

Methodology and Sources Used in *State Scorecard* Impact Calculations

Methodology

Estimates of improvements in state performance were calculated as follows: for each indicator, the difference between the best-performing state's rate and the subject state's rate was multiplied by the applicable subpopulation of individuals in the subject state. (For the readmissions indicator, the difference in rates was multiplied by the applicable number of Medicare hospitalizations in the subject state.) Medicare cost-savings from reduced hospitalizations were calculated using the average cost of the applicable hospitalizations in the subject state.

Example calculation for Children with a Medical Home (number of additional children in Alabama that would have a medical home if the rate in Alabama improved to the level of the best-performing state):

Step 1. Calculate the difference between the best-performing state's (New Hampshire) rate and the subject state's (Alabama) rate: $69.3\% - 56.1\% = 13.2\%$.

Step 2. Multiply the difference in rates by the applicable subpopulation of individuals (children ages 0–17) in the subject state: $13.2\% \times 1,121,284 = 148,009$.

Note: Results may differ slightly because of rounding.

Description and Data Sources

Insured Adults and Children: 2008 and 2009 U.S. Census Bureau Current Population Survey (CPS) March Supplement (data represents 2007–08).

Adult Preventive Care: Adults age 50 and older who have received: sigmoidoscopy or colonoscopy in the last ten years or a fecal occult blood test in the last two years; a mammogram in the last two years (women only); a pap smear in the last three years (women only); and a flu shot in the past year and a pneumonia vaccine ever (age 65 and older only). Rutgers Center for State Health Policy analysis of 2006 Behavioral Risk Factor Surveillance System (BRFSS).

Diabetes Care: Adults age 18 and older who were told by a doctor that they had diabetes and have received: hemoglobin A1c test, dilated eye exam, and foot exam in the past year. Rutgers Center for State Health Policy analysis of 2006–07 Behavioral Risk Factor Surveillance System (BRFSS).

Childhood Vaccinations: Children ages 19 to 35 months who have received: at least 4 doses of diphtheria-tetanus-acellular pertussis (DTaP), at least 3 doses of polio, at least 1 dose of measles-mumps-rubella (MMR), at least 3 doses of Haemophilus influenzae B (Hib), and at least 3 doses of hepatitis B antigens. 2007 National Immunization Survey.

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Adults with a Usual Source of Care: Adults age 18 and older who have one (or more) person they think of as their personal doctor or health care provider. Rutgers Center for State Health Policy analysis of 2006–07 Behavioral Risk Factor Surveillance System (BRFSS).

Children with a Medical Home: Percent of children ages 0–17 who received health care that meets criteria of having a medical home. For 2007, the indicator measured whether the child had a personal doctor or nurse, had a usual source for sick and well care, received family-centered care from all health care providers, did not have problems getting needed referrals, and received effective care coordination when needed. For more information, see www.nschdata.org. Child and Adolescent Health Measurement Initiative analysis of the 2007 National Survey of Children's Health.

Preventable Hospital Admissions: Hospital admissions of fee-for-service Medicare beneficiaries age 65 and older for one of 11 ambulatory care sensitive conditions (AHRQ Indicators): short-term diabetes complications, long-term diabetes complications, lower extremity amputation among patients with diabetes, asthma, chronic obstructive pulmonary disease, hypertension, congestive heart failure, angina (without a procedure), dehydration, bacterial pneumonia, and urinary tract infection. Results calculated using AHRQ Prevention Quality Indicators, Version 3.0. Analysis of 2006–07 Medicare Standard Analytical Files (SAF) 5% Data from Chronic Condition Warehouse (CCW) by G. Anderson and R. Herbert at Johns Hopkins Bloomberg School of Public Health.

Hospital Readmissions: Fee-for-service Medicare beneficiaries age 65 and older with initial admissions due to one of 31 select conditions who are readmitted within 30 days following discharge for the initial admission. Analysis of 2006–07 Medicare Standard Analytical Files (SAF) 5% Data from Chronic Condition Warehouse (CCW) by G. Anderson and R. Herbert at Johns Hopkins Bloomberg School of Public Health.

Hospitalization of Nursing Home Residents: Long-stay residents (residing in a nursing home for at least 90 consecutive days) who were ever hospitalized within six months of baseline assessment. Analysis of 2006 Medicare enrollment data and MEDPAR File by V. Mor, Brown University, under a grant funded by the National Institute of Aging (#AG20557, State Policies and Hospitalizations from Nursing Homes).

Mortality Amenable to Health Care: Number of deaths before age 75 per 100,000 population that resulted from causes considered at least partially treatable or preventable with timely and appropriate medical care, as described in E. Nolte and M. McKee, “Measuring the Health of Nations: Analysis of Mortality Amenable to Health Care,” *BMJ*, Nov. 15, 2003 327(7424):1129–33. Analysis conducted by K. Hempstead at Rutgers Center for State Health Policy using 2004–05 mortality data from CDC Multiple Cause-of-Death file and U.S. Census Bureau population data.