

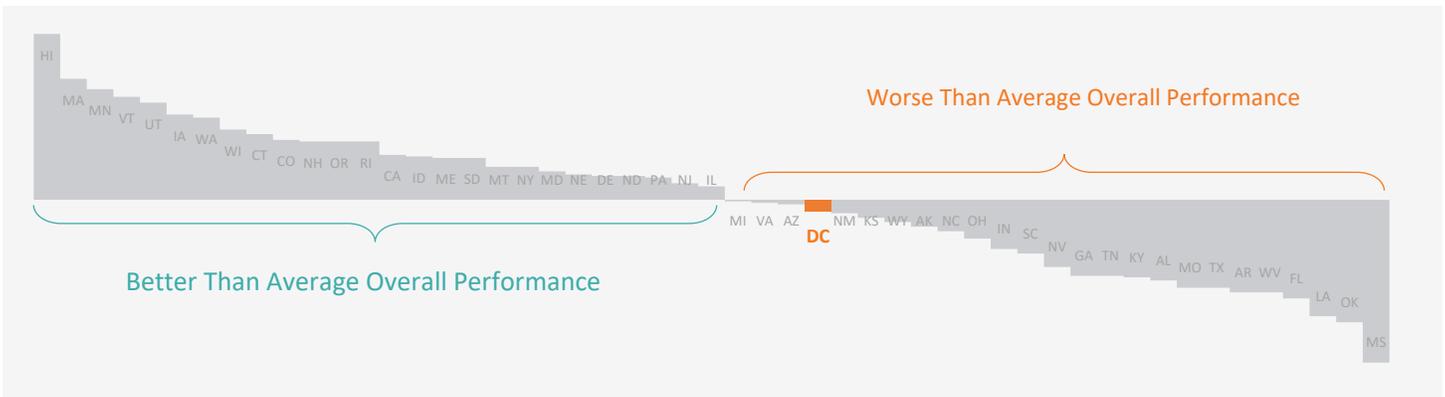
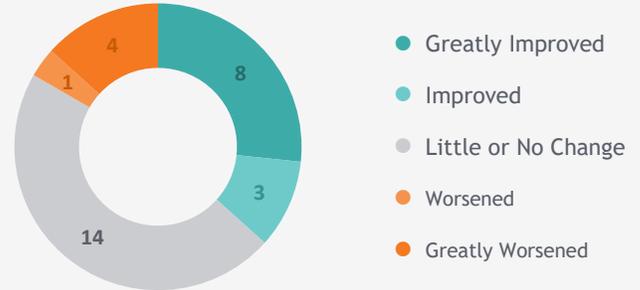
# District of Columbia



## Ranking Highlights

	2018 Rank <sup>a</sup>	Change <sup>b</sup>
Overall	30	+3
Access & Affordability	8	+2
Prevention & Treatment	38	-3
Avoidable Use & Cost	43	+7
Healthy Lives	38	-2
Disparity	28	-3

## How Health Care in District of Columbia Has Changed<sup>c</sup>



### Top Ranked Indicators

- High out-of-pocket medical spending
- Adults who report fair/poor health
- Adults who are obese

### Bottom Ranked Indicators

- Breast cancer deaths
- Hospital patients discharged without instructions
- Hospital patients did not receive patient-centered care

### Most Improved Indicators

- Breast cancer deaths
- Home health patients without improved mobility
- Hospital patients discharged without instructions

### Indicators That Worsened the Most

- Hospital 30-day mortality
- Children ages 19–35 months without all recommended vaccines
- Suicide, alcohol, and drug use deaths

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

Top State in the U.S.	Top State in the South	District of Columbia could expect the following gains if performance in the state improved to the top level at these national and regional benchmarks:
11,286	0	fewer adults would skip needed care because of its cost
2,633	0	more adults would receive age- and gender-appropriate cancer screenings
2,125	1,235	more children (ages 19–35 months) would receive all recommended vaccines
1,168	234	fewer Medicare beneficiaries would receive an unsafe medication
476	310	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
4,760	2,883	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	8	20	No Change
Children ages 0–18 uninsured	2016	--	5	1	--	2013	--	8	--
Adults without a usual source of care	2016	25	22	11	35	2013	24	24	No Change
Adults who went without care because of cost	2016	9	13	7	5	2013	11	16	Improved
Individuals with high out-of-pocket medical spending	2015-16	9	14	9	1	2013-14	11	15	Improved
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	14	16	10	13	2012	16	15	Improved
<b>Prevention &amp; Treatment</b>						<b>2018 Scorecard</b>		<b>Baseline</b>	
Adults without all age- and gender-appropriate cancer screenings	2016	25	32	24	2	2012	25	31	No Change
Adults without all age-appropriate recommended vaccines	2016	64	63	54	30	2013	64	64	No Change
Diabetic adults ages 18–64 without a hemoglobin A1c test	2015	--	17	11	--	--	--	--	--
Medicare beneficiaries received a high-risk drug	2014	12	13	7	21	2012	13	17	No Change
Children without all components of a medical home	2016	51	51	40	36	--	--	--	--
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	16	18	5	24	--	--	--	--
Children ages 19–35 months who did not receive all recommended vaccines	2016	32	29	15	36	2013	23	30	Worsened
Hospital 30-day mortality	2013 - 2016	13.6	14.1	13	6	2010 - 2013	12.4	13.2	Worsened
Central line-associated blood stream infection (CLABSI)	2015	1.16	0.99	0.32	46	--	--	--	--
Hospital patients discharged without instructions for home recovery	2016	18	13	9	51	2013	22	14	Improved
Hospital patients who did not receive patient-centered care	2016	43	32	27	51	2013	42	32	No Change
Home health patients who did not get better at walking or moving around	2016	26	29	23	8	2013	40	39	Improved
Nursing home residents with an antipsychotic medication	2016	12	16	8	2	2013	16	21	Improved
Adults with any mental illness reporting unmet need	2013-2015	25	20	14	47	2009-2011	24	21	No Change
Adults with any mental illness who did not receive treatment	2013-2015	59	56	41	43	2009-2011	65	59	Improved

