

Oklahoma

Commonwealth Fund Scorecard on State Health System Performance, 2014

RANKING SUMMARY	2014	2009
	Scorecard	Revised ^a
OVERALL	49	50
Access & Affordability	37	48
Prevention & Treatment	45	45
Avoidable Hospital Use & Cost	45	46
Equity ^b	41	51
Healthy Lives	46	44

CHANGE IN RATES	2014	
	Count	Percent
Indicators with trends	33	100%
State rate improved ^c	12	36%
State rate worsened ^c	8	24%
No change in state rate ^d	13	39%

DISTRIBUTION OF RATES	2014	
	Count	Percent
Total indicators	42	100%
Top 5 states	0	0%
Top quartile	2	5%
2nd quartile	6	14%
3rd quartile	9	21%
Bottom quartile	25	60%
Bottom 5 states	9	21%

EQUITY	RANKING		CHANGE IN EQUITY GAP			
	2014	2009	Indicators with trends	No change in gap	Gap narrowed/ vulnerable group improved	Gap widened/ vulnerable group worsened
	Scorecard	Revised ^a				
Equity Dimension	41	51	16	4	9	3
Low-Income	48	50	7	2	4	1
Race/Ethnicity	32	49	9	2	5	2

ESTIMATED IMPACT		
If Oklahoma improved its performance to the level of the best-performing state for this indicator, then:		
Insured adults	447,120	more individuals (under age 65) would be covered by health insurance, and would be more likely to receive health care when needed
Adults with a usual source of care	369,111	more adults (age 18 and older) would have a usual source of care to help ensure that care is coordinated and accessible when needed
Adult preventive care	168,951	more adults (age 50 and older) would receive recommended preventive care, such as colon cancer screenings, mammograms, Pap smears, and flu shots
Children with a medical home	120,654	more children (ages 0–17) would have a medical home to help ensure that care is coordinated and accessible when needed
High-risk drug	27,138	fewer Medicare beneficiaries would receive an unsafe medication
Mortality amenable to health care	1,950	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
Hospital readmissions	2,972	fewer hospital readmissions would occur among Medicare beneficiaries (age 65 and older)
Potentially avoidable ED visits	26,501	fewer emergency department visits for nonemergent or primary care-treatable conditions would occur among Medicare beneficiaries
Tooth loss from decay or disease	206,738	fewer adults, ages 18–64, would have lost six or more teeth because of tooth decay, infection, or gum disease

NOTES
a Rates from the 2009 edition have been revised to match methodology used in the 2014 edition.
b The equity dimension was ranked based on gaps between the most vulnerable group and the U.S. national average for selected indicators.
c Denotes a change of at least 0.5 standard deviations.
d Denotes a change of less than 0.5 standard deviations.
EQUITY: The equity profile displays gaps in performance for vulnerable populations for selected indicators. An equity gap is defined as the difference between the U.S. national average for a particular indicator and the rate for the state's most vulnerable group by income and race/ethnicity. For all equity indicators, lower rates are better; therefore, a positive or negative gap value indicates that the state's most vulnerable group is better or worse than the U.S. average for a particular indicator.
ESTIMATED IMPACT: The table shows the estimated impact if this state's performance improved to the rate of the best-performing state for eight <i>Scorecard</i> indicators. (Refer to this state's individual performance profile to see actual rates.) These examples illustrate only a few important opportunities for improvement. Because some indicators affect the same individuals, these numbers should not be added.

