

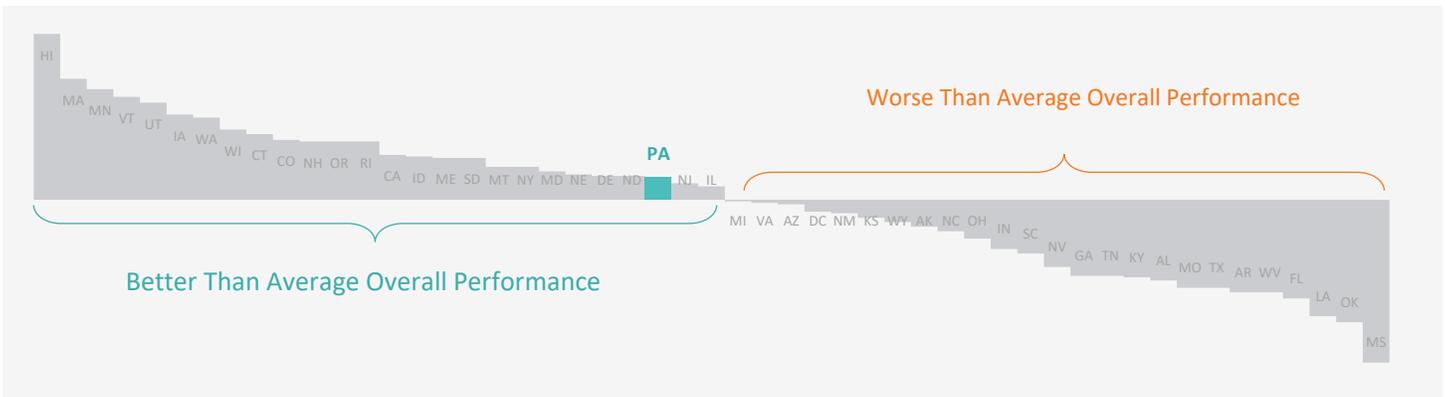
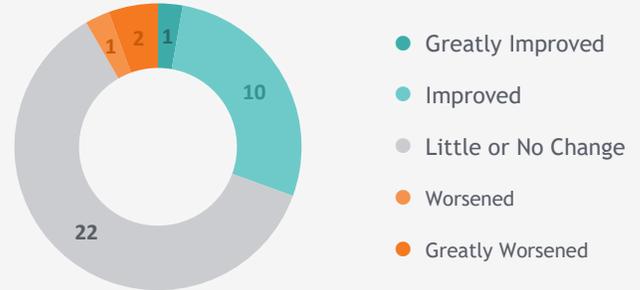
Pennsylvania



Ranking Highlights

	2018 Rank ^a	Change ^b
Overall	24	-4
Access & Affordability	15	-8
Prevention & Treatment	12	-2
Avoidable Use & Cost	33	-1
Healthy Lives	34	+4
Disparity	11	-1

How Health Care in Pennsylvania Has Changed^c



Top Ranked Indicators

- Employee insurance costs as a share of median income
- Adults without a usual source of care
- Children without a medical and dental preventive care visit

Bottom Ranked Indicators

- Home health patients with a hospital admission
- Medicare spending per beneficiary
- Suicide, alcohol, and drug use deaths

Most Improved Indicators

- Home health patients without improved mobility
- Uninsured adults
- Adults without all recommended vaccines

Indicators That Worsened the Most

- Adults without a dental visit
- Hospital 30-day mortality
- Suicide, alcohol, and drug use deaths

