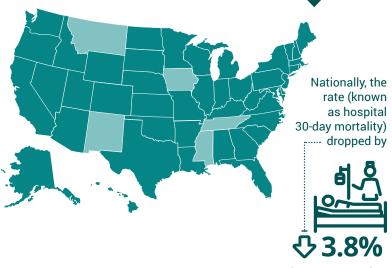
PREVENTION AND TREATMENT

Patients and their families have the right to expect care that is effective, coordinated among their different physicians and other providers, and respectful of their values and preferences. The Prevention and Treatment dimension assesses these factors by measuring the quality of care provided in hospitals, nursing homes, doctors' offices, and patients' homes.

THE GREATEST IMPROVEMENT:

IN 45 STATES

patients who were hospitalized for heart attack, heart failure, or pneumonia were substantially less likely to die within 30 days of their hospital stay, compared with the previous three-year measurement period.



–an improvement that has saved many lives.







KEY FINDINGS

Patients' hospital experiences have improved steadily in recent years

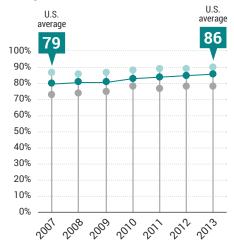
▶ Although changes in hospital quality may be modest from year to year, all states improved between 2007 and 2013 on two indicators of patient-reported care experiences in the hospital. These measures have received heightened attention through public reporting of hospital performance and, for measures of patient education, as part of national efforts to reduce hospital readmissions.

Percent of 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

- Best-performing state (highest rate)
- U.S. average
- Worst-performing state (lowest rate)



Percent of hospitalized patients given information about what to do during their recovery at home



Data: CMS Hospital Compare.

2015 RANKING

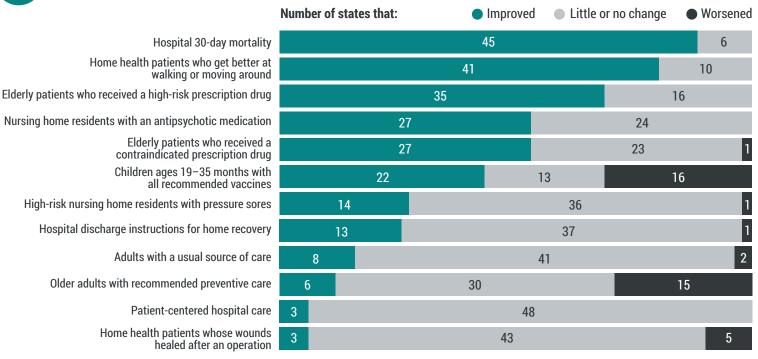
- 1 Maine
- 2 Massachusetts
- 3 Rhode Island
- 4 New Hampshire
- 4 Vermont
- 4 Wisconsin
- 7 Pennsylvania
- 8 Minnesota
- **9** Colorado
- 9 Colorado
- **9** Connecticut**9** Delaware
- **9** Iowa
- 13 Nebraska
- 14 Maryland
- 14 South Dakota
- **16** Kansas
- 16 Michigan
- **18** Hawaii
- 9 North Dakota
- **20** Kentucky
- 21 District of Columbia
- 21 Illinois
- 21 Missouri
- 21 New Jersey
- **21** Ohio
- 21 Virginia
- 21 West Virginia
- 28 New York
- 28 South Carolina
- **28** Utah
- 31 Idaho
- **31** Montana

North Carolina

- **34** Indiana
- **34** Wyoming
- 00 0
- 00 0108011
- **37** Alabama
- **37** Alaska
- **37** California
- **37** Florida
- **37** Tennessee
- **37** Washington
- **43** Louisiana
- **44** Oklahoma
- **45** Georgia
- **45** New Mexico
- **47** Arizona
- **47** Arkansas
- **47** Mississippi
- **50** Texas
- **51** Nevada



CHANGE IN STATE HEALTH SYSTEM PERFORMANCE BY INDICATOR



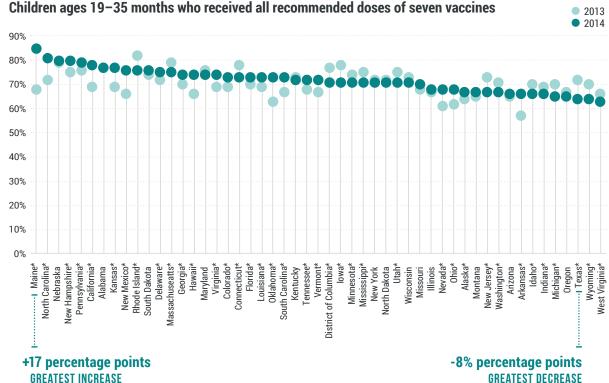
Notes: This exhibit measures indicator change over the two most recent years of data available. See Appendix A1 for baseline and current data years for each indicator. Trend data are not available for all indicators. Improvement or worsening refers to a change between the baseline and current time periods of at least 0.5 standard deviations. The "little or no change" category includes the number of states with changes of less than 0.5 standard deviations, as well as states with no change or without sufficient data to assess change over time.



