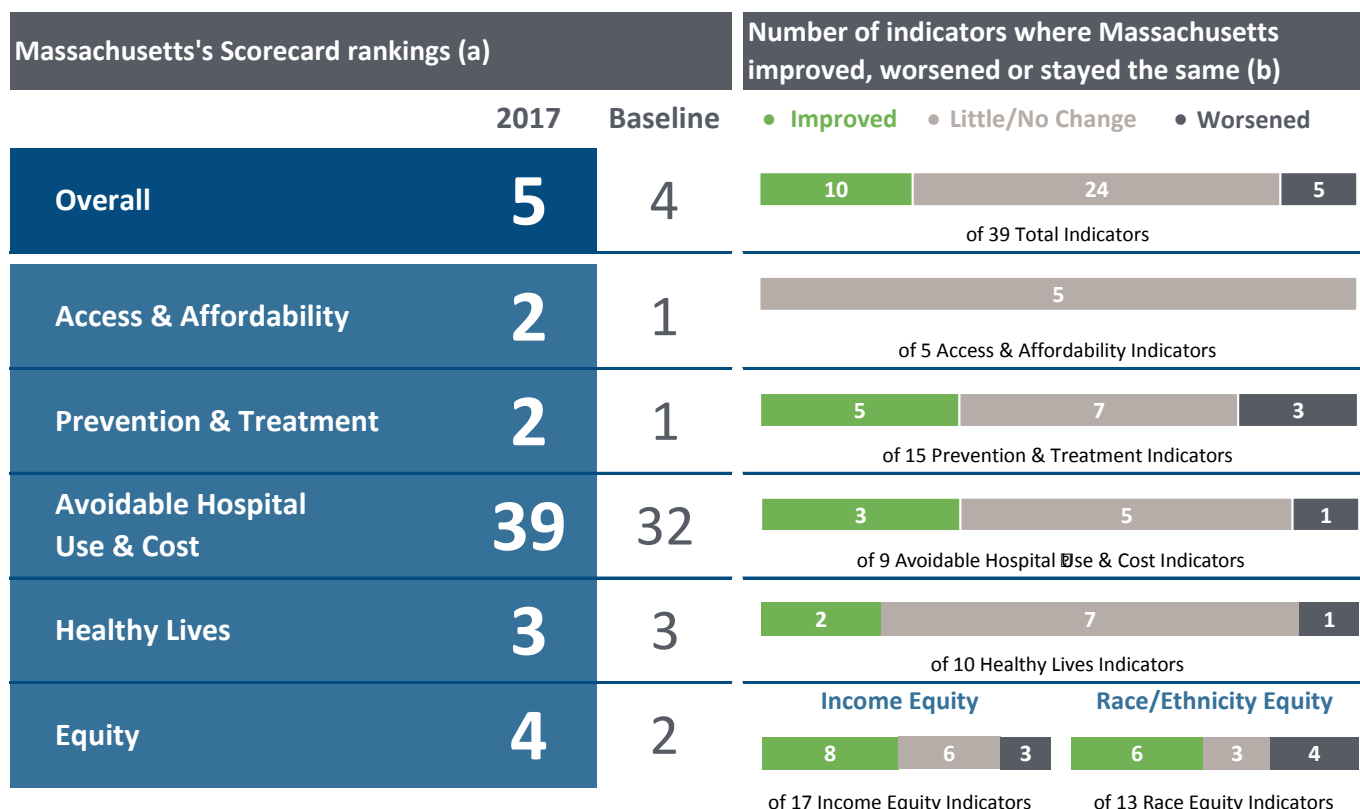
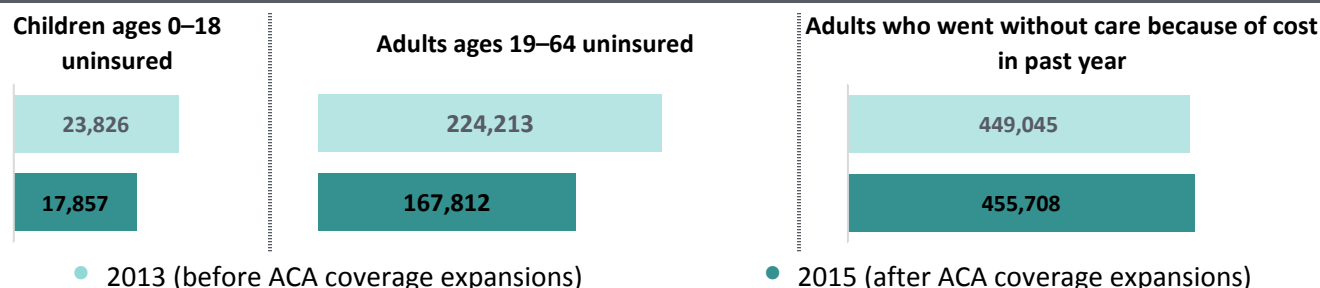


