

# District of Columbia

Ranking Summary	2015 Scorecard	2014 Scorecard <sup>a</sup>
<b>OVERALL</b>	<b>20</b>	<b>21</b>
Access & Affordability	7	5
Prevention & Treatment	21	17
Avoidable Hospital Use & Cost	45	42
Equity <sup>a</sup>	9	7
Healthy Lives	22	35

Change in Performance	2015 Scorecard	
	count	percent
Indicators with trends	32	100%
State rate improved <sup>b</sup>	12	38%
State rate worsened <sup>b</sup>	2	6%
No change in state rate <sup>b</sup>	18	56%

Percentage of Indicators for Which This State Ranked in the:	2015 Scorecard	
	count	percent
Total indicators	38	100%
Top 5 states	10	26%
Top quartile	15	39%
2nd quartile	5	13%
3rd quartile	9	24%
Bottom quartile	9	24%
Bottom 5 states	8	21%

Estimated Impact of State Improvement <sup>c</sup>	
If District of Columbia improved its performance to the level of the best-performing state for this indicator, then:	
9,146	more adults (ages 19–64) would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed
75,288	more adults (age 18 and older) would have a usual source of care to help ensure that care is coordinated and accessible when needed
8,831	more adults (age 50 and older) would receive recommended preventive care, such as colon cancer screenings, mammograms, pap smears, and flu shots
22,629	more children (ages 0–17) would have a medical home to help ensure that care is coordinated and accessible when needed
841	fewer Medicare beneficiaries would receive an unsafe medication
429	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
537	fewer hospital readmissions would occur among Medicare beneficiaries (age 65 and older)
5,622	fewer emergency department visits for nonemergent or primary-care-treatable conditions would occur among Medicare beneficiaries
4,620	fewer adults (ages 18–64) would have lost six or more teeth because of tooth decay, infection, or gum disease

## Notes

(a) The 2014 Scorecard Ranking does not represent the baseline data shown elsewhere in this profile, but represents the time period evaluated in the 2014 State Scorecard, generally encompassing the years 2010-2012. The 2015 State Scorecard added several variables to the Equity dimension; hence, Equity dimension rankings are not comparable across time periods.

(b) Improved or worsened denotes a change of at least one-half (0.5) of a standard deviation (a statistical measure of variation) larger than the indicator's distribution among all states over the two time points. No change denotes no change in rate or a change of less than one-half of a standard deviation.

(c) The table shows the estimated impact if this state's performance improved to the rate of the best-performing state for eight Scorecard indicators. Benchmark states, those with the best rate, have an estimated impact of zero (0).

See the 2015 State Scorecard report for complete methodology ([www.commonwealthfund.org/publications/fund-reports/2015/dec/aiming-higher-2015](http://www.commonwealthfund.org/publications/fund-reports/2015/dec/aiming-higher-2015)).

