

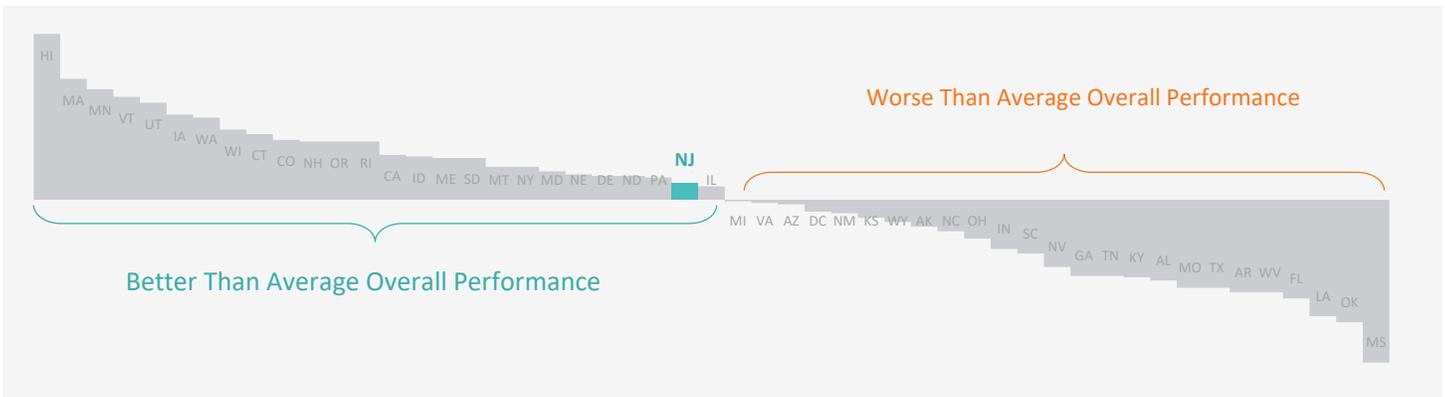
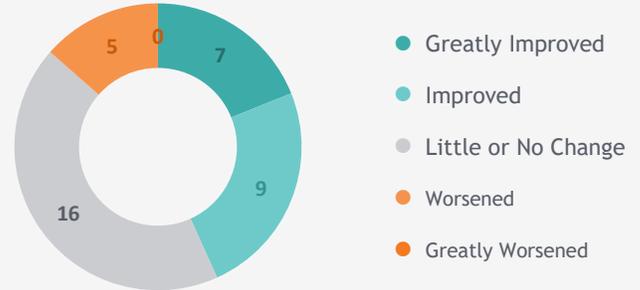
New Jersey



Ranking Highlights

	2018 Rank ^a	Change ^b
Overall	25	+2
Access & Affordability	14	+8
Prevention & Treatment	26	+7
Avoidable Use & Cost	36	-1
Healthy Lives	19	-2
Disparity	24	+5

How Health Care in New Jersey Has Changed^c



Top Ranked Indicators

- Nursing home residents with an antipsychotic drug
- Employee insurance costs as a share of median income
- Mentally ill adults reporting unmet need

Bottom Ranked Indicators

- Hospital patients did not receive patient-centered care
- Medicare spending per beneficiary
- Hospital patients discharged without instructions

Most Improved Indicators

- Mentally ill adults who did not receive treatment
- Home health patients without improved mobility
- Medicare beneficiaries received a high-risk drug

Indicators That Worsened the Most

- Home health patients with a hospital admission
- Suicide, alcohol, and drug use deaths
- Hospital 30-day mortality

