive care	2012	52	43	52	1	2006	50	44	2	Improved
Children with a medical home	2011/12	63	57	69	6	2007	66	61	-3	Worsened
Children with a medical and dental preventive care visit in the past year	2011/12	79	69	81	2	--	--	--	--	--
Children with emotional, behavioral, or developmental problems who received needed mental health care in the past year	2011/12	65	63	86	19	2007	67	63	-2	No Change
Children ages 19–35 months who received all recommended doses of seven key vaccines	2012	74	69	80	9	2009	33	43	41	Improved
Medicare beneficiaries who received at least one drug that should be avoided in the elderly	2011	12	19	12	1	2007	16	28	4	Improved
Medicare beneficiaries with dementia, hip/pelvic fracture, or chronic renal failure who received a prescription drug that is contraindicated for that condition	2011	16	21	14	2	2007	15	19	-1	No Change
Medicare fee-for-service patients whose health provider always listens, explains, shows respect, and spends enough time with them	2013	77	76	80	10	2007	75	75	2	Improved
Risk-adjusted 30-day mortality among Medicare beneficiaries hospitalized for heart attack, heart failure, or pneumonia	07/2008 - 06/2011	11.9	12.8	11.9	1	07/2005 - 06/2008	11.9	12.6	0.0	No Change
Hospitalized patients given information about what to do during their recovery at home	2011	86	84	89	7	2007	84	80	2	Improved
Hospitalized patients who reported hospital staff always managed pain well, responded when needed help to get to bathroom or pressed call button, and explained medicines and side effects	2011	66	66	71	26	2007	63	63	3	Improved
Home health patients who get better at walking or moving around	04/2012 - 03/2013	62	59	63	5	--	--	--	--	--
Home health patients whose wounds improved or healed after an operation	04/2012 - 03/2013	91	89	95	9	--	--	--	--	--
High-risk nursing home residents with pressure sores	07/2012 - 03/2013	5	6	3	5	--	--	--	--	--
Long-stay nursing home residents with an antipsychotic medication	04/2012-03/2013	24	21.5	12	34	--	--	--	--	--

Dimension and Indicator	Year	All-State			Rank	Year	All-State		Change in Rate ¹	Meaningful Change Over Time ²
		State Rate	Median	Best State			State Rate	Median		
AVOIDABLE HOSPITAL USE & COST										
2014 Scorecard					2009 Revised Scorecard^a					
Hospital admissions for pediatric asthma, per 100,000 children	2010	179	114	26	38	2004	143	137	-36	Worsened
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, ages 65–74, per 1,000 beneficiaries (3)	2012	30	27	13	34	2008	39	34	9	Improved
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, age 75 and older, per 1,000 beneficiaries (3)	2012	80	68	41	42	2008	97	80	17	Improved
Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries	2012	54	45	26	38	2008	67	51.5	13	Improved
Short-stay nursing home residents readmitted within 30 days of hospital discharge to nursing home	2010	19	20	12	18	2006	19	20	0	No Change
Long-stay nursing home residents hospitalized within a six-month period	2010	17	19	7	19	2006	16	19	-1	No Change
Home health patients also enrolled in Medicare with a hospital admission	2012	17	17	14	25	--	--	--	--	--
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	2011	218	183.5	129	46	--	--	--	--	--
Total single premium per enrolled employee at private-sector establishments that offer health insurance	2012	\$4,527	\$5,501	\$4,180	4	2008	\$3,577	\$4,505	-\$950	Worsened
Total Medicare (Parts A & B) reimbursements per enrollee	2012	\$9,042	\$8,526	\$5,406	37	2008	\$8,587	\$7,942	-\$455	No Change
HEALTHY LIVES										
2014 Scorecard					2009 Revised Scorecard^a					
Mortality amenable to health care, deaths per 100,000 population	2009-10	65	82	57	6	2004-05	78	90.5	13	Improved
Years of potential life lost before age 75	2010	4,990	6,567	4,900	2	2005	5,565	7,252	575	No Change
Breast cancer deaths per 100,000 female population	2010	19.2	22.2	14.8	2	2005	23.2	23.9	4.0	Improved
Colorectal cancer deaths per 100,000 population	2010	14.9	16.2	12.0	15	2005	17.9	18.1	3.0	Improved
Suicide deaths per 100,000 population	2010	8.8	13.5	6.9	5	2005	7.2	11.8	-1.6	No Change
Infant mortality, deaths per 1,000 live births	2009	5.1	6.4	4.6	7	2004	4.8	6.8	-0.3	No Change
Adults ages 18–64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	2012	23	27	19	6	2007	21	24	-2	Worsened
Adults who smoke	2012	16	19	10	4	2007	16	19	0	No Change
Adults ages 18–64 who are obese (BMI >= 30)	2012	23	28	21	2	2007	22	27	-1	No Change
Children ages 10–17 who are overweight or obese (BMI >= 85th percentile)	2011/12	31	30.5	22	27	2007	30	31	-1	No Change
Percent of adults ages 18–64 who have lost six or more teeth because of tooth decay, infection, or gum disease	2012	9	10	5	13	2006	8	10	-1	No Change

Notes:

* Data not available for this state.

-- Historical data not available or not comparable over time.

(1) The change in rate is expressed such that a positive value indicates performance has improved and a negative value indicates performance has worsened.

(2) Meaningful change (improvement or worsening) refers to a change between the baseline and current time periods of at least 0.5 standard deviations.

(3) Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions are displayed here separately for two age ranges, but counted as a single indicator in tallies of improvement.

Source: Commonwealth Fund Scorecard on State Health System Performance, 2014.