# Massachusetts



## Before and after implementation of the Affordable Care Act (ACA) coverage expansions



## Estimated impact of state improvement (c)

If Massachusetts improved to the level of the best-performing state for this indicator, then:

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
0	more adults would receive age- and gender-appropriate recommended cancer screenings
2,059	more children (ages 19-35 months) would receive all recommended vaccines
7,859	fewer Medicare beneficiaries would receive an unsafe medication
384	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
43,556	fewer emergency department visits for nonemergent or primary-care-treatable conditions would occur among Medicare beneficiaries

# Commonwealth Fund Scorecard on State Health System Performance, 2017

Table 1. State Health System Performance Indicator Data by Dimension

Dimension and indicator	Data year	State rate	U.S. average	Best state rate	State ranking	Data year	State rate	U.S. average	Substantial change over time (a)
<b>ACCESS &amp; AFFORDABILITY</b>	<b>2017 Scorecard</b>					<b>Baseline</b>			
Adults ages 19–64 uninsured	2015	4	13	4	1	2013	5	20	No Change
Children ages 0–18 uninsured	2015	1	5	1	1	2013	2	8	No Change
Adults who went without care because of cost in past year	2015	9	13	7	7	2013	9	16	No Change
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income	2014-15	11	14	10	6	--	--	--	--
At-risk adults without a routine doctor visit in past two years	2015	7	13	6	3	2013	7	14	No Change
Adults without a dental visit in past year	2014	12	16	11	3	2012	11	15	No Change
<b>PREVENTION &amp; TREATMENT</b>	<b>2017 Scorecard</b>					<b>Baseline</b>			
Adults with a usual source of care	2015	89	78	89	1	2013	88	76	No Change
Adults with age- and gender-appropriate cancer screenings	2014	77	68	77	1	2012	79	69	Worsened
Adults with age-appropriate vaccines	2015	42	38	51	15	2013	47	36	Worsened
Children with a medical home	2011/12	63	54	69	6	--	--	--	--
Children with a medical and dental preventive care visit in the past year	2011/12	79	68	81	2	--	--	--	--
Children with emotional, behavioral, or developmental problems who received needed mental health care in the past year	2011/12	65	61	86	19	--	--	--	--
Children ages 19–35 months who received all recommended doses of seven key vaccines	2015	79	72	81	3	2013	79	70	No Change
Medicare beneficiaries who received at least one drug that should be avoided in the elderly	2014	9	13	7	4	2012	9	17	No Change
Medicare beneficiaries with dementia, hip/pelvic fracture, or chronic renal failure who received a prescription drug that is contraindicated for that condition	2014	13	18	10	6	2012	15	21	Improved
Medicare fee-for-service patients whose health provider always listens, explains, shows respect, and spends enough time with them	2014	79	76	80	3	2013	77	76	Improved
Risk-adjusted 30-day mortality among Medicare beneficiaries hospitalized for heart attack, heart failure, pneumonia, or stroke	07/2012 - 06/2015	13.2	14.5	13.1	2	07/2010 - 06/2013	12.4	13.2	Worsened
Central line-associated bloodstream infections (CLABSI), Standardized Infection Ratio	2014	0.50	0.50	0.23	26	2013	0.51	0.54	No Change
Hospitalized patients given information about what to do during their recovery at home	2015	89	87	90	6	2013	87	86	Improved
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	2015	67	68	74	33	2013	67	68	No Change
Home health patients who get better at walking or moving around	2015	68	66	72	11	2013	63	61	Improved
Home health patients whose wounds improved or healed after an operation	2015	93	90	95	4	2013	92	89	No Change
High-risk nursing home residents with pressure sores	2015 (Q2-Q4)	5	6	3	16	2013 (Q2-Q4)	5	6	No Change
Long-stay nursing home residents with an antipsychotic medication	2015 (Q2-Q4)	19	17	8	37	2013 (Q2-Q4)	22	21	Improved

