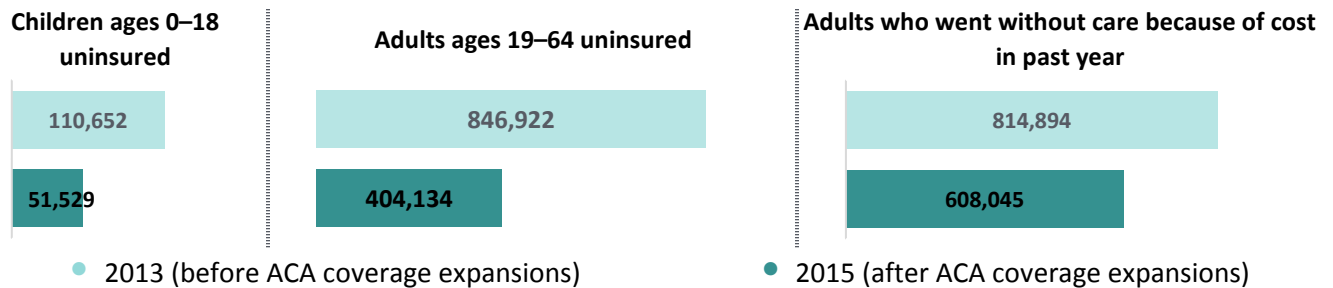


# Washington

Washington's Scorecard rankings (a)		Number of indicators where Washington improved, worsened or stayed the same (b)			
	2017	Baseline	<span style="color: green;">● Improved</span> <span style="color: grey;">● Little/No Change</span> <span style="color: darkgrey;">● Worsened</span>		
<b>Overall</b>	<b>10</b>	16	<p>of 39 Total Indicators</p>		
<b>Access &amp; Affordability</b>	<b>18</b>	26	<p>of 5 Access &amp; Affordability Indicators</p>		
<b>Prevention &amp; Treatment</b>	<b>23</b>	36	<p>of 15 Prevention &amp; Treatment Indicators</p>		
<b>Avoidable Hospital Use &amp; Cost</b>	<b>5</b>	7	<p>of 9 Avoidable Hospital Use &amp; Cost Indicators</p>		
<b>Healthy Lives</b>	<b>9</b>	9	<p>of 10 Healthy Lives Indicators</p>		
<b>Equity</b>	<b>10</b>	16	<p><b>Income Equity</b>      <b>Race/Ethnicity Equity</b></p> <p>of 17 Income Equity Indicators      of 14 Race Equity Indicators</p>		

## Before and after implementation of the Affordable Care Act (ACA) coverage expansions



## Estimated impact of state improvement (c)

If Washington improved to the level of the best-performing state for this indicator, then:

<b>665,912</b>	more adults (age 18 and older) would have a usual source of care to help ensure that care is coordinated and accessible when needed
<b>258,403</b>	more adults would receive age- and gender-appropriate recommended cancer screenings
<b>5,089</b>	more children (ages 19-35 months) would receive all recommended vaccines
<b>14,915</b>	fewer Medicare beneficiaries would receive an unsafe medication
<b>566</b>	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
<b>19,245</b>	fewer emergency department visits for nonemergent or primary-care-treatable conditions would occur among Medicare beneficiaries