Dimension and Indicator	Year	All-State			Rank	Year	All-State		Change in Rate ¹	Meaningful Change Over Time ²
		State Rate	Median	Best State			State Rate	Median		
ACCESS & AFFORDABILITY										
2014 Scorecard					2009 Revised Scorecard^a					
Adults ages 19–64 uninsured	2011-12	25	20	5	42	2007-08	22	17	-3	Worsened
Children ages 0–18 uninsured	2011-12	8	8	3	20	2007-08	10	9	2	Improved
Adults who went without care because of cost in past year	2012	18	15	9	34	2007	18	12	0	No Change
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income	2011-12	15	16	10	20	--	--	--	--	--
At-risk adults without a routine doctor visit in past two years	2012	20	14	6	46	2007	23	14	3	Improved
Adults without a dental visit in past year	2012	18	15	10	41	2006	19	14	1	No Change
PREVENTION & TREATMENT										
2014 Scorecard					2009 Revised Scorecard^a					
Adults with a usual source of care	2012	76	78	89	34	2007	79	82	-3	Worsened
Adults ages 50 and older who received recommended screening and preventive care	2012	38	43	52	42	2006	36	44	2	Improved
Children with a medical home	2011/12	56	57	69	30	2007	56	61	0	No Change
Children with a medical and dental preventive care visit in the past year	2011/12	62	69	81	40	--	--	--	--	--
Children with emotional, behavioral, or developmental problems who received needed mental health care in the past year	2011/12	61	63	86	28	2007	54	63	7	Improved
Children ages 19–35 months who received all recommended doses of seven key vaccines	2012	61	69	80	48	2009	52	43	9	Improved
Medicare beneficiaries who received at least one drug that should be avoided in the elderly	2011	27	19	12	47	2007	39	28	12	Improved
Medicare beneficiaries with dementia, hip/pelvic fracture, or chronic renal failure who received a prescription drug that is contraindicated for that condition	2011	27	21	14	48	2007	25	19	-2	Worsened
Medicare fee-for-service patients whose health provider always listens, explains, shows respect, and spends enough time with them	2013	76	76	80	21	2007	70	75	6	Improved
Risk-adjusted 30-day mortality among Medicare beneficiaries hospitalized for heart attack, heart failure, or pneumonia	07/2008 - 06/2011	12.6	12.8	11.9	15	07/2005 - 06/2008	12.7	12.6	0.1	No Change
Hospitalized patients given information about what to do during their recovery at home	2011	82	84	89	34	2007	81	80	1	No Change
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	2011	68	66	71	10	2007	65	63	3	Improved
Home health patients who get better at walking or moving around	04/2012 - 03/2013	59	59	63	21	--	--	--	--	--
Home health patients whose wounds improved or healed after an operation	04/2012 - 03/2013	91	89	95	9	--	--	--	--	--
High-risk nursing home residents with pressure sores	07/2012 - 03/2013	8	6	3	46	--	--	--	--	--
Long-stay nursing home residents with an antipsychotic medication	04/2012-03/2013	25	21.5	12	40	--	--	--	--	--

Dimension and Indicator	Year	All-State			Rank	Year	All-State		Change in Rate ¹	Meaningful Change Over Time ²
		State Rate	Median	Best State			State Rate	Median		
AVOIDABLE HOSPITAL USE & COST										
		2014 Scorecard				2009 Revised Scorecard^a				
Hospital admissions for pediatric asthma, per 100,000 children	2010	149	114	26	34	2004	*	137	--	*
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, ages 65-74, per 1,000 beneficiaries (3)	2012	38	27	13	45	2008	47	34	9	Improved
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, age 75 and older, per 1,000 beneficiaries (3)	2012	80	68	41	42	2008	101	80	21	Improved
Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries	2012	49	45	26	30	2008	59	51.5	10	Improved
Short-stay nursing home residents readmitted within 30 days of hospital discharge to nursing home	2010	24	20	12	46	2006	23	20	-1	No Change
Long-stay nursing home residents hospitalized within a six-month period	2010	24	19	7	39	2006	26	19	2	No Change
Home health patients also enrolled in Medicare with a hospital admission	2012	17	17	14	25	--	--	--	--	--
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	2011	196	183.5	129	41	--	--	--	--	--
Total single premium per enrolled employee at private-sector establishments that offer health insurance	2012	\$5,642	\$5,501	\$4,180	36	2008	\$4,736	\$4,505	-\$906	Worsened
Total Medicare (Parts A & B) reimbursements per enrollee	2012	\$9,190	\$8,526	\$5,406	39	2008	\$8,912	\$7,942	-\$278	No Change
HEALTHY LIVES										
		2014 Scorecard				2009 Revised Scorecard^a				
Mortality amenable to health care, deaths per 100,000 population	2009-10	112	82	57	46	2004-05	115	90.5	3	No Change
Years of potential life lost before age 75	2010	8,864	6,567	4,900	47	2005	9,181	7,252	317	No Change
Breast cancer deaths per 100,000 female population	2010	24.9	22.2	14.8	49	2005	25.2	23.9	0.3	No Change
Colorectal cancer deaths per 100,000 population	2010	16.5	16.2	12.0	28	2005	19.5	18.1	3.0	Improved
Suicide deaths per 100,000 population	2010	16.5	13.5	6.9	40	2005	14.8	11.8	-1.7	Worsened
Infant mortality, deaths per 1,000 live births	2009	7.9	6.4	4.6	44	2004	7.9	6.8	0.0	No Change
Adults ages 18-64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	2012	31	27	19	43	2007	29	24	-2	Worsened
Adults who smoke	2012	23	19	10	40	2007	26	19	3	Improved
Adults ages 18-64 who are obese (BMI >= 30)	2012	33	28	21	44	2007	30	27	-3	Worsened
Children ages 10-17 who are overweight or obese (BMI >= 85th percentile)	2011/12	34	30.5	22	37	2007	30	31	-4	Worsened
Percent of adults ages 18-64 who have lost six or more teeth because of tooth decay, infection, or gum disease	2012	14	10	5	43	2006	15	10	1	No Change

