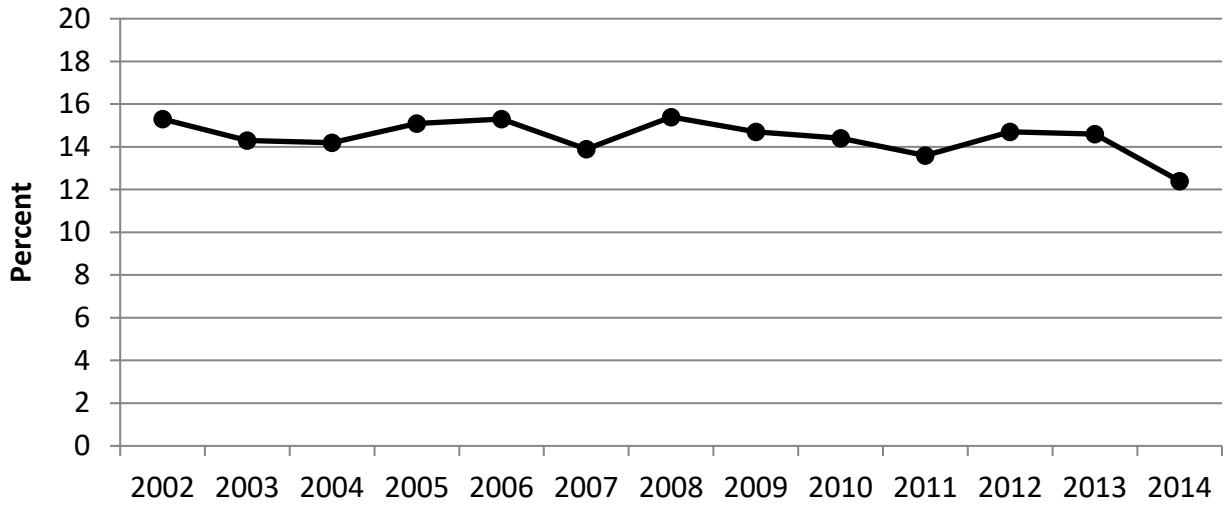
APPENDIX A. SELECTED MEASURE DATA

Trends in Access

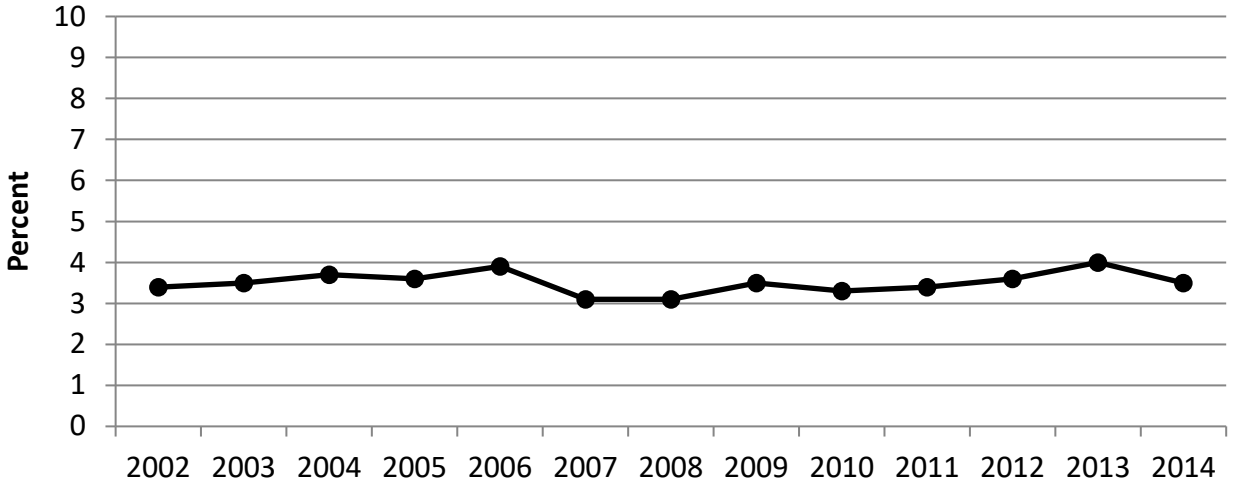
Graph 1: Access

No change overall: Adults who needed care right away for an illness, injury, or condition in the last 12 months who sometimes or never got care as soon as needed, 2002-2014



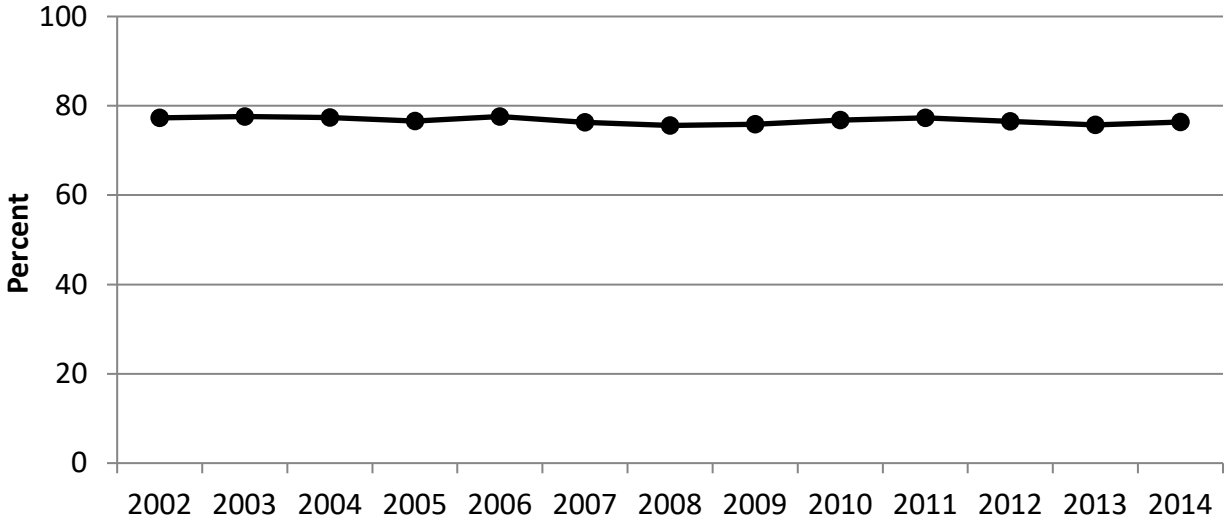
Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002-2014.
Note: For this measure, lower rates are better.

No change overall: People who were unable to get or delayed in getting needed prescription medicines in the last 12 months, 2002-2014



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002-2014.
Note: For this measure, lower rates are better.

No change overall: People with a usual primary care provider, 2002-2014

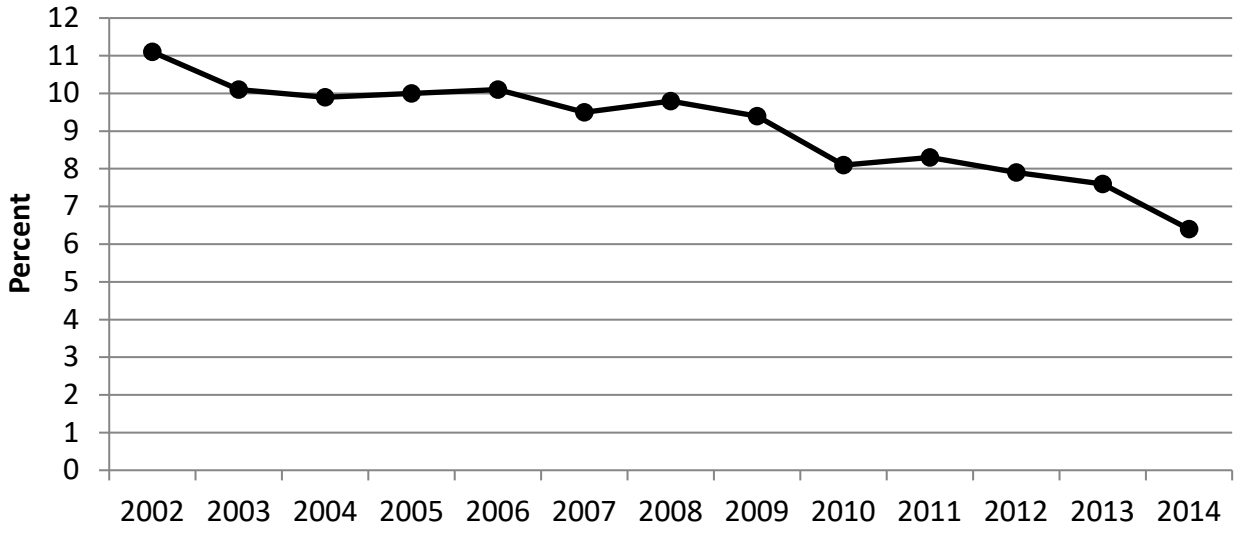


Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002-2014.
Note: For this measure, lower rates are better.

