The Commonwealth Fund's Scorecards on Health System Performance

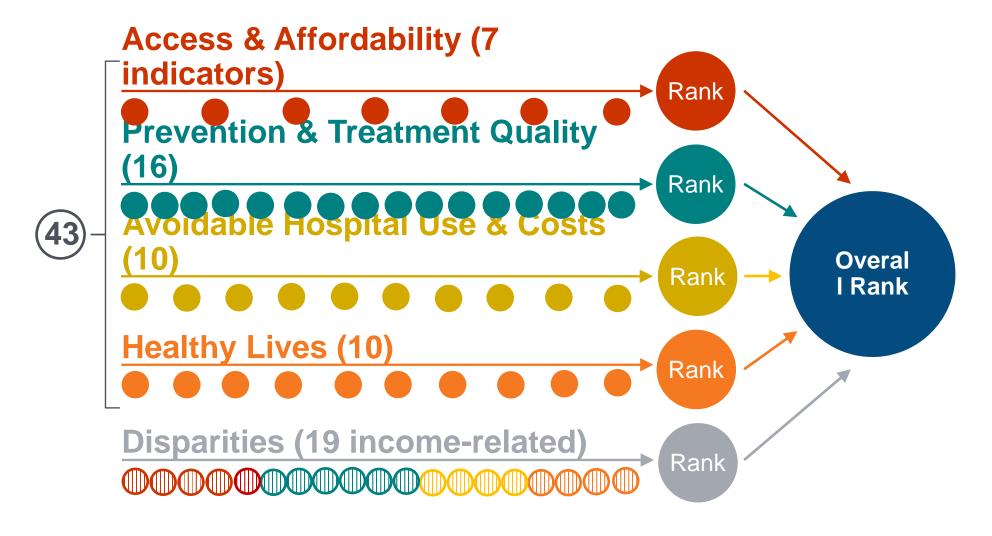
Douglas McCarthy, Senior Research Director CIVHC Change Agent Chat, May 8, 2018

dm@cmwf.org

www.commonwealthfund.org



Building the Scorecard



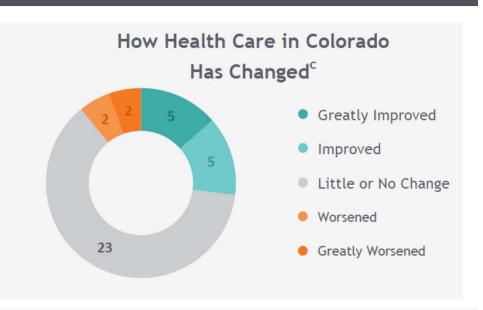


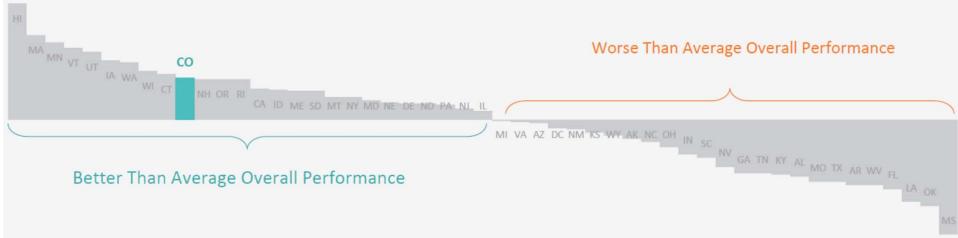
Colorado



Ranking Highlights

	2018 Rank ^a	Change ^b
Overall	10	0
Access & Affordability	26	+1
Prevention & Treatment	17	-1
Avoidable Use & Cost	7	0
Healthy Lives	9	-5
Disparity	21	+3