Table 1. State Health System Performance Indicator Data by Dimension

Dimension and Indicator	Data Year	State Rate	U.S. Average	Best State Rate	State Rank	Data Year	State Rate	U.S. Average	Substantial Change Over Time <sup>1</sup>
<b>ACCESS &amp; AFFORDABILITY</b>					<b>2015 Scorecard</b>		<b>Baseline</b>		
Adults ages 19–64 uninsured	2014	7	16	5	2	2013	8	20	No Change
Children ages 0–18 uninsured	2014	*	6	2	*	2013	*	8	*
Adults who went without care because of cost in past year	2014	11	14	7	9	2013	11	16	No Change
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income	2013-14	11	15	10	2	--	--	--	--
At-risk adults without a routine doctor visit in past two years	2014	8	13	6	4	2013	9	14	No Change
Adults without a dental visit in past year	2014	16	16	11	27	2012	16	15	No Change
<b>PREVENTION &amp; TREATMENT</b>					<b>2015 Scorecard</b>		<b>Baseline</b>		
Adults with a usual source of care	2014	75	77	89	34	2013	76	76	No Change
Adults age 50 and older who received recommended screening and preventive care	2014	43	40	48	16	2012	44	42	No Change
Children with a medical home	2011/12	50	54	69	45	--	--	--	--
Children with a medical and dental preventive care visit in the past year	2011/12	77	68	81	5	--	--	--	--
Children with emotional, behavioral, or developmental problems who received needed mental health care in the past year	2011/12	59	61	86	32	--	--	--	--
Children ages 19–35 months who received all recommended doses of seven key vaccines	2014	71	72	85	27	2013	77	70	Worsened
Medicare beneficiaries who received at least one drug that should be avoided in the elderly	2012	13	17	9	11	2011	17	20	Improved
Medicare beneficiaries with dementia, hip/pelvic fracture, or chronic renal failure who received a prescription drug that is contraindicated for that condition	2012	20	21	13	27	2011	19	23	No Change
Medicare fee-for-service patients whose health provider always listens, explains, shows respect, and spends enough time with them	2013	79	76	80	2	--	--	--	--
Risk-adjusted 30-day mortality among Medicare beneficiaries hospitalized for heart attack, heart failure, or pneumonia	07/2010 - 06/2013	11.9	12.6	11.8	3	07/2009 - 06/2012	12.1	13.1	No Change
Hospitalized patients given information about what to do during their recovery at home	2013	78	86	90	51	2012	78	85	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	2013	58	68	72	51	2012	59	67	No Change
Home health patients who get better at walking or moving around	2014	64	63	69	14	2013	60	61	Improved
Home health patients whose wounds improved or healed after an operation	2014	91	89	95	6	2013	90	89	No Change
High-risk nursing home residents with pressure sores	2014	8	6	3	48	2013	9	6	Improved
Long-stay nursing home residents with an antipsychotic medication	2014	16	19	9	10	2013	18	21	Improved
<b>AVOIDABLE HOSPITAL USE &amp; COST</b>					<b>2015 Scorecard</b>		<b>Baseline</b>		
Hospital admissions for pediatric asthma, per 100,000 children	2012	*	143	28	*	2011	*	107	*
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, ages 65–74, per 1,000 beneficiaries <sup>2</sup>	2013	36	27	13	45	2012	37	29	No Change
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, age 75 and older, per 1,000 beneficiaries <sup>2</sup>	2013	65	66	36	24	2012	74	70	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 Rank	Data Year	State Rate	U.S. Average	Substantial Change Over Time <sup>2</sup>			
										2015 Scorecard		
<b>AVOIDABLE HOSPITAL USE &amp; COST (continued)</b>												
Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries	2013	48	30	10	51	2012	55	34	Improved			
Short-stay nursing home residents readmitted within 30 days of hospital discharge to nursing home	2012	*	20	13	*	2010	*	22	*			
Long-stay nursing home residents hospitalized within a six-month period	2012	*	17	7	*	2010	*	19	*			
Home health patients also enrolled in Medicare with a hospital admission	10/2013-9/2014	17	16	13	37	2013	18	16	Improved			
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	2013	251	181	127	51	2012	248	188	No Change			
Total single premium per enrolled employee at private-sector establishments that offer health insurance, adjusted <sup>3</sup>	2014	\$5,833	\$5,859	\$4,392	24	2013	\$5,757	\$5,633	-- <sup>4</sup>			
Total single premium per enrolled employee at private-sector establishments that offer health insurance, unadjusted <sup>3</sup>	2014	\$6,097	\$5,832	--	--	2013	\$6,018	\$5,571	No Change			
Total Medicare (Parts A & B) reimbursements per enrollee, adjusted <sup>3</sup>	2013	\$8,676	\$8,801	\$5,421	33	2012	\$8,887	\$8,854	-- <sup>4</sup>			
Total Medicare (Parts A & B) reimbursements per enrollee, unadjusted <sup>3</sup>	2013	\$10,446	\$9,289	--	--	2012	\$10,920	\$9,409	No Change			
<b>HEALTHY LIVES</b>												
<b>2015 Scorecard</b>												
Mortality amenable to health care, deaths per 100,000 population	2012-13	124	84	56	50	<b>Baseline</b>			2010-11	130	85	No Change
Years of potential life lost before age 75	2013	7,285	6,420	4,963	37	2012	7,831	6,412	No Change			
Breast cancer deaths per 100,000 female population	2013	29.8	20.8	15.5	51	2012	31.1	21.4	Improved			
Colorectal cancer deaths per 100,000 population	2013	14.3	14.6	10.9	22	2012	12.8	14.9	Worsened			
Suicide deaths per 100,000 population	2013	5.8	12.6	5.8	1	2012	5.7	12.6	No Change			
Infant mortality, deaths per 1,000 live births	2013	6.7	6.0	4.2	36	2012	7.9	6.0	Improved			
Adults ages 18–64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	2014	19	27	19	1	2013	21	26	Improved			
Adults who smoke	2014	15	17	9	11	2013	18	18	Improved			
Adults ages 18–64 who are obese (BMI >= 30)	2014	21	29	21	1	2013	23	29	Improved			
Children ages 10–17 who are overweight or obese (BMI >= 85th percentile)	2011/12	35	31	22	42	--	--	--	--			
Percent of adults ages 18–64 who have lost six or more teeth because of tooth decay, infection, or gum disease	2014	7	10	6	2	2012	7	10	No Change			