Trends in Quality

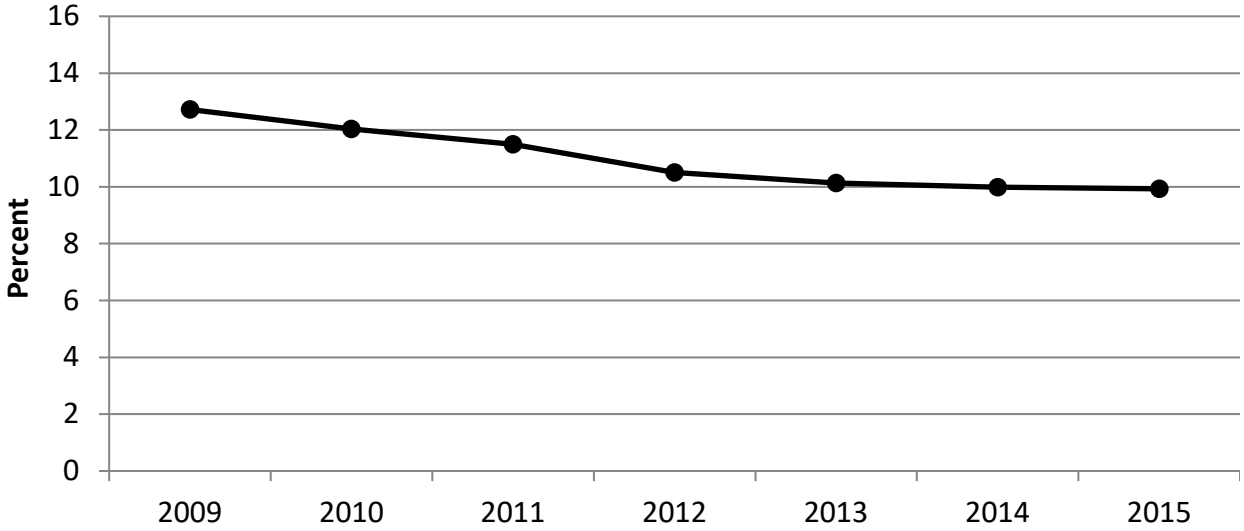
Graph 2: Person-Centered Care

Improving overall: National composite measure: Adults who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, and spent enough time with them, 2002-2014



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002-2014.
Note: For this measure, lower rates are better.

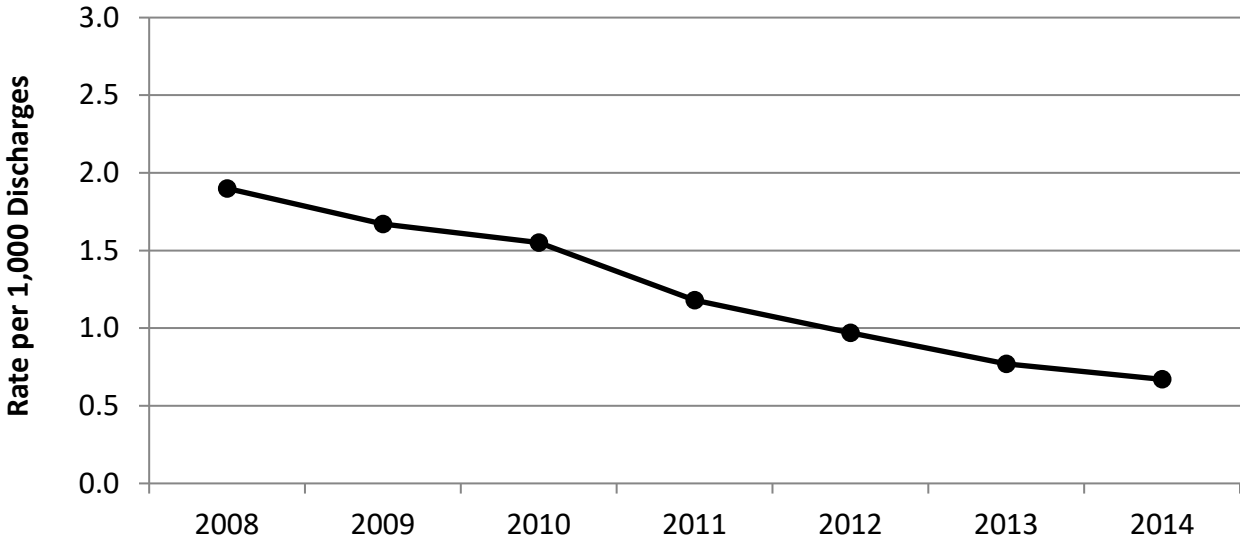
Improving overall: Adult hospital patients who sometimes or never had good communication about medications they received in the hospital, 2009-2015



Source: Centers for Medicare & Medicaid Services, Hospital Consumer Assessment of Healthcare Providers and Systems, 2009-2015.
Note: For this measure, lower rates are better. Good communication about medications means hospital staff explained clearly about effects and possible side effects of medications.

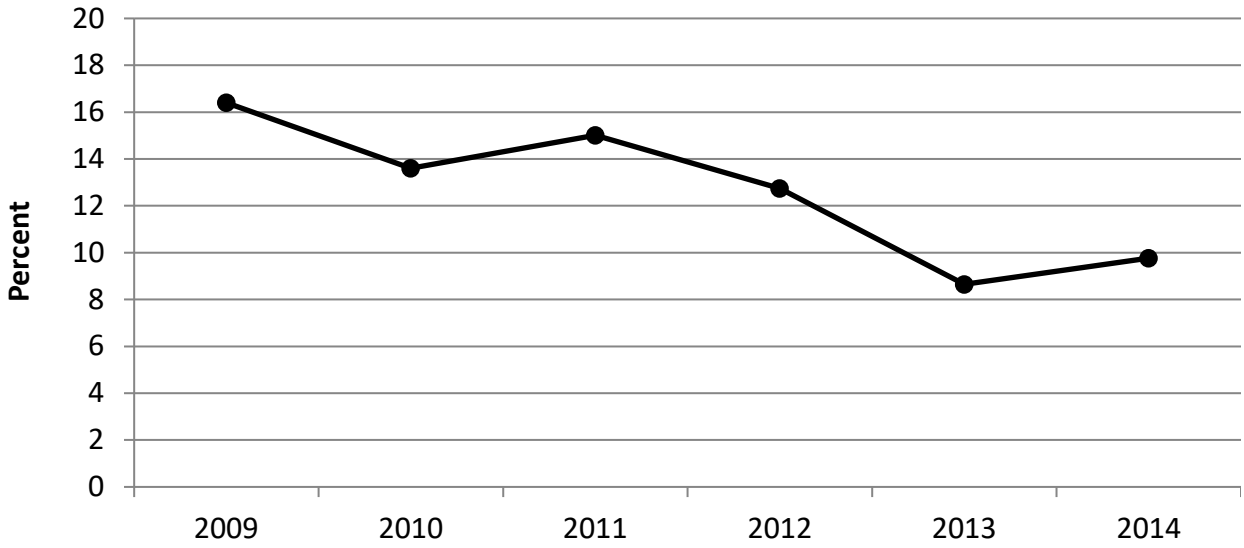
Graph 3: Patient Safety

Improving overall: Hospital admissions with central venous catheter-related bloodstream infection per 1,000 medical and surgical discharges of length 2 or more days, age 18 and over



Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Nationwide Inpatient Sample (NIS), 2008-2011; State Inpatient Databases (SID), 2012-2014, weighted to provide national estimates using the same methodology as the 2008-2011 NIS; and AHRQ Quality Indicators (QIs), version 4.4. For more information on the sampling approach and included States, see the HCUP Methods Series Report on methods applying AHRQ QIs to HCUP data for the 2015 QDR (www.hcup-us.ahrq.gov/reports/methods/methods.jsp).
Note: For this measure, lower rates are better.

