

# Georgia

Ranking Summary	2015 Scorecard	2014 Scorecard <sup>a</sup>
<b>OVERALL</b>	<b>46</b>	<b>45</b>
Access & Affordability	41	39
Prevention & Treatment	45	43
Avoidable Hospital Use & Cost	28	33
Equity <sup>a</sup>	45	46
Healthy Lives	39	38

Change in Performance	2015 Scorecard	
	count	percent
Indicators with trends	36	100%
State rate improved <sup>b</sup>	11	31%
State rate worsened <sup>b</sup>	2	6%
No change in state rate <sup>b</sup>	23	64%

Percentage of Indicators for Which This State Ranked in the:	2015 Scorecard	
	count	percent
Total indicators	42	100%
Top 5 states	0	0%
Top quartile	1	2%
2nd quartile	11	26%
3rd quartile	16	38%
Bottom quartile	14	33%
Bottom 5 states	4	10%

Estimated Impact of State Improvement <sup>c</sup>	
If Georgia improved its performance to the level of the best-performing state for this indicator, then:	
1,033,769	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
1,344,402	more adults (age 18 and older) would have a usual source of care to help ensure that care is coordinated and accessible when needed
189,674	more adults (age 50 and older) would receive recommended preventive care, such as colon cancer screenings, mammograms, pap smears, and flu shots
424,357	more children (ages 0–17) would have a medical home to help ensure that care is coordinated and accessible when needed
46,738	fewer Medicare beneficiaries would receive an unsafe medication
4,215	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
3,759	fewer hospital readmissions would occur among Medicare beneficiaries (age 65 and older)
43,762	fewer emergency department visits for nonemergent or primary-care-treatable conditions would occur among Medicare beneficiaries
371,963	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	22	16	5	46	2013	26	20	Improved					
Children ages 0–18 uninsured	2014	8	6	2	38	2013	10	8	Improved					
Adults who went without care because of cost in past year	2014	19	14	7	50	2013	20	16	No Change					
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income	2013-14	15	15	10	18	--	--	--	--					
At-risk adults without a routine doctor visit in past two years	2014	13	13	6	25	2013	14	14	No Change					
Adults without a dental visit in past year	2014	17	16	11	37	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	71	77	89	42	2013	72	76	No Change					
Adults age 50 and older who received recommended screening and preventive care	2014	42	40	48	21	2012	46	42	Worsened					
Children with a medical home	2011/12	52	54	69	42	--	--	--	--					
Children with a medical and dental preventive care visit in the past year	2011/12	65	68	81	33	--	--	--	--					
Children with emotional, behavioral, or developmental problems who received needed mental health care in the past year	2011/12	53	61	86	45	--	--	--	--					
Children ages 19–35 months who received all recommended doses of seven key vaccines	2014	74	72	85	14	2013	70	70	Improved					
Medicare beneficiaries who received at least one drug that should be avoided in the elderly	2012	21	17	9	44	2011	25	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	21	21	13	32	2011	24	23	Improved					
Medicare fee-for-service patients whose health provider always listens, explains, shows respect, and spends enough time with them	2013	76	76	80	21	--	--	--	--					
Risk-adjusted 30-day mortality among Medicare beneficiaries hospitalized for heart attack, heart failure, or pneumonia	07/2010 - 06/2013	12.9	12.6	11.8	32	07/2009 - 06/2012	13.2	13.1	Improved					
Hospitalized patients given information about what to do during their recovery at home	2013	84	86	90	41	2012	83	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	66	68	72	39	2012	66	67	No Change					
Home health patients who get better at walking or moving around	2014	64	63	69	14	2013	61	61	Improved					
Home health patients whose wounds improved or healed after an operation	2014	90	89	95	16	2013	90	89	No Change					
High-risk nursing home residents with pressure sores	2014	7	6	3	41	2013	7	6	No Change					
Long-stay nursing home residents with an antipsychotic medication	2014	20	19	9	33	2013	22	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	97	143	28	18	2011	88	107	No Change					
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, ages 65–74, per 1,000 beneficiaries <sup>2</sup>	2013	29	27	13	35	2012	31	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	68	66	36	29	2012	73	70	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 Rank	Data Year	State Rate	U.S. Average	Substantial Change Over Time <sup>2</sup>
	2015 Scorecard					Baseline			
<b>AVOIDABLE HOSPITAL USE &amp; COST (continued)</b>									
Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries	2013	29	30	10	22	2012	33	34	No Change
Short-stay nursing home residents readmitted within 30 days of hospital discharge to nursing home	2012	21	20	13	26	2010	23	22	Improved
Long-stay nursing home residents hospitalized within a six-month period	2012	19	17	7	28	2010	20	19	No Change
Home health patients also enrolled in Medicare with a hospital admission	10/2013-9/2014	16	16	13	19	2013	16	16	No Change
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	2013	188	181	127	34	2012	201	188	Improved