VACCINATIONS IN CHILDREN

▶ High rates of vaccinations protect the population from communicable diseases. Among children ages 19 to 35 months, the percentage receiving all seven recommended vaccines on time increased by 3 points or more in 22 states from 2013 to 2014 while decreasing by a similar magnitude in 15 states and D.C. Nationally, more than 1 of 4 young children were not up-to-date on all recommended vaccines in 2014, a rate littlechanged from 2013.

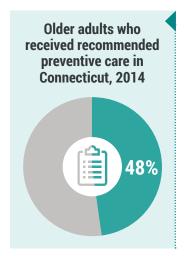




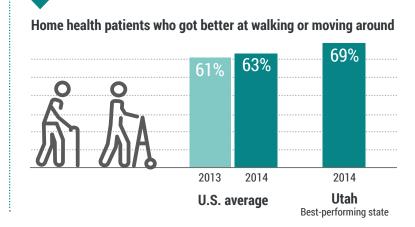
Notes: States are arranged in rank order based on their current data year (2014) value. *Denotes states with at least -.5 standard deviation change (3 percentage points) between 2013 and 2014. Recommended vaccines are the 4:3:1:3:3:1:4 series, which includes \geq 4 doses of DTaP/DT/DTP, \geq 3 doses of poliovirus vaccine, \geq 1 doses of measles-containing vaccine, full series of Hib (3 or 4 doses, depending on product type), \geq 3 doses of HepB, \geq 1 dose of varicella vaccine, and \geq 4 doses of PCV. Data: 2013 and 2014 National Immunization Surveys.

OLDER ADULTS

▶ Among adults 50 and older, the share who reported receiving all appropriate preventive care services—like cancer screenings and flu shots—declined by 2 percentage points or more in **15 states** between 2012 and 2014.

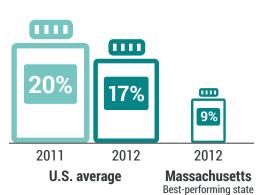


Even in Connecticut, the bestperforming state, **less than half** of older adults received all the recommended services in the appropriate time frame.¹ Although the ACA requires most insurance plans to cover certain preventive services with no cost-wsharing, other factors like patient awareness and physicians' recommendations can be factors in whether adults receive services.² ▶ When adults receive home health care, it is critical that they receive help in regaining functional abilities, like walking.³ In 41 states, there were gains of at least 2 percentage points between 2013 and 2014 in the share of home health patients who got better at walking or moving around.





Elderly patients who received a high-risk prescription drug



▶ In **35 states**, there was a reduction of at least 3 percentage points between 2011 and 2012 in the share of elderly Medicare beneficiaries who received a high-risk prescription medication that should be avoided for elderly people. This improvement may reflect actions taken by the Food and Drug Administration that led to a high-risk drug being removed from the market, as well as providers' increased awareness of drug safety concerns and the increased use of electronic prescribing tools that alert providers when unsafe drugs are ordered.⁴

▶ In 27 states, there was a promising reduction of at least 2 percentage points in the use of antipsychotic drugs in nursing homes, where they are sometimes inappropriately prescribed to chemically restrain residents with cognitive impairments or difficult behaviors ⁵

WHAT IS AN UNSAFE DRUG?

Certain medications that are commonly taken by younger patients without incident can put those age 65 and older at increased risk for experiencing severe side effects and complications such as confusion, sedation, immobility, falls, and fractures. The National Committee for Quality Assurance has identified more than 100 high-risk medications that should be avoided in the elderly, ranging from antianxiety drugs and antihistamines to narcotics and muscle relaxants. Safer alternatives may be available, but these potentially harmful medications are still frequently prescribed to the elderly.













FUTURE IMPLICATIONS

If all states performed as well as the top-performing state:

More than

8 million



additional older adults would receive key recommended preventive care services such as cancer screenings and flu shots.