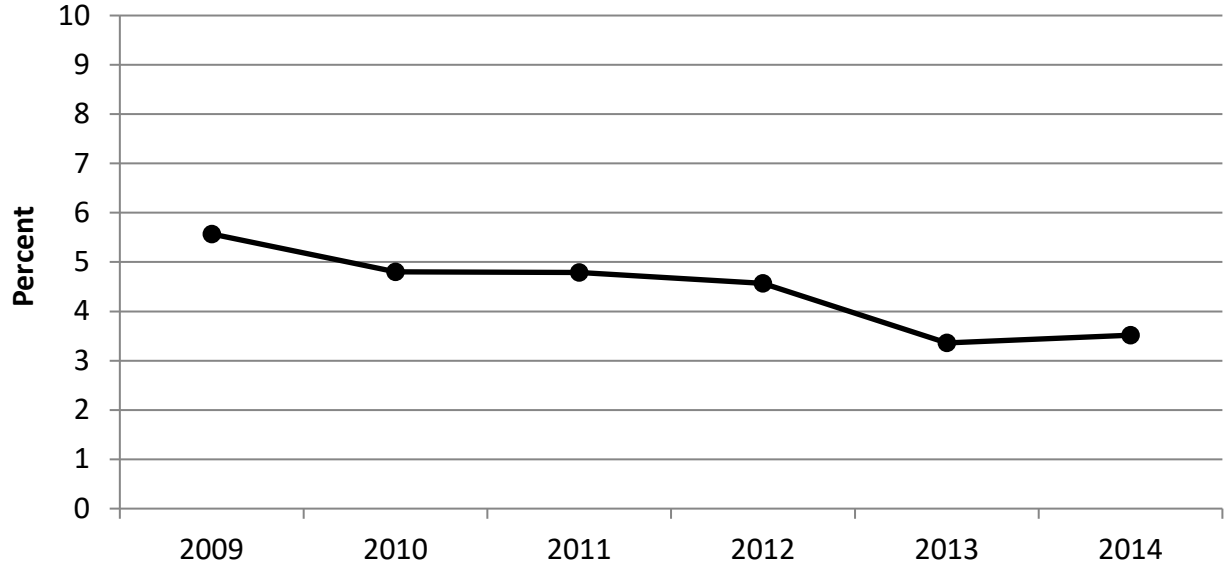
Improving overall: Adult patients receiving hip joint replacement due to fracture with adverse events, age 18 and over, overall



Source: Agency for Healthcare Research and Quality and Centers for Medicare & Medicaid Services, Medicare Patient Safety Monitoring System, 2009-2014.
Note: For this measure, lower rates are better.

Graph 4: Patient Safety

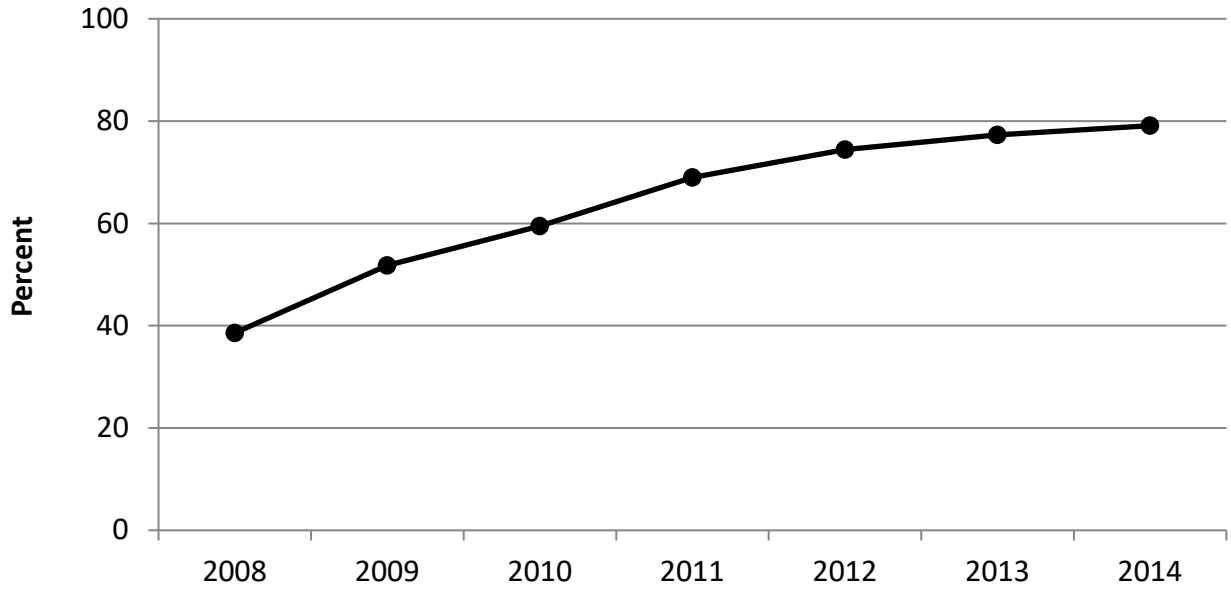
Improving overall: Hospital patients with an anticoagulant-related adverse drug event to low-molecular-weight heparin (LMWH) and factor Xa, age 18 and over, 2009-2014



Source: Agency for Healthcare Research and Quality and Centers for Medicare & Medicaid Services, Medicare Patient Safety Monitoring System, 2009-2014.
Note: For this measure, lower rates are better.

Graph 5: Healthy Living

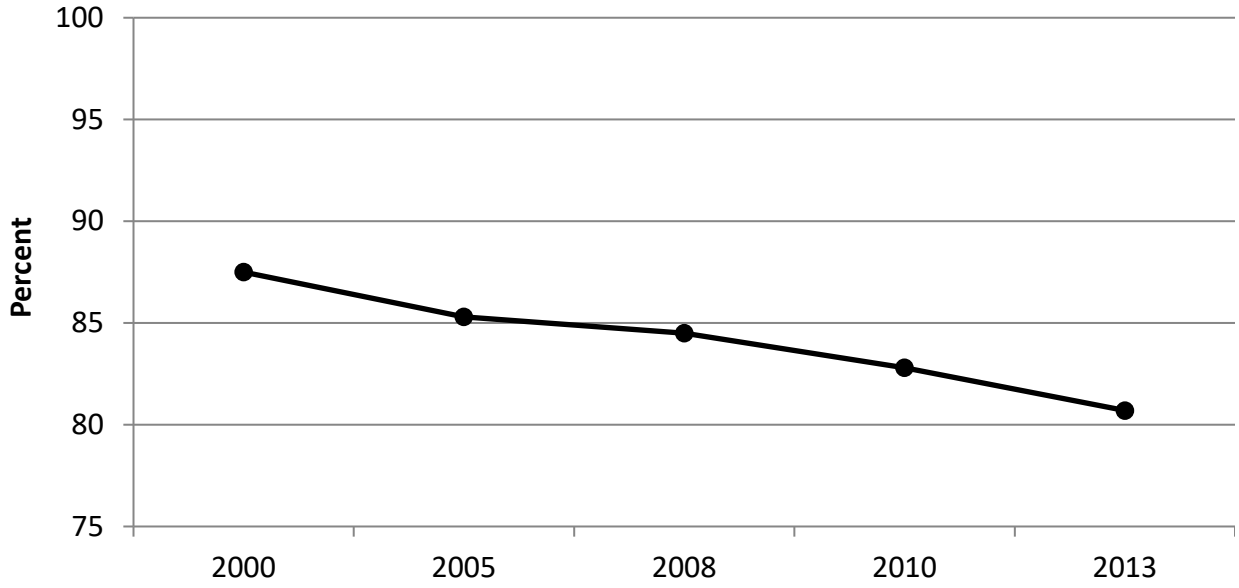
Improving overall: Adolescents ages 16-17 years who received 1 or more doses of meningococcal conjugate vaccine, 2008-2014



Source: Centers for Disease Control and Prevention, National Center for Immunizations and Respiratory Diseases and National Center for Health Statistics, National Immunization Survey – Teen, 2008-2014.