Estimated Impact of State Improvement^d

Top State in the U.S.	Top State in the Northeast	New Jersey could expect the following gains if performance in the state improved to the top level at these national and regional benchmarks:
412,519	343,766	fewer adults would skip needed care because of its cost
251,141	251,141	more adults would receive age- and gender-appropriate cancer screenings
22,910	22,910	more children (ages 19–35 months) would receive all recommended vaccines
21,243	7,081	fewer Medicare beneficiaries would receive an unsafe medication
1,523	1,275	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
77,921	0	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	11	12	4	25	2013	19	20	Improved
Children ages 0–18 uninsured	2016	3	5	1	5	2013	6	8	Improved
Adults without a usual source of care	2016	18	22	11	16	2013	19	24	No Change
Adults who went without care because of cost	2016	13	13	7	30	2013	15	16	Improved
Individuals with high out-of-pocket medical spending	2015-16	11	14	9	6	2013-14	13	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	13	16	10	10	2012	15	15	Improved
Prevention & Treatment					2018 Scorecard		Baseline		
Adults without all age- and gender-appropriate cancer screenings	2016	31	32	24	16	2012	31	31	No Change
Adults without all age-appropriate recommended vaccines	2016	63	63	54	25	2013	66	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	15	17	Improved
Children without all components of a medical home	2016	50	51	40	30	--	--	--	--
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	23	18	5	42	--	--	--	--
Children ages 19–35 months who did not receive all recommended vaccines	2016	30	29	15	27	2013	27	30	Worsened
Hospital 30-day mortality	2013 - 2016	13.3	14.1	13	4	2010 - 2013	12.7	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	16	13	9	50	2013	18	14	Improved
Hospital patients who did not receive patient-centered care	2016	37	32	27	47	2013	37	32	No Change
Home health patients who did not get better at walking or moving around	2016	28	29	23	15	2013	37	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	17	20	14	3	2009-2011	15	21	Worsened
Adults with any mental illness who did not receive treatment	2013-2015	58	56	41	37	2009-2011	68	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)
Avoidable Hospital Use & Cost						2018 Scorecard		Baseline	
Hospital admissions for pediatric asthma, per 100,000 children	2014	155	106	22	34	2012	163	143	No Change
Potentially avoidable emergency department visits									
Ages 18–64, per 1,000 employer-insured enrollees	2015	145	159	130	11	--	--	--	--
Age 65 and older, per 1,000 Medicare beneficiaries	2015	180	197	138	11	2012	170	188	No Change
Admissions for ambulatory care–sensitive conditions									
Ages 18–64, per 1,000 employer-insured enrollees	2015	5	5	3	34	--	--	--	--
Ages 65–74, per 1,000 Medicare beneficiaries	2015	26	26	14	34	2012	27	29	No Change
Age 75 and older, per 1,000 Medicare beneficiaries	2015	70	66	33	34	2012	73	70	No Change
30-day hospital readmissions									
Ages 18–64, per 1,000 employer-insured enrollees	2015	3.21	2.9	1.2	41	--	--	--	--
Age 65 and older, per 1,000 Medicare beneficiaries	2015	48	42	21	41	2012	57	49	Improved
Short-stay nursing home residents with a 30-day readmission to the hospital	2014	22	19	11	46	2012	24	20	Improved
Long-stay nursing home residents with a hospital admission	2014	20	16	5	43	2012	21	17	No Change
Home health patients with a hospital admission	2016	16.7	16.4	14	27	2013	16	16	Worsened
Adults ages 18–50 with low back pain who had an imaging study at diagnosis	2015	32	29	16	29	--	--	--	--
Total employer-sponsored insurance spending per enrollee	2015	\$5,101	\$4,736	\$3,347	36	2013	\$4,771	\$4,697	No Change
Total Medicare (Parts A & B) reimbursements per enrollee	2015	\$9,757	\$9,025	\$5,586	47	2012	\$9,556	\$8,854	No Change
Healthy Lives						2018 Scorecard		Baseline	
Mortality amenable to health care, deaths per 100,000 population	2014-15	73.1	84.3	54.7	18	2012-13	75.1	83.7	No Change
Breast cancer deaths per 100,000 female population	2016	21.2	20.1	13.6	35	2013	23.2	20.8	Improved
Colorectal cancer deaths per 100,000 population	2016	13.7	13.1	10.1	32	2013	14.9	14.6	Improved
Deaths from suicide, alcohol, and drug use per 100,000 population	2016	37.7	43.2	28.5	11	2013	29.7	35.6	Worsened
Infant mortality, deaths per 1,000 births	2015	4.7	5.9	4.1	7	2012	4.4	6	No Change
Adults who report fair/poor health	2016	16	16	10	29	2013	15	16	No Change
Adults who smoke	2016	14	16	9	5	2013	16	18	Improved
Adults who are obese	2016	27	30	22	11	2013	27	29	No Change
Children who are overweight or obese	2016	32	31	19	30	--	--	--	--
Adults who have lost six or more teeth	2016	9	10	6	19	2012	9	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	25	-21	35	2013	43	-36	Improved
Children ages 0–18 uninsured	2016	5	-4	27	2013	10	-8	Improved
Adults without a usual source of care	2016	22	-13	37	2013	26	-17	Improved
Adults who went without care because of cost	2016	22	-17	33	2013	29	-23	Improved
Adults without a dental visit in past year	2016	20	-11	13	2012	22	-12	Improved
Adults without all age- and gender-appropriate cancer screenings	2016	32	-5	2	2012	37	-11	Improved
Adults without all age-appropriate recommended vaccines	2016	62	-2	2	2013	70	-10	Improved
Children without all components of a medical home	2016	63	-26	31	--	--	--	--
Children without both a medical and dental preventive care visit in the past year	2016	34	-14	30	--	--	--	--
Children ages 19–35 months who did not receive all recommended vaccines	2016	39	-20	45	2013	41	-28	Improved
Medicare beneficiaries received a high-risk drug	2014	14	-5	29	2012	15	-1	No Change
Hospital admissions for pediatric asthma, per 100,000 children	2014	278	-169	28	2012	362	-249	Improved
Admissions for ambulatory care-sensitive conditions, Medicare duals age 65 and older, per 1,000 beneficiaries	2015	103	-54	23	2012	95	-40	Worsened
30-day hospital readmissions, Medicare dual eligibles age 65 and older, per 1,000 beneficiaries	2015	77	-40	42	2012	102	-55	Improved
Potentially avoidable ED visits, Medicare dual eligibles age 65 and older, per 1,000 beneficiaries	2015	320	-157	10	2012	303	-147	Worsened
Adults who smoke	2016	19	-8	5	2013	20	-9	Improved
Adults who are obese	2016	36	-9	21	2013	33	-8	Worsened
Adults who have lost six or more teeth	2016	15	-9	9	2012	14	-7	Worsened
Adults who report fair/poor health	2016	29	-21	21	2013	25	-18	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.