## Commonwealth Fund Scorecard on State Health System Performance, 2017

**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	Substantial change over time (a)					
<b>ACCESS &amp; AFFORDABILITY</b>					<b>2017 Scorecard</b>					<b>Baseline</b>				
Adults ages 19–64 uninsured	2015	9	13	4	13	2013	20	20	Improved					
Children ages 0–18 uninsured	2015	3	5	1	3	2013	7	8	Improved					
Adults who went without care because of cost in past year	2015	11	13	7	13	2013	15	16	Improved					
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income	2014-15	14	14	10	20	--	--	--	--					
At-risk adults without a routine doctor visit in past two years	2015	17	13	6	39	2013	17	14	No Change					
Adults without a dental visit in past year	2014	14	16	11	12	2012	14	15	No Change					
<b>PREVENTION &amp; TREATMENT</b>					<b>2017 Scorecard</b>					<b>Baseline</b>				
Adults with a usual source of care	2015	77	78	89	35	2013	72	76	Improved					
Adults with age- and gender-appropriate cancer screenings	2014	69	68	77	20	2012	69	69	No Change					
Adults with age-appropriate vaccines	2015	42	38	51	15	2013	39	36	Improved					
Children with a medical home	2011/12	59	54	69	16	--	--	--	--					
Children with a medical and dental preventive care visit in the past year	2011/12	72	68	81	15	--	--	--	--					
Children with emotional, behavioral, or developmental problems who received needed mental health care in the past year	2011/12	54	61	86	42	--	--	--	--					
Children ages 19–35 months who received all recommended doses of seven key vaccines	2015	77	72	81	6	2013	71	70	Improved					
Medicare beneficiaries who received at least one drug that should be avoided in the elderly	2014	12	13	7	21	2012	16	17	Improved					
Medicare beneficiaries with dementia, hip/pelvic fracture, or chronic renal failure who received a prescription drug that is contraindicated for that condition	2014	14	18	10	14	2012	17	21	Improved					
Medicare fee-for-service patients whose health provider always listens, explains, shows respect, and spends enough time with them	2014	76	76	80	17	2013	74	76	Improved					
Risk-adjusted 30-day mortality among Medicare beneficiaries hospitalized for heart attack, heart failure, pneumonia, or stroke	07/2012 - 06/2015	15.2	14.5	13.1	43	07/2010 - 06/2013	13.9	13.2	Worsened					
Central line-associated bloodstream infections (CLABSI), Standardized Infection Ratio	2014	0.51	0.50	0.23	28	2013	0.54	0.54	No Change					
Hospitalized patients given information about what to do during their recovery at home	2015	88	87	90	14	2013	87	86	Improved					
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	2015	67	68	74	33	2013	66	68	No Change					
Home health patients who get better at walking or moving around	2015	62	66	72	44	2013	56	61	Improved					
Home health patients whose wounds improved or healed after an operation	2015	88	90	95	37	2013	88	89	No Change					
High-risk nursing home residents with pressure sores	2015 (Q2-Q4)	5	6	3	16	2013 (Q2-Q4)	6	6	Improved					
Long-stay nursing home residents with an antipsychotic medication	2015 (Q2-Q4)	16	17	8	15	2013 (Q2-Q4)	19	21	Improved					

## Commonwealth Fund Scorecard on State Health System Performance, 2017

**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	Substantial change over time (a)
<b>AVOIDABLE HOSPITAL USE &amp; COST</b>									
	2017 Scorecard					Baseline			
Hospital admissions for pediatric asthma, per 100,000 children	2013	62	107	27	10	2011	77	107	No Change
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, ages 65–74, per 1,000 beneficiaries (b)	2014	17	27	12	6	2012	18	29	No Change
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, age 75 and older, per 1,000 beneficiaries (b)	2014	46	66	35	5	2012	49	70	No Change
Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries	2014	20	27	10	10	2012	23	34	No Change
Short-stay nursing home residents readmitted within 30 days of hospital discharge to nursing home	2014	16	19	11	12	2012	17	20	No Change
Long-stay nursing home residents hospitalized within a six-month period	2014	11	16	5	7	2012	13	17	No Change
Home health patients also enrolled in Medicare with a hospital admission	2015	14.9	16.2	13.9	7	2013	15.0	16.0	No Change
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	2014	162	185	129	7	2012	157	188	No Change
Total reimbursements per enrollee (ages 18–64) with employer-sponsored insurance	2014	\$4,357	\$4,569	\$3,217	27	2013	\$4,524	\$4,489	No Change
Total Medicare (Parts A & B) reimbursements per beneficiary	2014	\$7,125	\$8,819	\$5,592	8	2012	\$7,106	\$8,854	No Change
<b>HEALTHY LIVES</b>									
	2017 Scorecard					Baseline			
Mortality amenable to health care, deaths per 100,000 population	2013-14	62.7	84.2	54.3	8	2011-12	62.7	84.0	No Change
Years of potential life lost before age 75	2014	5,394	6,447	4,892	8	2012	5,399	6,412	No Change
Breast cancer deaths per 100,000 female population	2014	20.4	20.6	14.2	23	2012	17.9	21.4	Worsened
Colorectal cancer deaths per 100,000 population	2014	11.9	14.3	10.9	4	2012	13.2	14.9	Improved
Suicide deaths per 100,000 population	2014	15.3	13.0	7.8	30	2012	14.5	12.6	No Change
Infant mortality, deaths per 1,000 live births	2013	4.5	6.0	4.2	4	2012	5.3	6.0	Improved
Adults ages 18–64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	2015	27	26	20	33	2013	28	26	No Change
Adults who smoke	2015	15	17	9	9	2013	16	18	No Change
Adults ages 18–64 who are obese (BMI >= 30)	2015	26	29	20	12	2013	27	29	No Change
Children ages 10–17 who are overweight or obese (BMI >= 85th percentile)	2011/12	26	31	22	5	--	--	--	--
Adults ages 18–64 who have lost six or more teeth because of tooth decay, infection, or gum disease	2014	8	10	6	10	2012	8	10	No Change