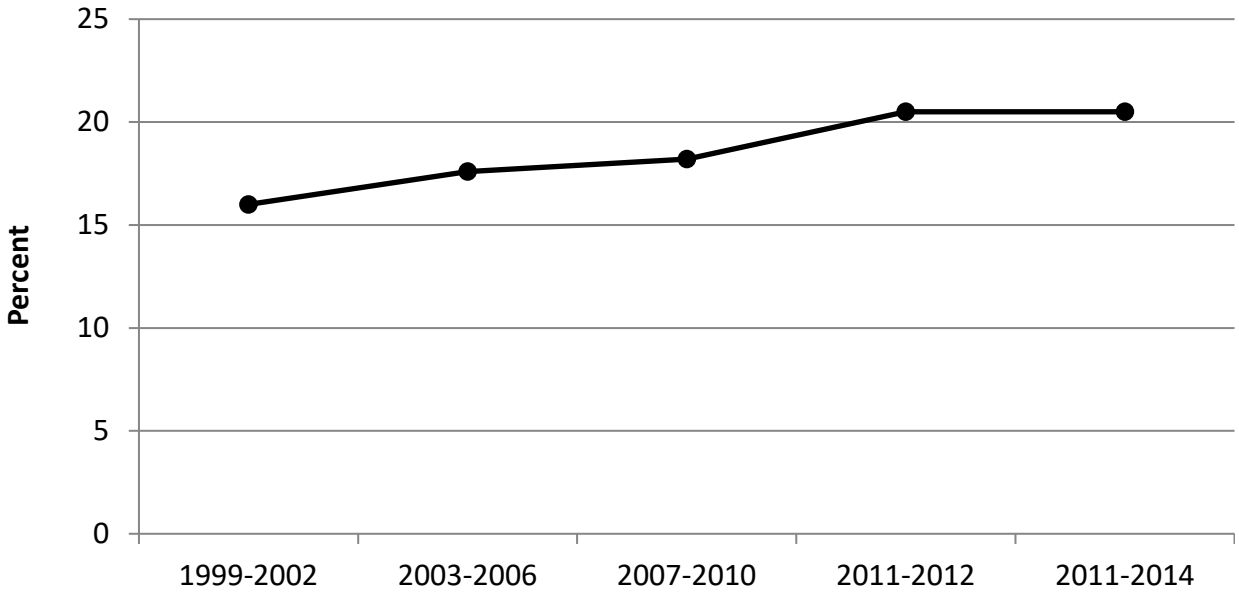
Graph 6: Healthy Living

Worsening overall: Women ages 21-65 who received a Pap smear in the last 3 years



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2000-2013.
Note: Estimates are age adjusted to the 2000 U.S. standard population.

Worsening overall: Children ages 12-19 with obesity, 1999-2002 to 2011-2014



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, 1999-2002 to 2011-2014.
Note: For this measure, lower rates are better.

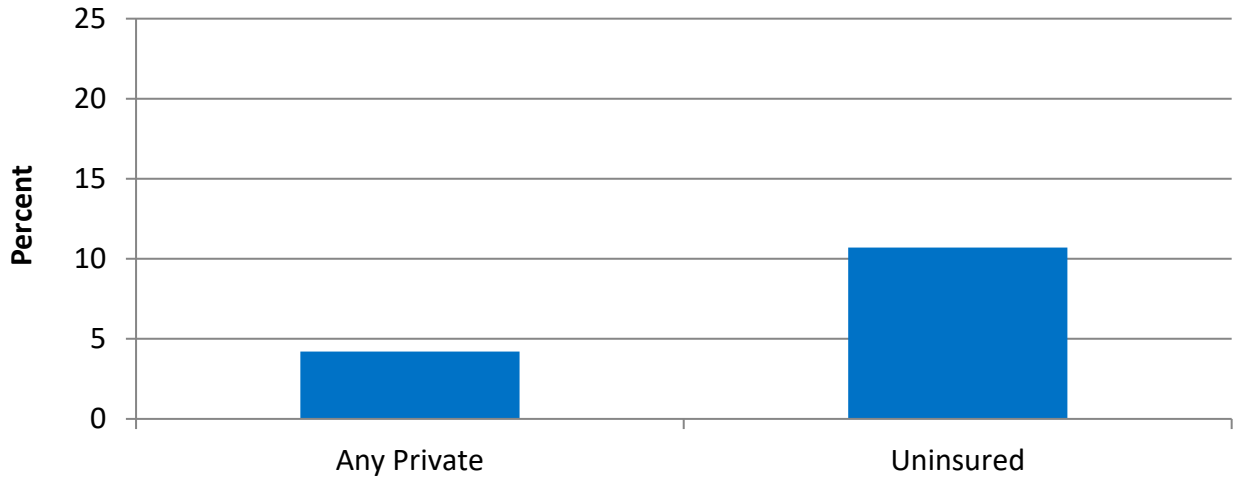
Other Priority Areas

Effective Treatment is addressed in Graphs 15 and 16, under Geographic Differences. Care Coordination and Care Affordability are addressed under Trends in Disparities and under Geographic Differences.

Trends in Disparities

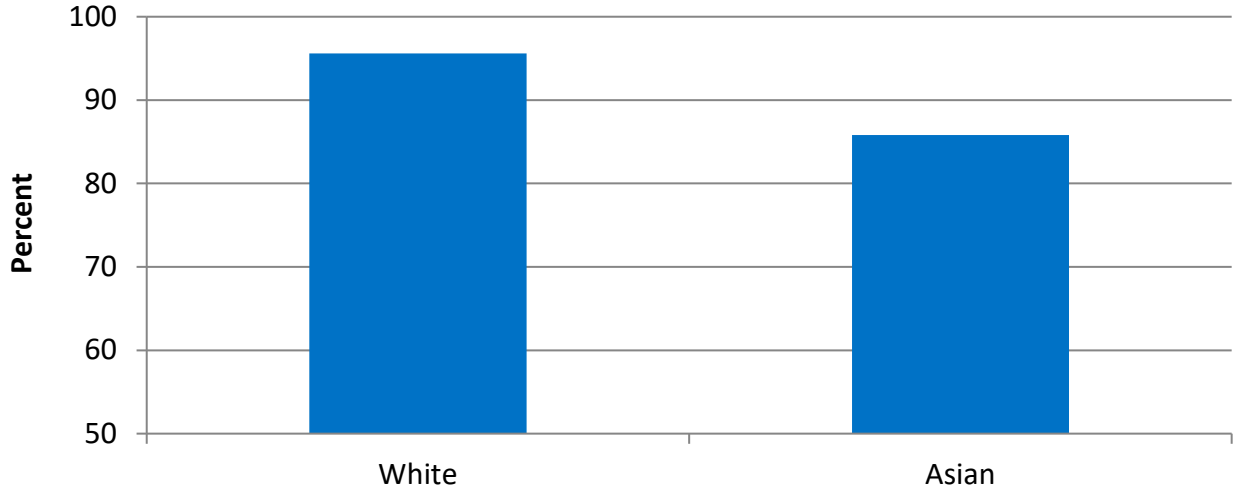
Graph 7: Person-Centered Care

Improving overall: National: Adults ages 18-64 who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never showed respect for what they had to say, by insurance, 2014



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2014.
Note: For this measure, lower rates are better.