# Commonwealth Fund Scorecard on State Health System Performance, 2017

Table 1. State Health System Performance Indicator Data by Dimension (continued)

Dimension and Indicator	Data year	State rate	U.S. average	Best state rate	State ranking	Data year	State rate	U.S. average	Substantial change over time (a)
AVOIDABLE HOSPITAL USE & COST					2017 Scorecard		Baseline		
Hospital admissions for pediatric asthma, per 100,000 children	2013	126	107	27	32	2011	182	107	Improved
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, ages 65–74, per 1,000 beneficiaries (b)	2014	28	27	12	28	2012	30	29	No Change
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, age 75 and older, per 1,000 beneficiaries (b)	2014	77	66	35	42	2012	80	70	No Change
Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries	2014	35	27	10	41	2012	41	34	Improved
Short-stay nursing home residents readmitted within 30 days of hospital discharge to nursing home	2014	19	19	11	23	2012	19	20	No Change
Long-stay nursing home residents hospitalized within a six-month period	2014	13	16	5	14	2012	14	17	No Change
Home health patients also enrolled in Medicare with a hospital admission	2015	17	16.2	13.9	38	2013	16.0	16.0	Worsened
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	2014	195	185	129	37	2012	209	188	Improved
Total reimbursements per enrollee (ages 18–64) with employer-sponsored insurance	2014	\$4,522	\$4,569	\$3,217	32	2013	\$4,439	\$4,489	No Change
Total Medicare (Parts A & B) reimbursements per beneficiary	2014	\$8,892	\$8,819	\$5,592	35	2012	\$9,041	\$8,854	No Change
HEALTHY LIVES					2017 Scorecard		Baseline		
Mortality amenable to health care, deaths per 100,000 population	2013-14	60.3	84.2	54.3	5	2011-12	61.2	84.0	No Change
Years of potential life lost before age 75	2014	5,283	6,447	4,892	5	2012	4,892	6,412	No Change
Breast cancer deaths per 100,000 female population	2014	17.9	20.6	14.2	7	2012	19.5	21.4	Improved
Colorectal cancer deaths per 100,000 population	2014	12.6	14.3	10.9	7	2012	13.4	14.9	No Change
Suicide deaths per 100,000 population	2014	8.2	13.0	7.8	3	2012	8.7	12.6	No Change
Infant mortality, deaths per 1,000 live births	2013	4.2	6.0	4.2	1	2012	4.2	6.0	No Change
Adults ages 18–64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	2015	24	26	20	17	2013	22	26	Worsened
Adults who smoke	2015	14	17	9	4	2013	17	18	Improved
Adults ages 18–64 who are obese (BMI >= 30)	2015	24	29	20	3	2013	24	29	No Change
Children ages 10–17 who are overweight or obese (BMI >= 85th percentile)	2011/12	31	31	22	27	--	--	--	--
Adults ages 18–64 who have lost six or more teeth because of tooth decay, infection, or gum disease	2014	10	10	6	22	2012	9	10	No Change

# Commonwealth Fund Scorecard on State Health System Performance, 2017

**Table 2. State Equity Indicator Data**

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.

