State Health System Performance: What We Know and Why It Matters
A 2018 Scorecard on State Health System Performance

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Variety of Sources for State Health Comparisons

Coverage & Access
- United States Census Bureau
- Centers for Disease Control and Prevention

Quality
- Agency for Healthcare Research and Quality
- National Healthcare Quality & Disparities Reports

Cost & Use
- The Dartmouth Atlas
- Health Care Cost Institute

Population Health
- America's Health Rankings
- United Health Foundation

Determinants of Health
- County Health Rankings & Roadmaps
- Measure of America

Note: CDC = Centers for Disease Control and Prevention
Provides benchmarks and trends to inform national, state, and local actions to improve health care system performance

- Four dimensions (43 indicators)
  - Access/affordability
  - Prevention/treatment
  - Avoidable hospital use and costs
  - Healthy lives (health outcomes)
- Data: administrative claims, national surveys, and vital statistics
- Additional analyses
  - **Trends**: 2013 to 2016
  - **Disparities**: Income-related within and across states
  - **Gains**: potential gains if performance increased to match top performing state
Shortfalls in quality of care

29% of adults received potentially inappropriate lower back imaging at diagnosis

32% of adults failed to receive all recommended cancer screenings

In the worst-performing state:

41% of adults in Alabama received potentially inappropriate imaging at diagnosis

40% of adults in Idaho, New Mexico, Oklahoma, and Wyoming failed to get recommended cancer screenings

Note: Lower back pain imaging is measured among newly diagnosed patients ages 18-50 with employer-sponsored insurance.

Data: Lower back imaging, 2015 Truven MarketScan Database, analysis by M.Chernew, Harvard University; Cancer screenings, 2016 Behavioral Risk Factor Surveillance System (BRFSS).

Gaps in mental health care

56% of adults with mental illness received no treatment

18% of children with mental health needs received no treatment

In the worst-performing states:

66% of adults in Nevada received no treatment

34% of children in Georgia received no treatment


State health care system performance varies within regions

West

Northeast

Midwest

South

Top 3 states in each region
Better-than-average states in each region
Worse-than-average states in each region

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.

Income-related disparities in health care access differ across states

**Alabama**
- Uninsured adults: 27%
- Adults who skipped care because of cost: 33%
  - Less than 200% federal poverty level: 4%
  - 400% federal poverty level or higher: 5%

**Pennsylvania**
- Uninsured adults: 15%
- Adults who skipped care because of cost: 17%
  - Less than 200% federal poverty level: 3%
  - 400% federal poverty level or higher: 9%


Premature death rates from treatable medical conditions rose slightly following decade-long decline

**Note:** Y-axis starts at 50 deaths per 100,000. Dashed line represents the expected premature death rate if the historical trend from 2004-05 to 2012-13 had continued in 2014-15. Premature deaths reported here do not include deaths from suicide, alcohol, or drug use; see appendix for complete list of health care amenable deaths.


Deaths of Despair the Only Leading Cause of Death Trending Upward

Deaths per 100,000

Deaths of Despair Up in All States

Data: 2005 & 2016 National Vital Statistics System (NVSS), via CDC WONDER
Deaths of Despair Rising in some States much Faster than in Others

Deaths per 100,000

- U.S. average
- West Virginia
- State rates

Data: 2005-2016 National Vital Statistics System (NVSS), via CDC WONDER

Federal and State Policies Can Make a Difference
TREND: More improvement than decline

New York
MOST IMPROVED

Notes: Based on trends for 37 of 43 total indicators (Disparity dimension not included); trend data are not available for all indicators. Bar length equals the total number of indicators with any improvement or worsening with an absolute value greater than 0.5 standard deviations (StDev) of the state distribution. Lighter portion of bars represents the number of indicators with a change of 0.5–0.9 StDevs between baseline and current time periods, darker portions represent indicators with 1.0 or greater StDev change.

Examples of State Action to Address Challenges

Maryland, Vermont, and Rhode Island implemented the ACA’s optional Medicaid health home model to deliver integrated substance use disorder treatment, medical and behavioral health care and social services, to people with opioid use disorders.

Arkansas, Louisiana, Texas, and Utah had the greatest reductions in the use of “chemical restraints” in nursing homes, a key goal of the National Partnership to Improve Dementia Care in Nursing Homes.

Cost barriers to receiving care fell as uninsured rates fell following ACA coverage expansions

Uninsured adults

Adults who went without care because of costs

2013  2014  2015  2016


Home health patients have gained better mobility and nursing home care has improved across the U.S.

50 STATES AND D.C. increased the number of home health patients who got better at walking or moving around

48 STATES AND D.C. decreased the use of chemical restraints in nursing homes


National Gains If All States Achieved Top Rates* of Performance

18 million more adults and children insured, beyond those who already gained coverage through the ACA

14 million fewer adults skipping care because of its cost

26 million more adults with a usual source of care

11 million more adults receiving recommended cancer screenings

837,000 more young children receiving all recommended vaccines

1 million fewer Medicare beneficiaries receiving a high-risk prescription drug

440,000\textsuperscript{a} fewer hospital readmissions

5.7 million\textsuperscript{a} fewer emergency room visits for nonemergency care or conditions treatable with primary care

89,000 fewer deaths before age 75 from treatable diseases

Note: *Performance benchmarks set at the level achieved by the top-performing state with available data for this indicator. (a) Estimate based on working age population, ages 18-64, with employer-sponsored insurance and Medicare beneficiaries age 65 and older.

Summary

• Improvement is occurring, but performance improvement varies among states

• Gains in access to care follow insurance coverage expansions (ACA markets and Medicaid).

• Rising mortality due to substance abuse is a key concern
  - Enhance access to mental health care services & encourage medical home models that integrate medical, behavioral, and addition services
  - Improve access to opioid reversal medications and medication-assisted treatment
  - More proactive guidelines and limits for opioid prescription

• Every state has something to teach and something to learn about improving health care system performance.

Thank You!

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