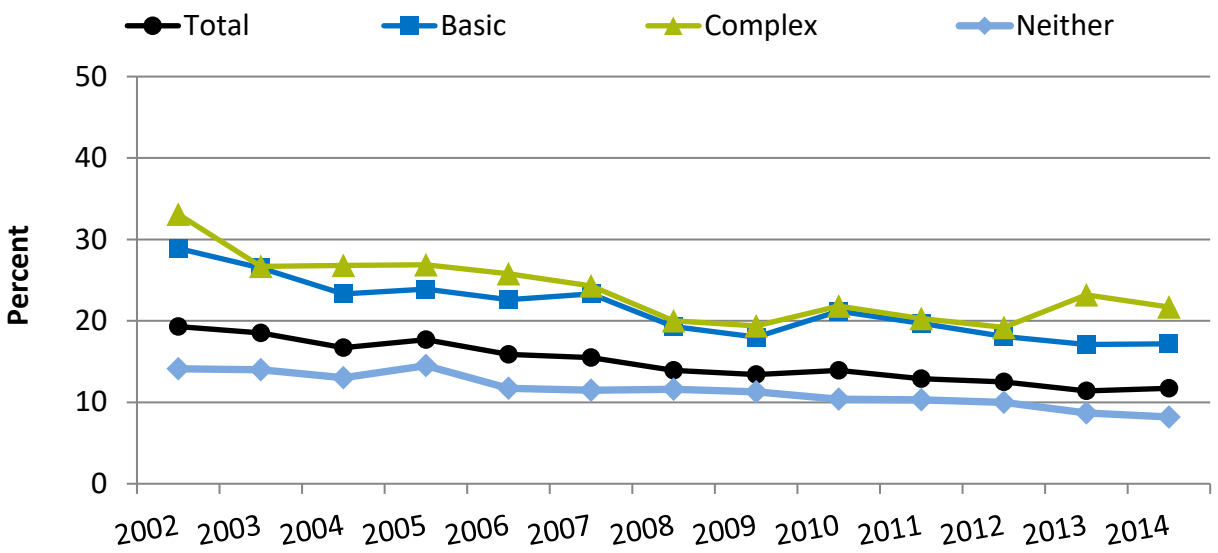
Large disparities: Hospice patients who received care consistent with their stated end-of-life wishes, by race, 2014



Source: National Hospice and Palliative Care Organization, Family Evaluation of Hospice Care Survey, 2014.

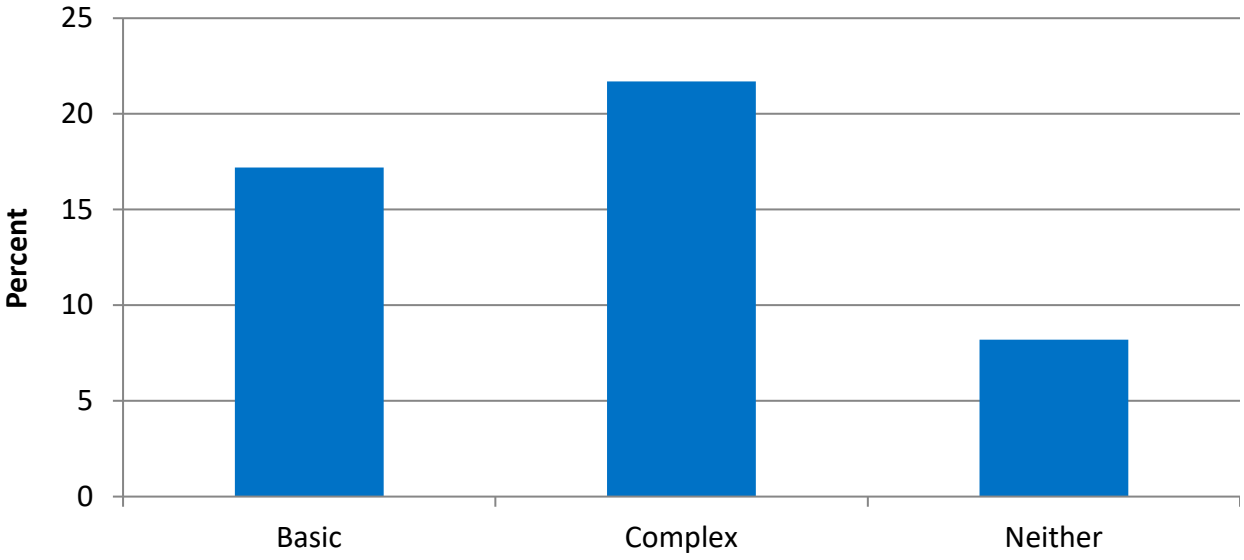
Graph 8: Patient Safety

Adults age 65 and over who received in the calendar year at least 1 of 33 potentially inappropriate prescription medications for older adults, by activity limitation, 2002-2014



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002-2014.
Note: For this measure, lower rates are better. Definitions of disability are available in Appendix D).

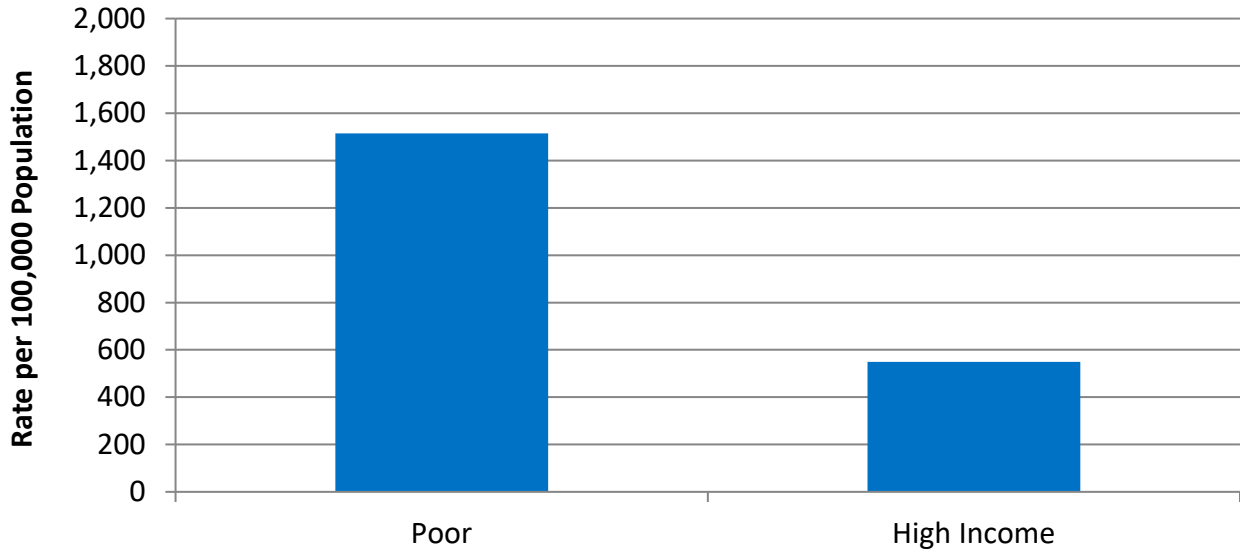
Large disparities: Adults age 65 and over who received in the calendar year at least 1 of 33 potentially inappropriate prescription medications for older adults, by activity limitation, 2014



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2014.
Note: For this measure, lower rates are better. Definitions of disability are available in Appendix D).