## Table 1 Notes:

\* Data not available for this state.

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

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

(2) 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.

(3) For measuring trend, Medicare spending and insurance premiums are unadjusted. For ranking states, spending is standardized for state differences in input prices using CMS' hospital wage index, and extra CMS payments for graduate medical education and for treating low-income patients are removed from Medicare spending estimates. Medicare spending estimates exclude prescription drug costs and reflect only the age 65+ Medicare fee-for-service population.

Table 2. State Equity Indicator Data

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.

Equity Type and Indicator	Year	Vulnerable Group			State Rank	Year	Vulnerable Group			Change in Vulnerable Group Rate <sup>2</sup>
		Rate	U.S. Average	Gap <sup>1</sup>			Rate	U.S. Average	Gap <sup>1</sup>	
<b>LOW-INCOME</b>						<b>2015 Scorecard</b>				<b>Baseline</b>
Uninsured ages 0–64	2014	7	13	6	1	2013	9	17	8	Improved
Adults who went without care because of cost in past year	2014	16	14	-2	5	2013	15	16	1	Worsened
At-risk adults without a doctor visit	2014	7	13	6	2	2013	8	14	6	Improved
Adults without a dental visit in past year	2014	20	16	-4	6	2012	17	15	-2	Worsened
Adults without a usual source of care	2014	25	23	-2	18	2013	23	24	1	Worsened
Older adults without recommended preventive care	2014	66	60	-6	10	2012	65	58	-7	No Change
Children without a medical home	2011/12	62	46	-16	47	--	--	--	--	--
Children without a medical and dental preventive care visit in the past year	2011/12	28	32	4	2	--	--	--	--	--
Children ages 19–35 months without all recommended vaccines <sup>3</sup>	2013	21	30	9	2	2012	30	32	2	Improved
Elderly patients who received a high-risk prescription drug	2012	15	17	2	8	2011	21	20	-1	Improved
Hospital admissions for pediatric asthma, per 100,000 children	2012	*	143	*	*	--	--	--	--	--
Medicare admissions for ambulatory care-sensitive conditions <sup>4</sup>	2013	85	45	-40	20	2012	100	48	-52	Improved
Medicare 30-day hospital readmissions, per 1,000 beneficiaries <sup>4</sup>	2013	79	38	-41	42	2012	105	43	-62	Improved
Potentially avoidable ED visits among Medicare beneficiaries, per 1,000 beneficiaries <sup>4</sup>	2013	412	181	-231	49	2012	449	188	-261	Improved
Adults with poor health-related quality of life	2014	36	27	-9	10	2013	35	26	-9	No Change
Adults who smoke	2014	32	17	-15	42	2013	30	18	-12	Worsened
Adults who are obese	2014	40	29	-11	36	2013	42	29	-13	Improved
Adults who have lost six or more teeth	2014	15	10	-5	17	2012	17	10	-7	Improved
<b>RACE/ETHNICITY<sup>5</sup></b>						<b>2015 Scorecard</b>				<b>Baseline</b>
Uninsured ages 0–64 (Hispanic ethnicity)	2014	16	13	-3	5	2013	*	17	*	*
Adults who went without care because of cost in past year (Hispanic ethnicity)	2014	14	14	0	2	2013	15	16	1	No Change
At-risk adults without a doctor visit (Hispanic ethnicity)	2014	22	13	-9	24	2013	14	14	0	Worsened
Adults without a dental visit in past year (Black race)	2014	21	16	-5	14	2012	18	15	-3	Worsened
Adults without a usual source of care (Other race)	2014	38	23	-15	16	2013	30	24	-6	Worsened
Older adults without recommended preventive care (Black race)	2014	62	60	-2	10	2012	58	58	0	Worsened
Children without a medical home (Hispanic ethnicity)	2011/12	59	46	-13	21	--	--	--	--	--
Children without a medical and dental preventive care visit in the past year (Hispanic ethnicity)	2011/12	39	32	-7	21	--	--	--	--	--
Children ages 19–35 months without all recommended vaccines (Black race)	2013	27	30	3	8	2012	32	32	0	Improved
Mortality amenable to health care (Black race)	2012-13	186	84	-102	43	2010-11	190	85	-105	Improved