Equity Type and Indicator	Data year	Vulnerable			State ranking	Data year	Vulnerable			Change in vulnerable group rate (b)
		group rate	U.S. average	Gap (a)			group rate	U.S. average	Gap (a)	
LOW-INCOME	2017 Scorecard					Baseline				
Uninsured ages 19–64	2015	8	13	5	2	2013	11	20	9	Improved
Adults who went without care because of cost in past year	2015	13	13	0	2	2013	17	16	-1	Improved
At risk adults without a doctor visit	2015	8	13	5	2	2013	7	14	7	No Change
Adults without a dental visit in past year	2014	17	16	-1	2	2012	18	15	-3	Improved
Adults without a usual source of care	2015	14	22	8	3	2013	15	24	9	Improved
Adults without age- and gender-appropriate cancer screenings	2014	29	32	3	4	2012	27	31	4	No Change
Adults without age-appropriate vaccines	2015	60	62	2	13	2013	54	64	10	No Change
Children without a medical home	2011/12	52	46	-6	16	--	--	--	--	--
Children without a medical and dental preventive care visit in the past year	2011/12	29	32	3	3	--	--	--	--	--
Children ages 19–35 months without all recommended vaccines (c)	2014	34	28	-6	33	2012	28	32	4	Worsened
Elderly patients who received a high-risk prescription drug	2014	12	13	1	2	2012	12	17	5	No Change
Hospital admissions for pediatric asthma, per 100,000 children	2013	227	107	-120	31	2012	247	143	-104	No Change
Medicare admissions for ambulatory care–sensitive conditions (d)	2014	79	44	-35	18	2012	85	48	-37	Improved
Medicare 30-day hospital readmissions, per 1,000 beneficiaries (d)	2014	63	35	-28	26	2012	71	43	-28	No Change
Potentially avoidable ED visits among Medicare beneficiaries, per 1,000 beneficiaries (d)	2014	319	185	-134	17	2012	329	188	-141	Improved
Adults with poor health-related quality of life	2015	39	26	-13	17	2013	44	26	-18	Improved
Adults who smoke	2015	20	17	-3	6	2013	23	18	-5	Improved
Adults who are obese	2015	34	29	-5	12	2013	33	29	-4	Worsened
Adults who have lost six or more teeth	2014	21	10	-11	35	2012	18	10	-8	Worsened
RACE/ETHNICITY (e)	2017 Scorecard					Baseline				
Uninsured ages 19–64 (Hispanic ethnicity)	2015	8	13	5	3	2013	12	20	8	Improved
Adults who went without care because of cost in past year (Hispanic ethnicity)	2015	23	13	-10	27	2013	21	16	-5	Worsened
At risk adults without a doctor visit (Hispanic ethnicity)	2015	10	13	3	2	2013	9	14	5	No Change
Adults without a dental visit in past year (black race)	2014	16	16	0	3	2012	16	15	-1	No Change
Adults without a usual source of care (Hispanic ethnicity)	2015	22	22	0	3	2013	25	24	-1	Improved
Adults without age- and gender-appropriate cancer screenings (black race)	2014	29	32	3	4	2012	27	31	4	No Change
Adults without age-appropriate vaccines (black race)	2015	67	62	-5	19	2013	60	64	4	Worsened
Children without a medical home (Hispanic ethnicity)	2011/12	64	46	-18	33	--	--	--	--	--

# Commonwealth Fund Scorecard on State Health System Performance, 2017

**Table 2. State Equity Indicator Data (continued)**

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.