**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	--	106	22	--	2012	--	143	--
Potentially avoidable emergency department visits									
Ages 18–64, per 1,000 employer-insured enrollees	2015	--	159	130	51	--	--	--	--
Age 65 and older, per 1,000 Medicare beneficiaries	2015	242	197	138	51	2012	248	188	No Change
Admissions for ambulatory care–sensitive conditions									
Ages 18–64, per 1,000 employer-insured enrollees	2015	--	5	3	28	--	--	--	--
Ages 65–74, per 1,000 Medicare beneficiaries	2015	--	26	14	28	2012	37	29	--
Age 75 and older, per 1,000 Medicare beneficiaries	2015	65	66	33	28	2012	--	70	--
30-day hospital readmissions									
Ages 18–64, per 1,000 employer-insured enrollees	2015	--	2.9	1.2	48	--	--	--	--
Age 65 and older, per 1,000 Medicare beneficiaries	2015	50	42	21	48	2012	65	49	Improved
Short-stay nursing home residents with a 30-day readmission to the hospital	2014	19	19	11	23	2012	--	20	--
Long-stay nursing home residents with a hospital admission	2014	19	16	5	35	2012	--	17	--
Home health patients with a hospital admission	2016	16	16.4	14	14	2013	18	16	Improved
Adults ages 18–50 with low back pain who had an imaging study at diagnosis	2015	--	29	16	--	--	--	--	--
Total employer-sponsored insurance spending per enrollee	2015	--	\$4,736	\$3,347	--	2013	\$3,548	\$4,697	--
Total Medicare (Parts A & B) reimbursements per enrollee	2015	\$8,838	\$9,025	\$5,586	27	2012	\$8,887	\$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	127.9	84.3	54.7	50	2012-13	123.9	83.7	No Change
Breast cancer deaths per 100,000 female population	2016	23.7	20.1	13.6	51	2013	29.8	20.8	Improved
Colorectal cancer deaths per 100,000 population	2016	16.4	13.1	10.1	48	2013	14.3	14.6	Worsened
Deaths from suicide, alcohol, and drug use per 100,000 population	2016	51.8	43.2	28.5	37	2013	27.7	35.6	Worsened
Infant mortality, deaths per 1,000 births	2015	8.8	5.9	4.1	49	2012	7.9	6	Worsened
Adults who report fair/poor health	2016	10	16	10	1	2013	11	16	No Change
Adults who smoke	2016	15	16	9	12	2013	19	18	Improved
Adults who are obese	2016	22	30	22	1	2013	23	29	No Change
Children who are overweight or obese	2016	34	31	19	38	--	--	--	--
Adults who have lost six or more teeth	2016	6	10	6	1	2012	7	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	8	-6	3	2013	12	-7	Improved
Children ages 0–18 uninsured	2016	5	-4	27	2013	2	0	Worsened
Adults without a usual source of care	2016	20	-3	2	2013	23	-13	Improved
Adults who went without care because of cost	2016	20	-16	28	2013	15	-11	Worsened
Adults without a dental visit in past year	2016	14	-4	1	2012	17	-6	Improved
Adults without all age- and gender-appropriate cancer screenings	2016	28	-8	15	2012	33	-14	Improved
Adults without all age-appropriate recommended vaccines	2016	72	-17	51	2013	67	-16	Worsened
Children without all components of a medical home	2016	62	-23	20	--	--	--	--
Children without both a medical and dental preventive care visit in the past year	2016	30	-7	8	--	--	--	--
Children ages 19–35 months who did not receive all recommended vaccines	2016	35	-11	26	2013	21	0	Worsened
Medicare beneficiaries received a high-risk drug	2014	15	-2	8	2012	15	-2	No Change
Hospital admissions for pediatric asthma, per 100,000 children	2014	--	--	--	2012	--	--	#N/A
Admissions for ambulatory care–sensitive conditions, Medicare duals age 65 and older, per 1,000 beneficiaries	2015	109	-72	44	2012	100	-28	Worsened
30-day hospital readmissions, Medicare dual eligibles age 65 and older, per 1,000 beneficiaries	2015	61	-35	33	2012	105	-69	Improved
Potentially avoidable ED visits, Medicare dual eligibles age 65 and older, per 1,000 beneficiaries	2015	430	-259	47	2012	449	-275	Improved
Adults who smoke	2016	22	-13	18	2013	32	-23	Improved
Adults who are obese	2016	45	-26	51	2013	42	-24	Worsened
Adults who have lost six or more teeth	2016	12	-9	9	2012	17	-14	Improved
Adults who report fair/poor health	2016	27	-24	37	2013	21	-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.