Total single premium per enrolled employee at private-sector establishments that offer health insurance, adjusted <sup>3</sup>	2014	\$6,133	\$5,859	\$4,392	36	2013	\$5,917	\$5,633	-- <sup>4</sup>
Total single premium per enrolled employee at private-sector establishments that offer health insurance, unadjusted <sup>3</sup>	2014	\$5,570	\$5,832	--	--	2013	\$5,374	\$5,571	No Change
Total Medicare (Parts A & B) reimbursements per enrollee, adjusted <sup>3</sup>	2013	\$8,693	\$8,801	\$5,421	34	2012	\$8,743	\$8,854	-- <sup>4</sup>
Total Medicare (Parts A & B) reimbursements per enrollee, unadjusted <sup>3</sup>	2013	\$8,511	\$9,289	--	--	2012	\$8,664	\$9,409	No Change
<b>HEALTHY LIVES</b>									
<b>2015 Scorecard</b>									
<b>Baseline</b>									
Mortality amenable to health care, deaths per 100,000 population	2012-13	100	84	56	42	2010-11	103	85	No Change
Years of potential life lost before age 75	2013	7,229	6,420	4,963	36	2012	6,966	6,412	No Change
Breast cancer deaths per 100,000 female population	2013	22.5	20.8	15.5	44	2012	21.6	21.4	No Change
Colorectal cancer deaths per 100,000 population	2013	14.9	14.6	10.9	29	2012	15.1	14.9	No Change
Suicide deaths per 100,000 population	2013	12.0	12.6	5.8	12	2012	11.7	12.6	No Change
Infant mortality, deaths per 1,000 live births	2013	7.0	6.0	4.2	41	2012	6.2	6.0	Worsened
Adults ages 18–64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	2014	26	27	19	28	2013	27	26	No Change
Adults who smoke	2014	16	17	9	15	2013	18	18	Improved
Adults ages 18–64 who are obese (BMI >= 30)	2014	31	29	21	28	2013	31	29	No Change
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	12	10	6	37	2012	13	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	29	13	-16	47	2013	34	17	-17	Improved
Adults who went without care because of cost in past year	2014	38	14	-24	51	2013	35	16	-19	Worsened
At-risk adults without a doctor visit	2014	20	13	-7	33	2013	17	14	-3	Worsened
Adults without a dental visit in past year	2014	28	16	-12	44	2012	24	15	-9	Worsened
Adults without a usual source of care	2014	35	23	-12	43	2013	34	24	-10	Worsened
Older adults without recommended preventive care	2014	65	60	-5	6	2012	65	58	-7	No Change
Children without a medical home	2011/12	57	46	-11	35	--	--	--	--	--
Children without a medical and dental preventive care visit in the past year	2011/12	44	32	-12	39	--	--	--	--	--
Children ages 19–35 months without all recommended vaccines <sup>3</sup>	2013	35	30	-5	28	2012	24	32	8	Worsened
Elderly patients who received a high-risk prescription drug	2012	25	17	-8	43	2011	30	20	-10	Improved
Hospital admissions for pediatric asthma, per 100,000 children	2012	150	143	-7	13	--	--	--	--	--
Medicare admissions for ambulatory care-sensitive conditions <sup>4</sup>	2013	97	45	-52	33	2012	101	48	-53	Improved
Medicare 30-day hospital readmissions, per 1,000 beneficiaries <sup>4</sup>	2013	67	38	-29	27	2012	72	43	-29	No Change
Potentially avoidable ED visits among Medicare beneficiaries, per 1,000 beneficiaries <sup>4</sup>	2013	374	181	-193	40	2012	398	188	-210	Improved
Adults with poor health-related quality of life	2014	43	27	-16	37	2013	41	26	-15	Worsened
Adults who smoke	2014	23	17	-6	12	2013	23	18	-5	No Change
Adults who are obese	2014	42	29	-13	43	2013	39	29	-10	Worsened
Adults who have lost six or more teeth	2014	20	10	-10	32	2012	22	10	-12	Improved
<b>RACE/ETHNICITY<sup>5</sup></b>						<b>2015 Scorecard</b>				<b>Baseline</b>
Uninsured ages 0–64 (Hispanic ethnicity)	2014	38	13	-25	49	2013	44	17	-27	Improved
Adults who went without care because of cost in past year (Hispanic ethnicity)	2014	32	14	-18	50	2013	31	16	-15	Worsened
At-risk adults without a doctor visit (Hispanic ethnicity)	2014	34	13	-21	49	2013	26	14	-12	Worsened
Adults without a dental visit in past year (Black race)	2014	23	16	-7	23	2012	18	15	-3	Worsened
Adults without a usual source of care (Hispanic ethnicity)	2014	59	23	-36	48	2013	55	24	-31	Worsened
Older adults without recommended preventive care (Hispanic ethnicity)	2014	79	60	-19	50	2012	60	58	-2	Worsened
Children without a medical home (Hispanic ethnicity)	2011/12	73	46	-27	48	--	--	--	--	--
Children without a medical and dental preventive care visit in the past year (Hispanic ethnicity)	2011/12	48	32	-16	44	--	--	--	--	--
Children ages 19–35 months without all recommended vaccines (Hispanic ethnicity)	2013	30	30	0	13	2012	18	32	14	Worsened
Mortality amenable to health care (Black race)	2012-13	151	84	-67	27	2010-11	160	85	-75	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	9.5	6.0	-3.5	11	2010-11	12.0	6.5	-5.5	Improved
Adults with poor health-related quality of life (Hispanic ethnicity)	2014	29	27	-2	7	2013	34	26	-8	Improved
Adults who smoke (Hispanic ethnicity)	2014	15	17	2	2	2013	12	18	6	No Change
Adults who are obese (Black race)	2014	38	29	-9	25	2013	38	29	-9	No Change
Adults who have lost six or more teeth (Black race)	2014	16	10	-6	36	2012	18	10	-8	Improved

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**

	CHANGE IN EQUITY GAP				
	2015 Scorecard Ranks	Indicators with trends	No change in gap	Gap narrowed/vulnerable group improved	Gap widened/vulnerable group worsened
<b>Equity Dimension</b>	45	28	5	10	13
Low-Income	44	15	3	5	7
Race/Ethnicity	44	13	2	5	6