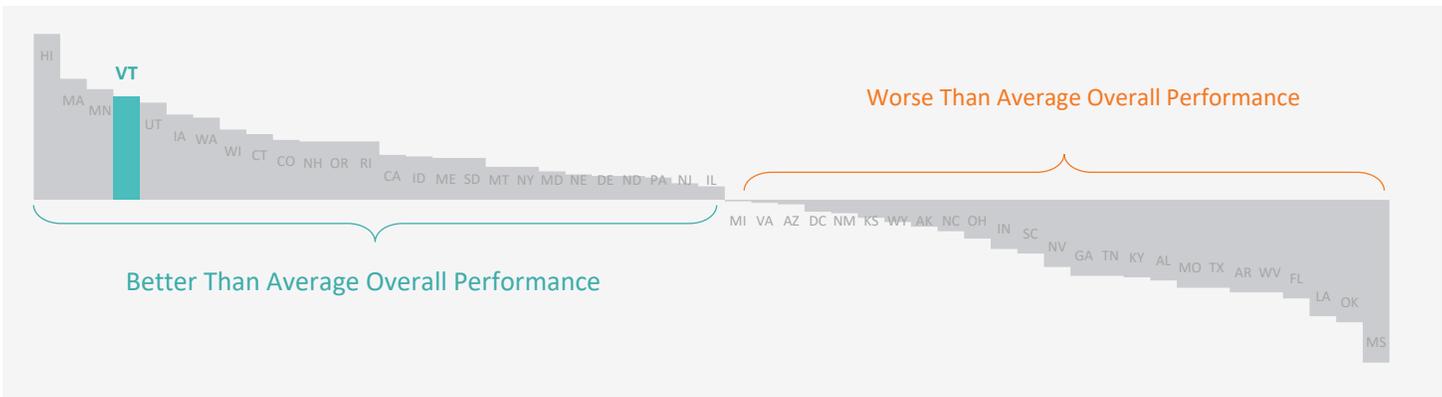
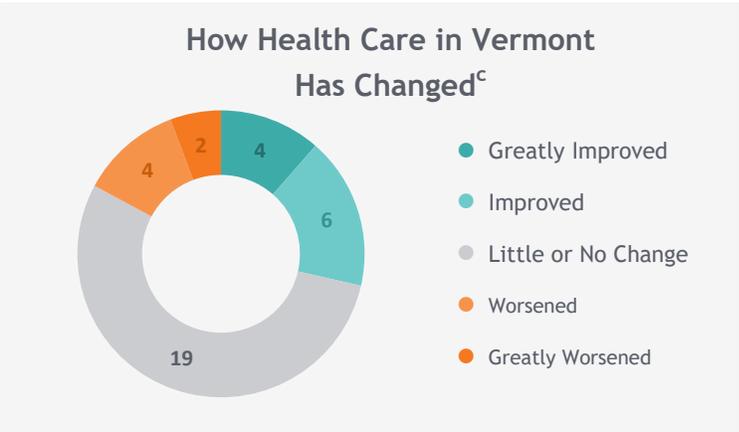


## Ranking Highlights

	2018 Rank <sup>a</sup>	Change <sup>b</sup>
Overall	4	0
Access & Affordability	3	-1
Prevention & Treatment	8	+1
Avoidable Use & Cost	13	+1
Healthy Lives	6	+2
Disparity	15	-12



### Top Ranked Indicators

- Breast cancer deaths
- Hospital admissions for pediatric asthma
- Children without a medical and dental preventive care visit

### Bottom Ranked Indicators

- Colorectal cancer deaths
- Central Line-associated Blood Stream Infection (CLABSI), SIR
- Employer-sponsored insurance spending per enrollee

### Most Improved Indicators

- Breast cancer deaths
- Children ages 19–35 months without all recommended vaccines
- Hospital patients discharged without instructions

### Indicators That Worsened the Most

- Colorectal cancer deaths
- Home health patients with a hospital admission
- Hospital 30-day mortality

### Estimated Impact of State Improvement<sup>d</sup>

Top State in the U.S.	Top State in the Northeast	Vermont could expect the following gains if performance in the state improved to the top level at these national and regional benchmarks:
4,997	0	fewer adults would skip needed care because of its cost
17,196	17,196	more adults would receive age- and gender-appropriate cancer screenings
761	761	more children (ages 19–35 months) would receive all recommended vaccines
1,215	0	fewer Medicare beneficiaries would receive an unsafe medication
39	21	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
12,954	7,517	fewer employer-insured adults and elderly Medicare beneficiaries would seek care in emergency departments for nonemergent or primary-care-treatable conditions