**Table 2. State Equity Indicator Data (continued)**

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.

Equity Type and Indicator	Year	Vulnerable			State Rank	Vulnerable			Change in Vulnerable Group Rate <sup>2</sup>					
		Group Rate	U.S. Average	Gap <sup>1</sup>		Group Rate	U.S. Average	Gap <sup>1</sup>						
<b>RACE/ETHNICITY<sup>5</sup> (continued)</b>					<b>2015 Scorecard</b>					<b>Baseline</b>				
Infant mortality, deaths per 1,000 live births (Black race)	2012-13	11.0	6.0	-5	23	2010-11	15.9	6.5	-9.4	Improved				
Adults with poor health-related quality of life (Black race)	2014	30	27	-3	12	2013	32	26	-6	Improved				
Adults who smoke (Black race)	2014	24	17	-7	28	2013	27	18	-9	Improved				
Adults who are obese (Black race)	2014	34	29	-5	12	2013	37	29	-8	Improved				
Adults who have lost six or more teeth (Black race)	2014	15	10	-5	31	2012	14	10	-4	Worsened				

Table 2 Notes:

\* Data not available for this state.

-- Historic 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) 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.

(3) Different data years were used in the equity analysis than were reported for the entire state population rate.

(4) Measures constructed from 20% Medicare sample for the equity analysis. Data for equity analysis provided by A. Jha, Harvard School of Public Health. Refer to the 2015 State Scorecard report appendix for source information for entire state population rate.

(5) Gaps are based on the state's non-white population with the largest observed difference from the U.S. average. The racial/ethnic minority with the largest gap is noted for each indicator. Race/ethnicity is generally defined as white race (non-Hispanic), black race (non-Hispanic), Hispanic ethnicity (can include individuals of any race), and other race (non-Hispanic) which includes individuals who self-identify as being some race/ethnicity not otherwise categorized.

**Table 3. Summary of Equity Indicator Change**

Equity Dimension	2015 Scorecard Ranks	Indicators with trends	CHANGE IN EQUITY GAP		
			No change in gap	Gap narrowed/vulnerable group improved	Gap widened/vulnerable group worsened
<b>Equity Dimension</b>	9	27	3	15	9
Low-Income	10	15	2	9	4
Race/Ethnicity	11	12	1	6	5