## Commonwealth Fund Scorecard on State Health System Performance, 2017

**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	Data year	Vulnerable			State ranking	Data year	Vulnerable			Change in vulnerable group rate (b)
		group rate	U.S. average	Gap (a)			group rate	U.S. average	Gap (a)	
<b>LOW-INCOME</b>										
<b>2017 Scorecard</b>										
<b>Baseline</b>										
Uninsured ages 19–64	2015	18	13	-5	17	2013	40	20	-20	Improved
Adults who went without care because of cost in past year	2015	19	13	-6	13	2013	31	16	-15	Improved
At risk adults without a doctor visit	2015	22	13	-9	42	2013	20	14	-6	Worsened
Adults without a dental visit in past year	2014	25	16	-9	29	2012	25	15	-10	No Change
Adults without a usual source of care	2015	29	22	-7	36	2013	37	24	-13	Improved
Adults without age- and gender-appropriate cancer screenings	2014	34	32	-2	16	2012	39	31	-8	Improved
Adults without age-appropriate vaccines	2015	62	62	0	19	2013	65	64	-1	Improved
Children without a medical home	2011/12	48	46	-2	7	--	--	--	--	--
Children without a medical and dental preventive care visit in the past year	2011/12	33	32	-1	8	--	--	--	--	--
Children ages 19–35 months without all recommended vaccines (c)	2014	41	28	-13	43	2012	35	32	-3	Worsened
Elderly patients who received a high-risk prescription drug	2014	13	13	0	8	2012	18	17	-1	Improved
Hospital admissions for pediatric asthma, per 100,000 children	2013	63	107	44	3	2012	82	143	61	Improved
Medicare admissions for ambulatory care-sensitive conditions (d)	2014	60	44	-16	6	2012	67	48	-19	Improved
Medicare 30-day hospital readmissions, per 1,000 beneficiaries (d)	2014	41	35	-6	10	2012	50	43	-7	Improved
Potentially avoidable ED visits among Medicare beneficiaries, per 1,000 beneficiaries (d)	2014	281	185	-96	5	2012	281	188	-93	No Change
Adults with poor health-related quality of life	2015	40	26	-14	25	2013	43	26	-17	Improved
Adults who smoke	2015	23	17	-6	15	2013	24	18	-6	No Change
Adults who are obese	2015	36	29	-7	19	2013	36	29	-7	No Change
Adults who have lost six or more teeth	2014	16	10	-6	21	2012	14	10	-4	Worsened
<b>RACE/ETHNICITY (e)</b>										
<b>2017 Scorecard</b>										
<b>Baseline</b>										
Uninsured ages 19–64 (Hispanic ethnicity)	2015	29	13	-16	21	2013	47	20	-27	Improved
Adults who went without care because of cost in past year (Hispanic ethnicity)	2015	22	13	-9	22	2013	30	16	-14	Improved
At risk adults without a doctor visit (Hispanic ethnicity)	2015	29	13	-16	45	2013	19	14	-5	Worsened
Adults without a dental visit in past year (Hispanic ethnicity)	2014	23	16	-7	23	2012	21	15	-6	Worsened
Adults without a usual source of care (Hispanic ethnicity)	2015	46	22	-24	41	2013	50	24	-26	Improved
Adults without age- and gender-appropriate cancer screenings (other race)	2014	36	32	-4	19	2012	32	31	-1	Worsened
Adults without age-appropriate vaccines (black race)	2015	67	62	-5	19	2013	68	64	-4	No Change
Children without a medical home (black race)	2011/12	57	46	-11	13	--	--	--	--	--