Estimated Impact of State Improvement^d

Top State in the U.S.	Top State in the Northeast	Pennsylvania could expect the following gains if performance in the state improved to the top level at these national and regional benchmarks:
395,093	296,320	fewer adults would skip needed care because of its cost
489,360	489,360	more adults would receive age- and gender-appropriate cancer screenings
23,739	23,739	more children (ages 19–35 months) would receive all recommended vaccines
21,892	7,297	fewer Medicare beneficiaries would receive an unsafe medication
3,270	2,918	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
220,171	121,882	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)
Access & Affordability						2018 Scorecard		Baseline	
Adults ages 19–64 uninsured	2016	8	12	4	11	2013	14	20	Improved
Children ages 0–18 uninsured	2016	5	5	1	26	2013	5	8	No Change
Adults without a usual source of care	2016	14	22	11	6	2013	14	24	No Change
Adults who went without care because of cost	2016	11	13	7	14	2013	12	16	No Change
Individuals with high out-of-pocket medical spending	2015-16	12	14	9	11	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	15	16	10	22	2012	13	15	Worsened
Prevention & Treatment						2018 Scorecard		Baseline	
Adults without all age- and gender-appropriate cancer screenings	2016	33	32	24	24	2012	31	31	No Change
Adults without all age-appropriate recommended vaccines	2016	59	63	54	9	2013	63	64	Improved
Diabetic adults ages 18–64 without a hemoglobin A1c test	2015	19	17	11	35	--	--	--	--
Medicare beneficiaries received a high-risk drug	2014	10	13	7	11	2012	13	17	Improved
Children without all components of a medical home	2016	45	51	40	7	--	--	--	--
Children without both a medical and dental preventive care visit in the past year	2016	26	32	20	7	--	--	--	--
Children who did not receive needed mental health treatment	2016	13	18	5	14	--	--	--	--
Children ages 19–35 months who did not receive all recommended vaccines	2016	26	29	15	17	2013	24	30	No Change
Hospital 30-day mortality	2013 - 2016	13.7	14.1	13	8	2010 - 2013	12.9	13.2	Worsened
Central line-associated blood stream infection (CLABSI)	2015	0.94	0.99	0.32	23	--	--	--	--
Hospital patients discharged without instructions for home recovery	2016	12	13	9	17	2013	14	14	Improved
Hospital patients who did not receive patient-centered care	2016	32	32	27	29	2013	33	32	No Change
Home health patients who did not get better at walking or moving around	2016	27	29	23	11	2013	37	39	Improved
Nursing home residents with an antipsychotic medication	2016	16	16	8	19	2013	19	21	Improved
Adults with any mental illness reporting unmet need	2013-2015	21	20	14	25	2009-2011	21	21	No Change
Adults with any mental illness who did not receive treatment	2013-2015	53	56	41	17	2009-2011	54	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)	
Avoidable Hospital Use & Cost						2018 Scorecard			Baseline	
Hospital admissions for pediatric asthma, per 100,000 children	2014	157	106	22	36	2012	--	143	--	
Potentially avoidable emergency department visits										
Ages 18–64, per 1,000 employer-insured enrollees	2015	159	159	130	26	--	--	--	--	
Age 65 and older, per 1,000 Medicare beneficiaries	2015	194	197	138	26	2012	187	188	No Change	
Admissions for ambulatory care–sensitive conditions										
Ages 18–64, per 1,000 employer-insured enrollees	2015	5	5	3	36	--	--	--	--	
Ages 65–74, per 1,000 Medicare beneficiaries	2015	28	26	14	36	2012	31	29	No Change	
Age 75 and older, per 1,000 Medicare beneficiaries	2015	70	66	33	36	2012	74	70	No Change	
30-day hospital readmissions										
Ages 18–64, per 1,000 employer-insured enrollees	2015	3.09	2.9	1.2	38	--	--	--	--	
Age 65 and older, per 1,000 Medicare beneficiaries	2015	46	42	21	38	2012	54	49	Improved	
Short-stay nursing home residents with a 30-day readmission to the hospital	2014	19	19	11	23	2012	21	20	Improved	
Long-stay nursing home residents with a hospital admission	2014	14	16	5	16	2012	16	17	No Change	
Home health patients with a hospital admission	2016	17.4	16.4	14	42	2013	17	16	No Change	
Adults ages 18–50 with low back pain who had an imaging study at diagnosis	2015	27	29	16	19	--	--	--	--	
Total employer-sponsored insurance spending per enrollee	2015	\$4,344	\$4,736	\$3,347	12	2013	\$4,185	\$4,697	No Change	
Total Medicare (Parts A & B) reimbursements per enrollee	2015	\$9,432	\$9,025	\$5,586	43	2012	\$9,391	\$8,854	No Change	
Healthy Lives						2018 Scorecard			Baseline	
Mortality amenable to health care, deaths per 100,000 population	2014-15	82.6	84.3	54.7	30	2012-13	82	83.7	No Change	
Breast cancer deaths per 100,000 female population	2016	21.5	20.1	13.6	39	2013	21.8	20.8	No Change	
Colorectal cancer deaths per 100,000 population	2016	14.1	13.1	10.1	37	2013	15.9	14.6	Improved	
Deaths from suicide, alcohol, and drug use per 100,000 population	2016	59.5	43.2	28.5	45	2013	39.4	35.6	Worsened	
Infant mortality, deaths per 1,000 births	2015	6.2	5.9	4.1	28	2012	7.1	6	Improved	
Adults who report fair/poor health	2016	14	16	10	17	2013	15	16	No Change	
Adults who smoke	2016	18	16	9	28	2013	21	18	Improved	
Adults who are obese	2016	30	30	22	21	2013	30	29	No Change	
Children who are overweight or obese	2016	32	31	19	30	--	--	--	--	
Adults who have lost six or more teeth	2016	11	10	6	30	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)	
Disparity	2018 Scorecard				Baseline			
Adults ages 19–64 uninsured	2016	15	-12	15	2013	29	-25	Improved
Children ages 0–18 uninsured	2016	7	-5	36	2013	7	-4	Worsened
Adults without a usual source of care	2016	17	-6	11	2013	15	-7	No Change
Adults who went without care because of cost	2016	17	-8	3	2013	21	-17	Improved
Adults without a dental visit in past year	2016	22	-11	13	2012	21	-13	No Change
Adults without all age- and gender-appropriate cancer screenings	2016	33	-6	5	2012	37	-12	Improved
Adults without all age-appropriate recommended vaccines	2016	60	-3	3	2013	68	-11	Improved
Children without all components of a medical home	2016	57	-27	35	--	--	--	--
Children without both a medical and dental preventive care visit in the past year	2016	33	-15	33	--	--	--	--
Children ages 19–35 months who did not receive all recommended vaccines	2016	28	-2	6	2013	27	-5	No Change
Medicare beneficiaries received a high-risk drug	2014	12	-3	12	2012	16	-4	Improved
Hospital admissions for pediatric asthma, per 100,000 children	2014	423	-348	30	2012	--	--	--
Admissions for ambulatory care-sensitive conditions, Medicare duals age 65 and older, per 1,000 beneficiaries	2015	101	-50	18	2012	89	-31	Worsened
30-day hospital readmissions, Medicare dual eligibles age 65 and older, per 1,000 beneficiaries	2015	64	-28	23	2012	80	-33	Improved
Potentially avoidable ED visits, Medicare dual eligibles age 65 and older, per 1,000 beneficiaries	2015	330	-150	6	2012	319	-146	Worsened
Adults who smoke	2016	27	-15	23	2013	31	-17	Improved
Adults who are obese	2016	37	-7	12	2013	34	-5	Worsened
Adults who have lost six or more teeth	2016	21	-15	29	2012	17	-12	Worsened
Adults who report fair/poor health	2016	24	-17	5	2013	27	-20	Improved

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.