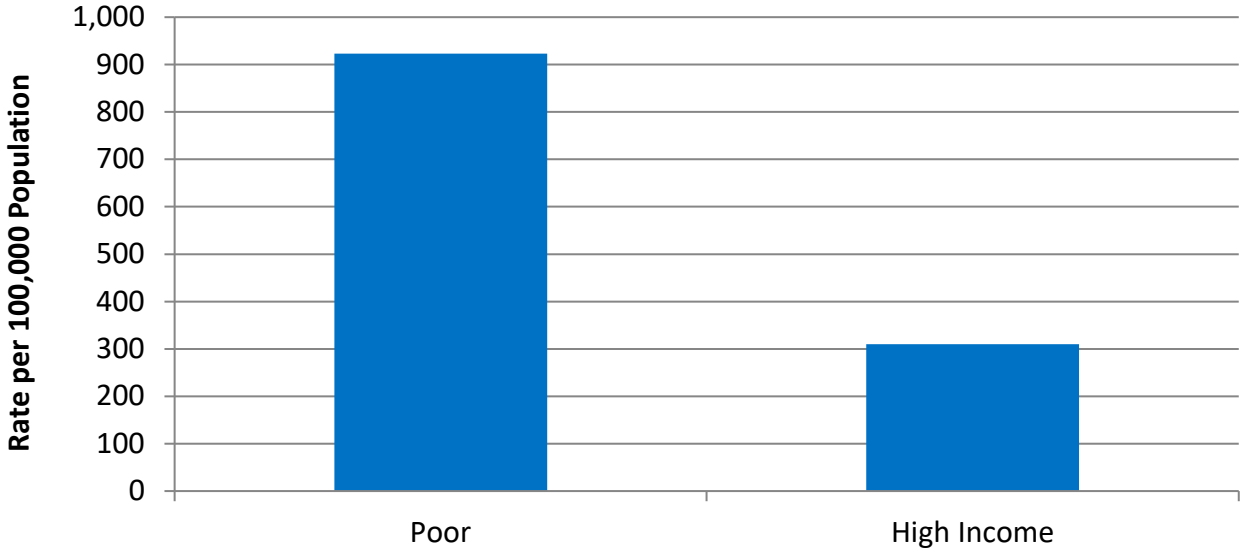
Graph 9: Care Coordination

Large disparities: Emergency department visits for asthma, per 100,000 population (including inpatient admissions), ages 2-17, by income, 2014



Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project, Nationwide Emergency Department Sample, 2014.
Note: For this measure, lower rates are better.

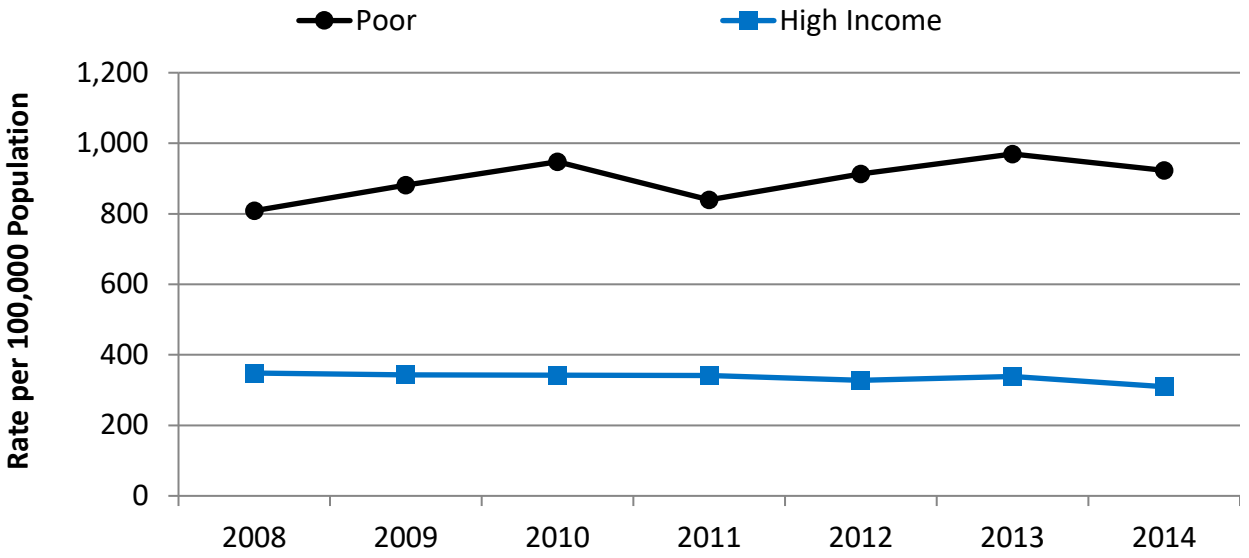
Large disparities: Emergency department visits for asthma, per 100,000 population (including inpatient admissions), ages 18-39, by income, 2014



Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project, Nationwide Emergency Department Sample, 2014.
Note: For this measure, lower rates are better.

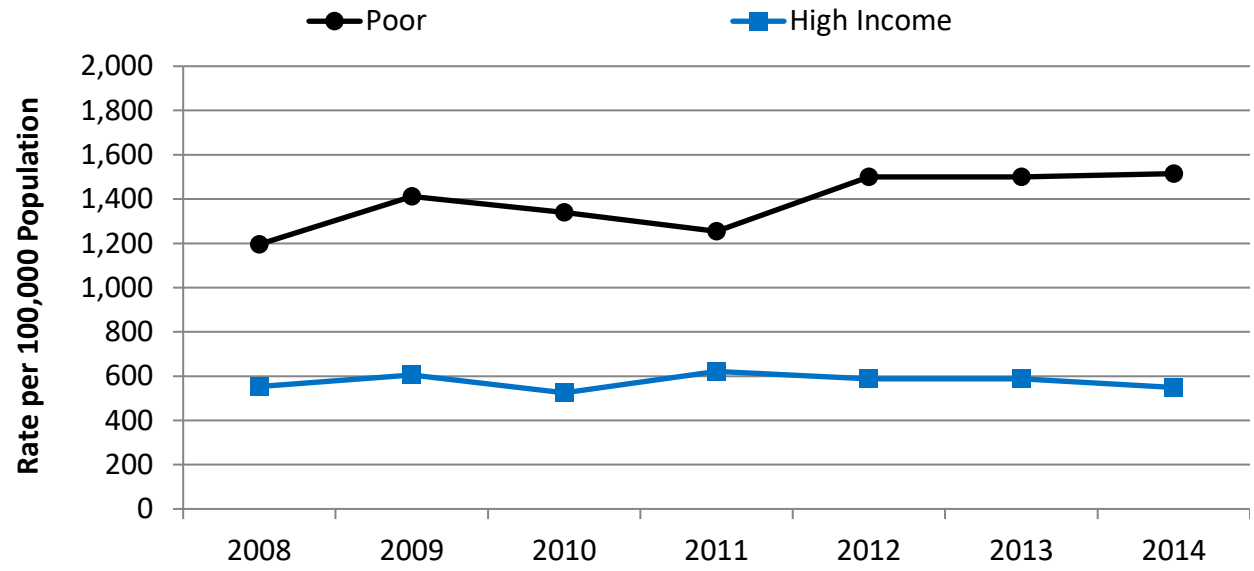
Graph 10: Care Coordination

Emergency department visits for asthma, per 100,000 population (including inpatient admissions), ages 18-39, by income, 2008-2014



Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project, Nationwide Emergency Department Sample, 2008-2014.
Note: For this measure, lower rates are better.

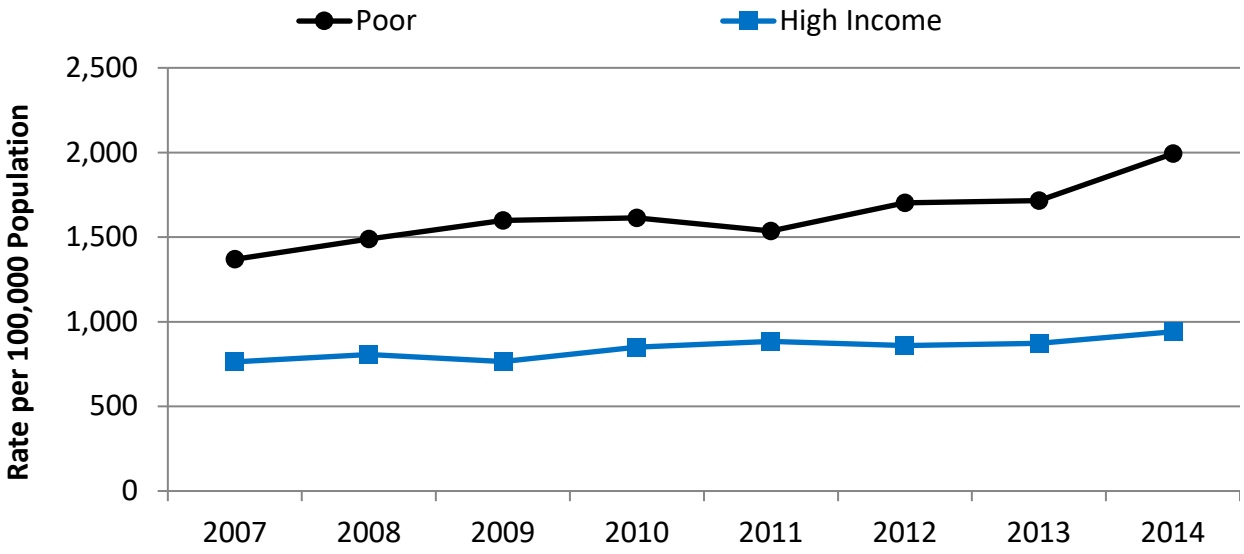
Emergency department visits for asthma, per 100,000 population (including inpatient admissions), ages 2-17, by income, 2008-2014



Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project, Nationwide Emergency Department Sample, 2008-2014.
Note: For this measure, lower rates are better.