## Commonwealth Fund Scorecard on State Health System Performance, 2017

**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	Data year	Vulnerable			State ranking	Data year	Vulnerable			Change in vulnerable group rate (b)	
		group rate	U.S. average	Gap (a)			group rate	U.S. average	Gap (a)		
<b>RACE/ETHNICITY (continued)</b>											
		2017 Scorecard					Baseline				
Children without a medical and dental preventive care visit in the past year (Hispanic ethnicity)	2011/12	34	32	-2	10	--	--	--	--	--	
Children ages 19–35 months without all recommended vaccines (Hispanic ethnicity) (c)	2014	41	28	-13	31	2012	29	32	3	Worsened	
Mortality amenable to health care (black race)	2013-14	105	84.2	-21.1	7	2011-12	109.8	84.0	-25.80	Improved	
Infant mortality, deaths per 1,000 live births (black race)	2012-13	8.6	6.0	-2.6	6	2010-11	7.3	6.5	-0.8	Worsened	
Adults with poor health-related quality of life (black race)	2015	34	26	-8	31	2013	28	26	-2	Worsened	
Adults who smoke (black race)	2015	22	17	-5	20	2013	14	18	4	Worsened	
Adults who are obese (black race)	2015	33	29	-4	11	2013	38	29	-9	Improved	
Adults who have lost six or more teeth (other race)	2014	8	10	2	3	2012	7	10	3	No Change	

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

Equity Dimension	CHANGE IN EQUITY GAP				
	2017 Scorecard rankings	Indicators with trends	No change in gap	Gap narrowed/ vulnerable group improved	Gap widened/ vulnerable group worsened
Equity Dimension	10	31	6	15	10
Low Income	8	17	4	10	3
Race/Ethnicity	14	14	2	5	7

**Notes:**

**Cover Page. (a)** The 2017 Scorecard rankings generally reflect 2014 or 2015 data; Baseline rankings generally reflect 2012 or 2013 data. The Baseline rankings generally align with Baseline rankings reported in the December 2015 State Scorecard report. The 2017 State Scorecard added or revised several performance measures relative to what was reported in the December 2015 Scorecard report; overall and dimension rankings are not strictly comparable between these reports. **(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. The Equity dimension is separated into two subdimensions, Income and Race/Ethnicity. For interpretation of changes in the Equity dimension, see Table 2, note (b) below. **(c)** The table shows the estimated impact if this state's performance improved to the rate of the best-performing state for selected Scorecard indicators. Benchmark states, those with the best rate, have an estimated impact of zero (0).

**Table 1. (\*)** Data not available for this state. **(--)** Historical data not available or not comparable over time. **(a)** Substantial change (improvement or worsening) refers to a change between the baseline and current time periods of at least 0.5 standard deviations. **(b)** 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.

**Table 2. (\*)** Data not available for this state. **(--)** Historic data not available or not comparable over time. **(a)** 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. **(b)** 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. **(c)** Different data years were used in the equity analysis than were reported for the entire state population rate. **(d)** 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 2017 State Scorecard report appendix for source information for entire state population rate. **(e)** Gaps are based on the state's nonwhite 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.