Stockton

HEALTH SYSTEM PERFORMANCE

Improved on 19 of 33

indicators tracked over time most among all regions

HEALTH SYSTEM RANK

92 OF 306

regions in 2016

156 OF 306

regions in 2012

Pueblo

HEALTH SYSTEM PERFORMANCE

Improved on 17 of 32indicators tracked over time second-most among all regions

HEALTH SYSTEM RANK

128 306 regions in 2016

OF 306 regions in 2012

181

Paducah

HEALTH SYSTEM PERFORMANCE

Improved on 17 of 32 indicators tracked over time

HEALTH SYSTEM RANK

225 306 regions in 2016

279

OF

306 regions in 2012

Akron

HEALTH SYSTEM PERFORMANCE

Improved on 19 of 33 indicators tracked over time most among all regions

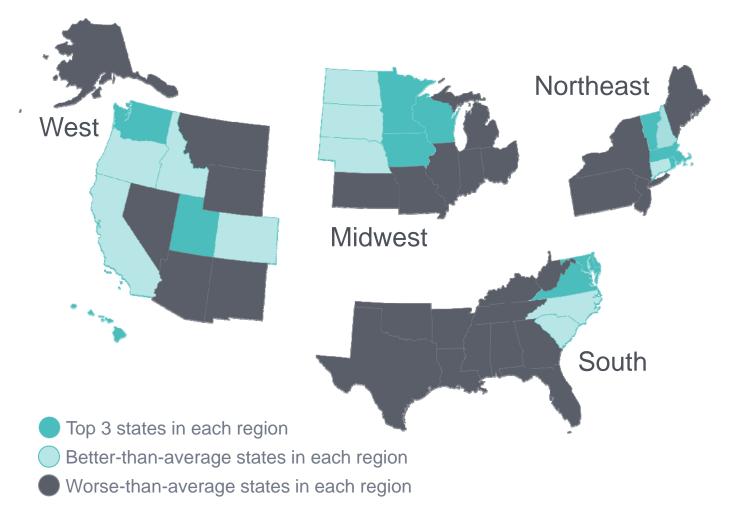
HEALTH SYSTEM RANK

137 306 regions in 2016

OF 306

regions in 2012

State health system performance varies within regions

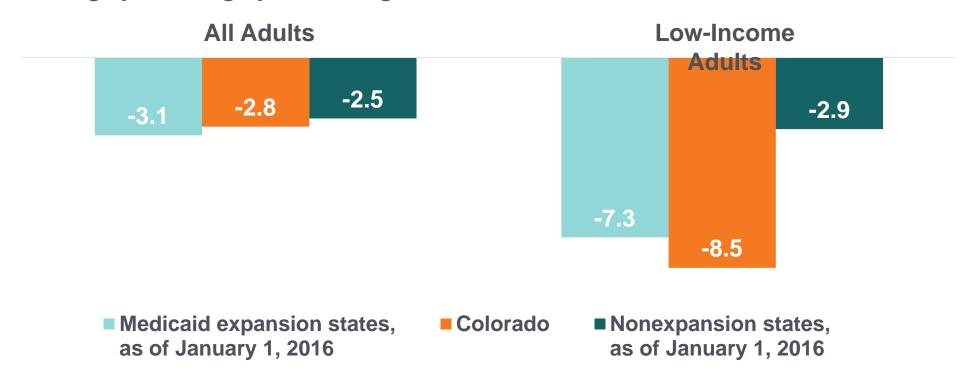


Note: Regions are U.S. Census regions. Regional shading is based on performance among states within the region only. See Scorecard Methods for additional detail.



States that expanded Medicaid saw greater declines in the share of adults who went without care because of costs

Average percentage-point change, 2013 to 2016*

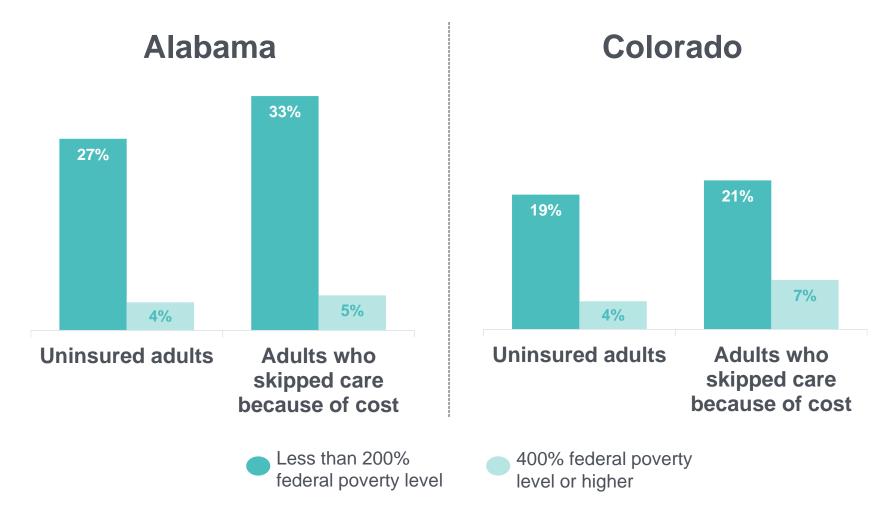


Notes: *Average percentage point change is defined as the rate of adults 18 and older who reported going without needed care because of costs in 2013 less the rate in 2016. Rates were calculated in expansion and non-expansion states by summing the number of individuals who did and did not forego needed care. For the purposes of this exhibit we count the District of Columbia as a Medicaid expansion state, and Louisiana, which expanded its Medicaid program after Jan. 1, 2016, as a non-expansion state. Colorado is included among Medicaid expansion states.

Data: 2013 and 2016 Behavioral Risk Factor Surveillance System (BRFSS).



Income-related disparities in health care access differ across states



Data: Uninsured (ages 19-64): U.S. Census Bureau, 2016 One-Year American Community Surveys. Public Use Micro Sample (ACS PUMS). Cost Barriers (ages 18 and older): 2016 Behavioral Risk Factor Surveillance System (BRFSS).









Browse by Key Trends or State

- Rising death rates, high levels of obesity, and gaps in care are pressing challenges for states
- Regional differences in performance persist, as do within-state disparities
- Many states are not getting good value for their health care dollars
- States made progress in areas that were the target of efforts to improve

Select a State

http://www.commonwealthfund.org/interactives/2018/may/state-scorecard/



For More Information, Visit the Fund's Health System Data Center: http://datacenter.commonwealthfund.org/



State Health System Scorecard Methods

- Goal: to provide benchmarks and trends to inform national, state and local action to improve health care system performance
- Health System Focus: Builds on previous Scorecards
 - 43 indicators organized into 4 dimensions: Access/affordability; Prevention/treatment;
 Avoidable hospital use and costs; and Healthy lives
 - Disparity dimension assesses a subset of indicators by income within states
 - National data sources including administrative claims, national surveys, and vital statistics available for states
- 2- to 3-year trend data available for 37 indicators
 - Generally from 2013 to 2016, but varies by indicator
- Scoring:
 - Each indicator is ranked
 - Dimension rank is based on average of indicator ranks
 - Overall rank based on average of five dimension ranks
- Estimated gains are based on rates of performance in the top performing state