**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	Change over time (e)
<b>Access &amp; Affordability</b>						<b>2018 Scorecard</b>		<b>Baseline</b>	
Adults ages 19–64 uninsured	2016	5	12	4	2	2013	10	20	Improved
Children ages 0–18 uninsured	2016	--	5	1	--	2013	--	8	--
Adults without a usual source of care	2016	12	22	11	2	2013	13	24	No Change
Adults who went without care because of cost	2016	8	13	7	2	2013	9	16	No Change
Individuals with high out-of-pocket medical spending	2015-16	11	14	9	6	2013-14	12	15	No Change
Employee health insurance contributions as a share of median income	2016	5	6	4	3	2013	5	6	No Change
Adults without a dental visit in past year	2016	12	16	10	4	2012	11	15	No Change
<b>Prevention &amp; Treatment</b>						<b>2018 Scorecard</b>		<b>Baseline</b>	
Adults without all age- and gender-appropriate cancer screenings	2016	30	32	24	15	2012	27	31	Worsened
Adults without all age-appropriate recommended vaccines	2016	60	63	54	15	2013	58	64	No Change
Diabetic adults ages 18–64 without a hemoglobin A1c test	2015	19	17	11	35	--	--	--	--
Medicare beneficiaries received a high-risk drug	2014	9	13	7	4	2012	11	17	Improved
Children without all components of a medical home	2016	40	51	40	1	--	--	--	--
Children without both a medical and dental preventive care visit in the past year	2016	20	32	20	1	--	--	--	--
Children who did not receive needed mental health treatment	2016	16	18	5	24	--	--	--	--
Children ages 19–35 months who did not receive all recommended vaccines	2016	23	29	15	7	2013	33	30	Improved
Hospital 30-day mortality	2013 - 2016	14.6	14.1	13	35	2010 - 2013	13.8	13.2	Worsened
Central line-associated blood stream infection (CLABSI)	2015	1.13	0.99	0.32	44	--	--	--	--
Hospital patients discharged without instructions for home recovery	2016	9	13	9	1	2013	12	14	Improved
Hospital patients who did not receive patient-centered care	2016	30	32	27	12	2013	31	32	No Change
Home health patients who did not get better at walking or moving around	2016	32	29	23	39	2013	40	39	Improved
Nursing home residents with an antipsychotic medication	2016	17	16	8	30	2013	20	21	Improved
Adults with any mental illness reporting unmet need	2013-2015	21	20	14	25	2009-2011	24	21	Improved
Adults with any mental illness who did not receive treatment	2013-2015	44	56	41	2	2009-2011	45	59	No Change

**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	Change over time (e)	
<b>Avoidable Hospital Use &amp; Cost</b>						<b>2018 Scorecard</b>			<b>Baseline</b>	
Hospital admissions for pediatric asthma, per 100,000 children	2014	22	106	22	1	2012	28	143	No Change	
Potentially avoidable emergency department visits										
Ages 18–64, per 1,000 employer-insured enrollees	2015	163	159	130	20	--	--	--	--	
Age 65 and older, per 1,000 Medicare beneficiaries	2015	174	197	138	20	2012	187	188	Improved	
Admissions for ambulatory care–sensitive conditions										
Ages 18–64, per 1,000 employer-insured enrollees	2015	4	5	3	12	--	--	--	--	
Ages 65–74, per 1,000 Medicare beneficiaries	2015	20	26	14	12	2012	--	29	--	
Age 75 and older, per 1,000 Medicare beneficiaries	2015	58	66	33	12	2012	65	70	Improved	
30-day hospital readmissions										
Ages 18–64, per 1,000 employer-insured enrollees	2015	3.21	2.9	1.2	23	--	--	--	--	
Age 65 and older, per 1,000 Medicare beneficiaries	2015	32	42	21	23	2012	33	49	No Change	
Short-stay nursing home residents with a 30-day readmission to the hospital	2014	15	19	11	10	2012	16	20	No Change	
Long-stay nursing home residents with a hospital admission	2014	14	16	5	16	2012	15	17	No Change	
Home health patients with a hospital admission	2016	17.2	16.4	14	39	2013	16	16	Worsened	
Adults ages 18–50 with low back pain who had an imaging study at diagnosis	2015	23	29	16	7	--	--	--	--	
Total employer-sponsored insurance spending per enrollee	2015	\$5,660	\$4,736	\$3,347	45	2013	\$5,384	\$4,697	No Change	
Total Medicare (Parts A & B) reimbursements per enrollee	2015	\$7,231	\$9,025	\$5,586	6	2012	\$6,816	\$8,854	No Change	
<b>Healthy Lives</b>						<b>2018 Scorecard</b>			<b>Baseline</b>	
Mortality amenable to health care, deaths per 100,000 population	2014-15	61.4	84.3	54.7	6	2012-13	57.2	83.7	No Change	
Breast cancer deaths per 100,000 female population	2016	13.6	20.1	13.6	1	2013	18.5	20.8	Improved	
Colorectal cancer deaths per 100,000 population	2016	15.7	13.1	10.1	44	2013	14.3	14.6	Worsened	
Deaths from suicide, alcohol, and drug use per 100,000 population	2016	46.1	43.2	28.5	26	2013	39.3	35.6	Worsened	
Infant mortality, deaths per 1,000 births	2015	4.6	5.9	4.1	5	2012	4.3	6	No Change	
Adults who report fair/poor health	2016	12	16	10	5	2013	11	16	No Change	
Adults who smoke	2016	17	16	9	23	2013	17	18	No Change	
Adults who are obese	2016	27	30	22	11	2013	25	29	Worsened	
Children who are overweight or obese	2016	22	31	19	3	--	--	--	--	
Adults who have lost six or more teeth	2016	10	10	6	24	2012	11	10	No Change	