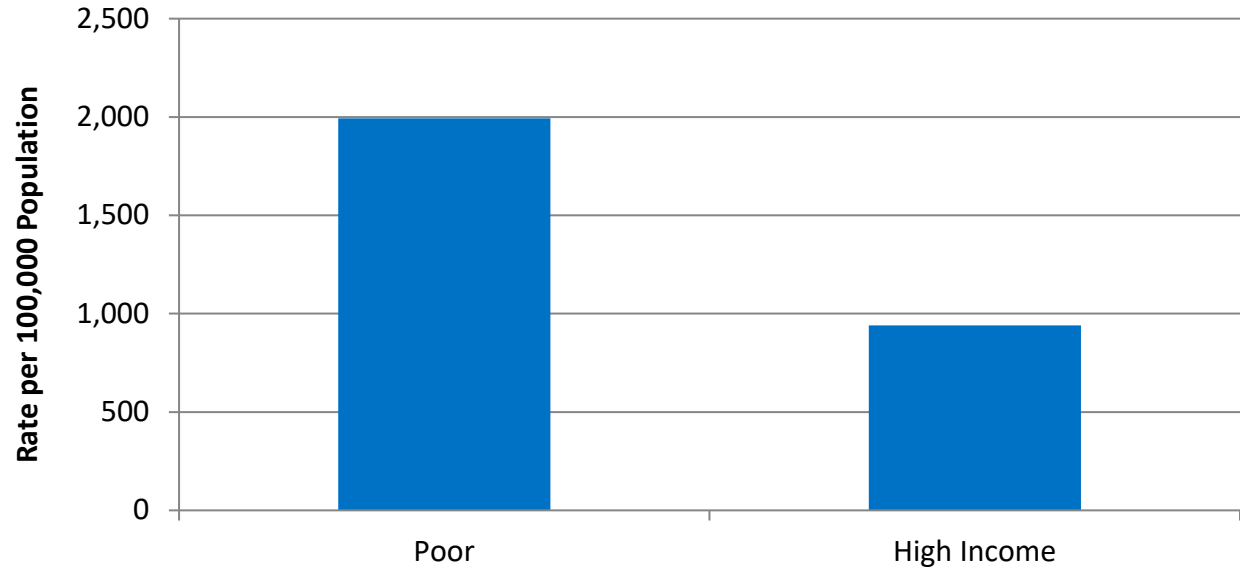
Graph 11: Care Coordination

Emergency department visits with a principal diagnosis related to mental health only, by income, 2007-2014



Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project, Nationwide Emergency Department Sample, 2007-2014
Note: For this measure, lower rates are better.

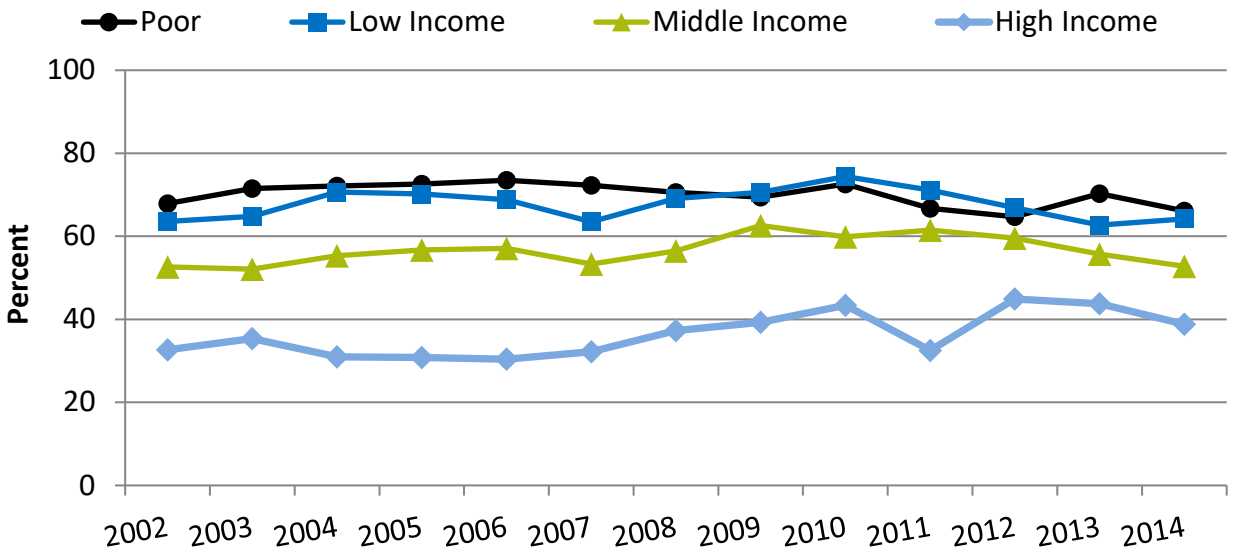
Large disparities: Emergency department visits with a principal diagnosis related to mental health only, by income, 2014



Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project, Nationwide Emergency Department Sample, 2014.
Note: For this measure, lower rates are better.

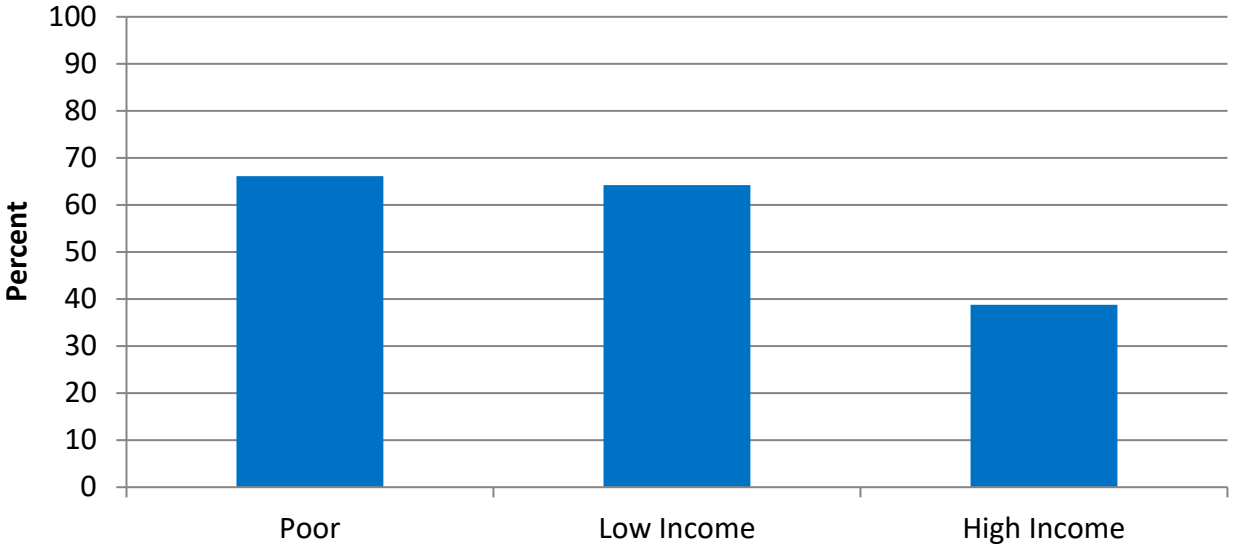
Graph 12: Care Affordability

People unable to get or delayed in getting needed medical care who said it was due to financial or insurance reasons, by income, 2002-2014



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002-2014.
Note: For this measure, lower rates are better.