Equity Type and Indicator	Data year	Vulnerable group rate	U.S. average	Gap (a)	State ranking	Data year	Vulnerable group rate	U.S. average	Gap (a)	Change in vulnerable group rate (b)
RACE/ETHNICITY (continued)		2017 Scorecard				Baseline				
Children without a medical and dental preventive care visit in the past year (black race)	2011/12	34	32	-2	10	--	--	--	--	--
Children ages 19–35 months without all recommended vaccines (Hispanic ethnicity) (c)	2014	*	28	*	*	2012	24	32	8	*
Mortality amenable to health care (black race)	2013-14	83	84.2	1.6	2	2011-12	98.1	84.0	-14.10	Improved
Infant mortality, deaths per 1,000 live births (black race)	2012-13	7.7	6.0	-1.7	3	2010-11	10.2	6.5	-3.7	Improved
Adults with poor health-related quality of life (Hispanic ethnicity)	2015	33	26	-7	24	2013	34	26	-8	Improved
Adults who smoke (black race)	2015	16	17	1	5	2013	20	18	-2	Improved
Adults who are obese (black race)	2015	37	29	-8	27	2013	34	29	-5	Worsened
Adults who have lost six or more teeth (black race)	2014	15	10	-5	31	2012	12	10	-2	Worsened

**Table 3. Summary of Equity Indicator Change**

Equity Dimension	2017 Scorecard rankings	Indicators with trends	CHANGE IN EQUITY GAP		
			No change in gap	Gap narrowed/ vulnerable group improved	Gap widened/ vulnerable group worsened
Equity Dimension	4	30	9	14	7
Low Income	4	17	6	8	3
Race/Ethnicity	4	13	3	6	4

## Notes:

**Cover Page. (a)** The 2017 Scorecard rankings generally reflect 2014 or 2015 data; Baseline rankings generally reflect 2012 or 2013 data. The Baseline rankings generally align with Baseline rankings reported in the December 2015 State Scorecard report. The 2017 State Scorecard added or revised several performance measures relative to what was reported in the December 2015 Scorecard report; overall and dimension rankings are not strictly comparable between these reports. **(b)** Improved or worsened denotes a change of at least one-half (0.5) of a standard deviation (a statistical measure of variation) larger than the indicator's distribution among all states over the two time points. No change denotes no change in rate or a change of less than one-half of a standard deviation. The Equity dimension is separated into two subdimensions, Income and Race/Ethnicity. For interpretation of changes in the Equity dimension, see Table 2, note (b) below. **(c)** The table shows the estimated impact if this state's performance improved to the rate of the best-performing state for selected Scorecard indicators. Benchmark states, those with the best rate, have an estimated impact of zero (0).

**Table 1. (\*)** Data not available for this state. **(--)** Historical data not available or not comparable over time. **(a)** Substantial change (improvement or worsening) refers to a change between the baseline and current time periods of at least 0.5 standard deviations. **(b)** 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.

**Table 2. (\*)** Data not available for this state. **(--)** Historic data not available or not comparable over time. **(a)** Gaps measure the difference between the most vulnerable group in this state, by income or race/ethnicity, and the U.S. national average for each indicator. **(b)** Improvement indicates that the gap between this state's vulnerable population and the U.S. average has narrowed AND that the vulnerable group rate in this state has improved. Worsening indicates that the gap between this state's vulnerable population and the U.S. average has widened AND that the vulnerable group rate in this state has worsened. No change indicates that either the gap narrowed but the vulnerable group rate worsened, or the vulnerable group rate improved but the gap widened. **(c)** Different data years were used in the equity analysis than were reported for the entire state population rate. **(d)** Measures constructed from 20% Medicare sample for the equity analysis. Data for equity analysis provided by A. Jha, Harvard School of Public Health. Refer to the 2017 State Scorecard report appendix for source information for entire state population rate. **(e)** Gaps are based on the state's nonwhite population with the largest observed difference from the U.S. average. The racial/ethnic minority with the largest gap is noted for each indicator. Race/ethnicity is generally defined as white race (non-Hispanic), black race (non-Hispanic), Hispanic ethnicity (can include individuals of any race), and other race (non-Hispanic) which includes individuals who self-identify as being some race/ethnicity not otherwise categorized.