Notes:

* Data not available for this state.

-- Historical data not available or not comparable over time.

(1) The change in rate is expressed such that a positive value indicates performance has improved and a negative value indicates performance has worsened.

(2) Meaningful change (improvement or worsening) refers to a change between the baseline and current time periods of at least 0.5 standard deviations.

(3) Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions are displayed here separately for two age ranges, but counted as a single indicator in tallies of improvement.

Source: Commonwealth Fund Scorecard on State Health System Performance, 2014.

Equity Type and Indicator	Year	Vulnerable Group Rate	U.S. Average (all populations)	Gap ¹	Rank	Year	Vulnerable Group Rate	U.S. Average (all populations)	Gap ¹	Change in Vulnerable Group Rate ²	Change in Vulnerable Group Relative to US Average ³
RACE & ETHNICITY											
Uninsured ages 0–64	2011-12	31	18	-13	28	2007-08	31	17	-14	0	No Change
Adults who went without care because of cost in past year	2012	25	17	-8	12	2007	29	13	-16	4	Improved
At risk adults without a doctor visit	2012	31	14	-17	44	2007	28	14	-14	-3	Worsened
Adults without a usual source of care	2012	47	22	-25	43	2007	50	20	-30	3	Improved
Older adults without recommended preventive care	2012	66	58	-8	20	2006	71	56	-15	5	Improved
Children without a medical home	2011/12	57	46	-11	13	2007	64	42	-22	7	Improved
Children without a medical and dental preventive care visit in the past year	2011/12	42	32	-10	31	--	--	--	--	--	--
Mortality amenable to health care	2009-10	193	86	-107	35	2004-05	196	96	-100	3	No Change
Infant mortality, deaths per 1,000 live births	2008-09	13.9	6.5	-7.4	36	2003-04	13.2	6.8	-6.4	-0.7	Worsened
Adults with poor health-related quality of life	2012	32	27	-5	13	2007	34	24	-10	2	Improved
LOW-INCOME											
Uninsured ages 0–64	2011-12	30	18	-12	28	2007-08	33	17	-16	3	Improved
Adults who went without care because of cost in past year	2012	33	17	-16	41	2007	33	13	-20	0	No Change
At risk adults without a doctor visit	2012	26	14	-12	44	2007	31	14	-17	5	Improved
Adults without a usual source of care	2012	32	22	-10	45	2007	33	20	-13	1	Improved
Older adults without recommended preventive care	2012	74	58	-16	46	2006	72	56	-16	-2	No Change
Children without a medical home	2011/12	52	46	-6	16	2007	55	42	-13	3	Improved
Children without a medical and dental preventive care visit in the past year	2011/12	43	32	-11	38	--	--	--	--	--	--
Elderly patients who received a high-risk prescription drug	2010	41	25	-16	46	--	--	--	--	--	--
Adults with poor health-related quality of life	2012	48	27	-21	45	2007	42	24	-18	-6	Worsened

Notes:

* Data not available for this state.

-- Historical data not available or not comparable over time.

(1) Gaps measure the difference between the most vulnerable group in this state, by income or race/ethnicity, and the U.S. national average for each indicator.

(2) The change in vulnerable groups rate is expressed such that a positive value indicates performance has improved and a negative value indicates performance has worsened.

(3) Improvement indicates that the gap between this state's vulnerable population and the U.S. average has narrowed AND that the vulnerable group rate in this state has improved.

Worsening indicates that the gap between this state's vulnerable population and the U.S. average has widened AND that the vulnerable group rate in this state has worsened. No change

indicates that either the gap narrowed but the vulnerable group rate worsened, or the vulnerable group rate improved but the gap widened.

Source: Commonwealth Fund Scorecard on State Health System Performance, 2014.