**Table 2. State Disparity Indicator Data**

Dimension and indicator	Data year	Low-income		State ranking	Data year	Low-income		Change over time (h)
		rate (f)	Disparity (g)			rate (f)	Disparity (g)	
<b>Disparity</b>	<b>2018 Scorecard</b>				<b>Baseline</b>			
Adults ages 19–64 uninsured	2016	7	-4	1	2013	14	-8	Improved
Children ages 0–18 uninsured	2016	1	0	1	2013	5	-2	Improved
Adults without a usual source of care	2016	13	-5	9	2013	16	-7	Improved
Adults who went without care because of cost	2016	10	-4	1	2013	15	-10	Improved
Adults without a dental visit in past year	2016	22	-16	45	2012	18	-12	Worsened
Adults without all age- and gender-appropriate cancer screenings	2016	42	-18	47	2012	34	-11	Worsened
Adults without all age-appropriate recommended vaccines	2016	68	-11	38	2013	63	-14	No Change
Children without all components of a medical home	2016	50	-16	6	--	--	--	--
Children without both a medical and dental preventive care visit in the past year	2016	27	-14	30	--	--	--	--
Children ages 19–35 months who did not receive all recommended vaccines	2016	29	-15	37	2013	37	-5	No Change
Medicare beneficiaries received a high-risk drug	2014	13	-5	29	2012	14	-4	No Change
Hospital admissions for pediatric asthma, per 100,000 children	2014	--	--	--	2012	--	--	--
Admissions for ambulatory care-sensitive conditions, Medicare duals age 65 and older, per 1,000 beneficiaries	2015	75	-42	12	2012	80	-32	No Change
30-day hospital readmissions, Medicare dual eligibles age 65 and older, per 1,000 beneficiaries	2015	30	-11	1	2012	39	-18	Improved
Potentially avoidable ED visits, Medicare dual eligibles age 65 and older, per 1,000 beneficiaries	2015	321	-172	14	2012	312	-148	Worsened
Adults who smoke	2016	31	-21	43	2013	29	-22	No Change
Adults who are obese	2016	32	-7	12	2013	27	-2	Worsened
Adults who have lost six or more teeth	2016	24	-19	42	2012	21	-16	Worsened
Adults who report fair/poor health	2016	28	-23	30	2013	22	-17	Worsened

**Notes.** (a) The 2018 Scorecard rankings reflect 2015 or 2016 data. The 2018 Scorecard added or revised several performance measures since the March 2017 Scorecard report; rankings are not comparable between reports. (b) Change represents states' rank difference from the baseline data year (generally 2012 or 2013). Positive values represent an improvement in rank; negative values are a worsening in rank. (c) Trend data available for 37 of 43 total Scorecard indicators. Greatly improved/worsened denotes a change of at least one full (1.0) standard deviation larger than the indicator's distribution among all states over the two time points; improved/worsened denotes a change of at least one-half (0.5) standard deviation. No change denotes no change in rate or a change of less than one-half standard deviation. (d) Estimated impact if this state's performance improved to the rate of two benchmark levels—a national benchmark set at the level of the best-performing state and a regional benchmark set at the level of the top performing state in same census region (Midwest, Northeast, South, or West). Benchmark states have an estimated impact of zero (0). Equivalent estimated impact based on national and regional benchmarks indicate that the best observed rate in the region was equal to the best observed rate nationally. Impact based on national and regional benchmarks should not be interpreted as cumulative. (e) Change (improvement or worsening) refers to a change between the baseline and current time periods of at least 0.5 standard deviations. (f) Rates are for the states' low income population, generally those whose household income is under 200% FPL. (g) Disparity is the difference between the states' low-income and higher-income (400%+ FPL) populations. (h) Improvement indicates that the low-income rate improved and the disparity between low- and higher-income populations narrowed; worsening indicates the low-income rate worsened and the disparity between low- and higher-income populations widened.