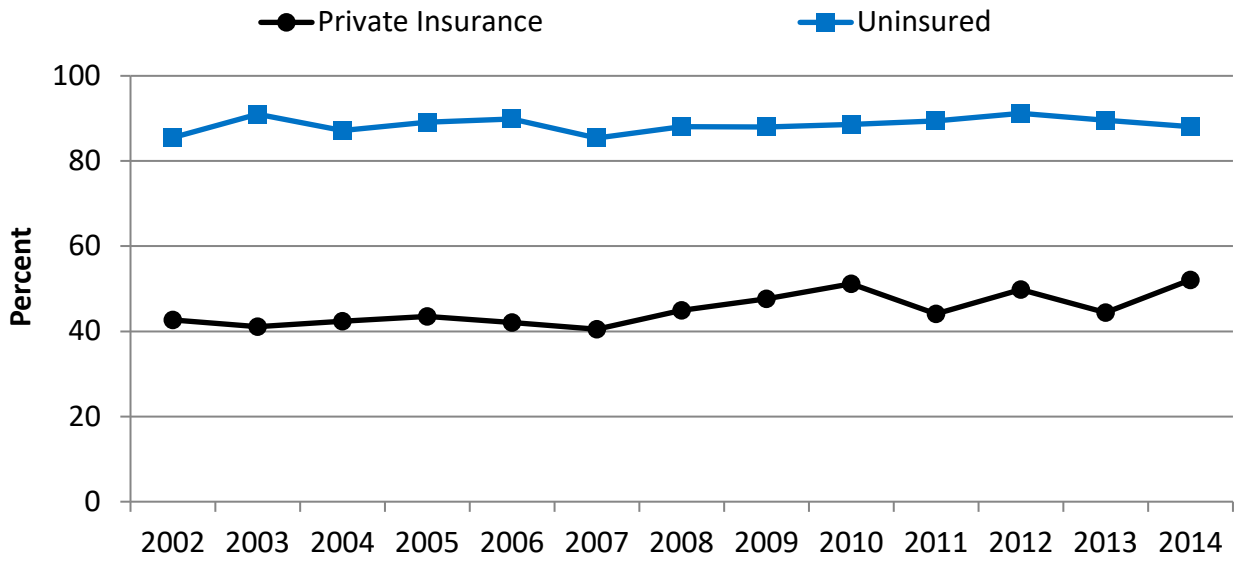
Large disparities: People unable to get or delayed in getting needed medical care who said it was due to financial or insurance reasons, by income, 2014



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2014.
Note: For this measure, lower rates are better.

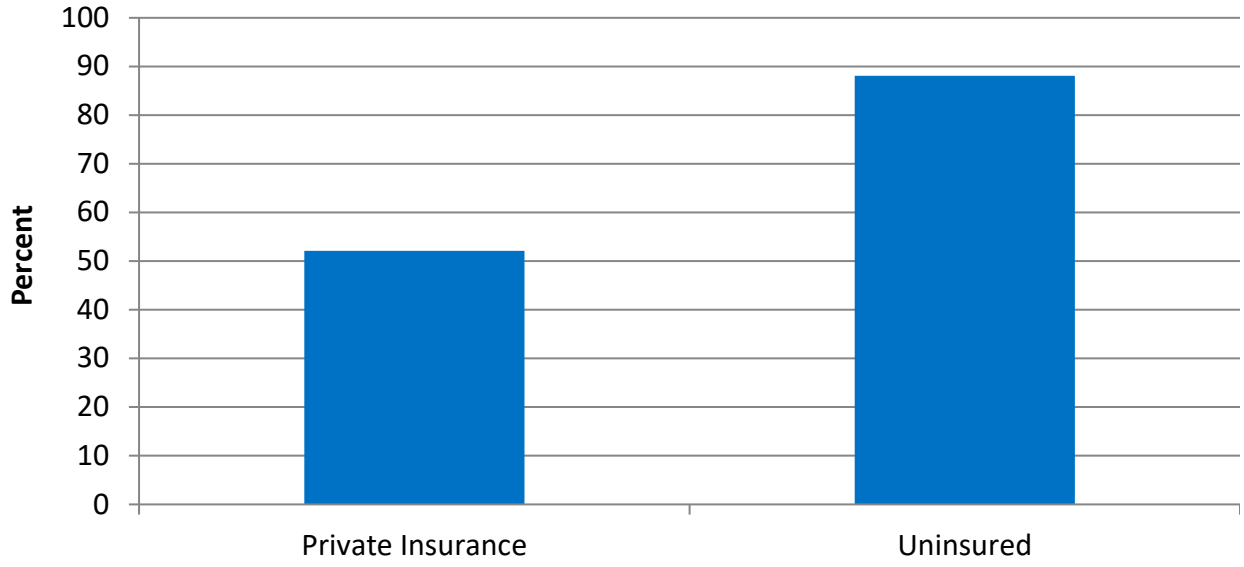
Graph 13: Care Affordability

People unable to get or delayed in getting needed medical care who said it was due to financial or insurance reasons, by insurance, 2002-2014



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002-2014.
Note: For this measure, lower rates are better.

Large disparities: People unable to get or delayed in getting needed medical care who said it was due to financial or insurance reasons, by insurance, 2014

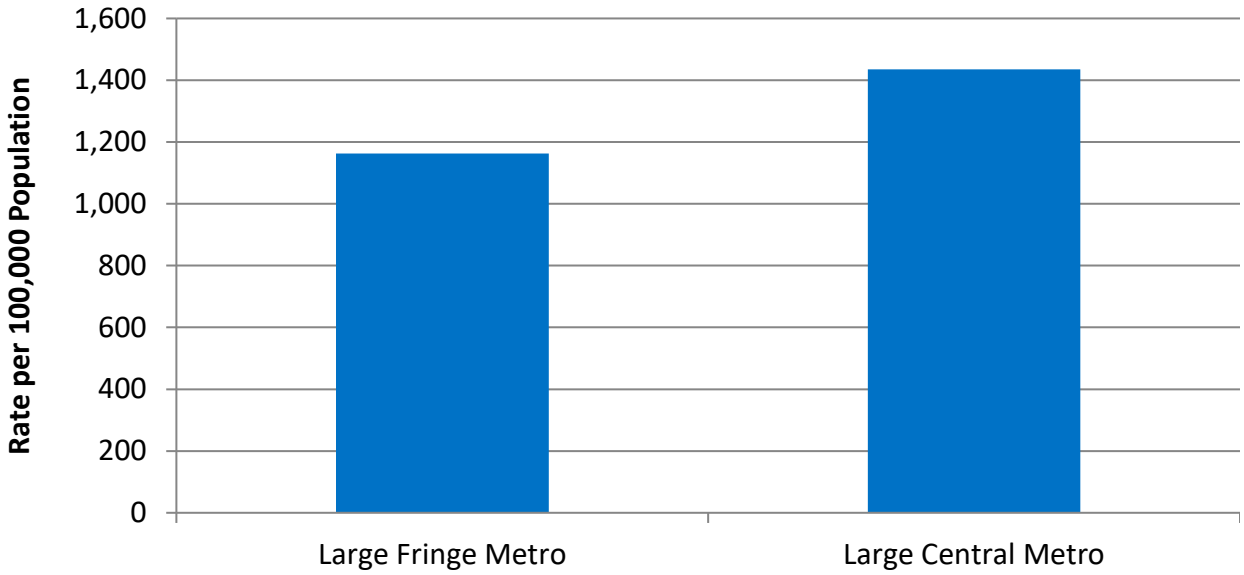


Source: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends, Medical Expenditure Panel Survey, 2014.
Note: For this measure, lower rates are better.

Geographic Differences

Graph 14: Care Coordination

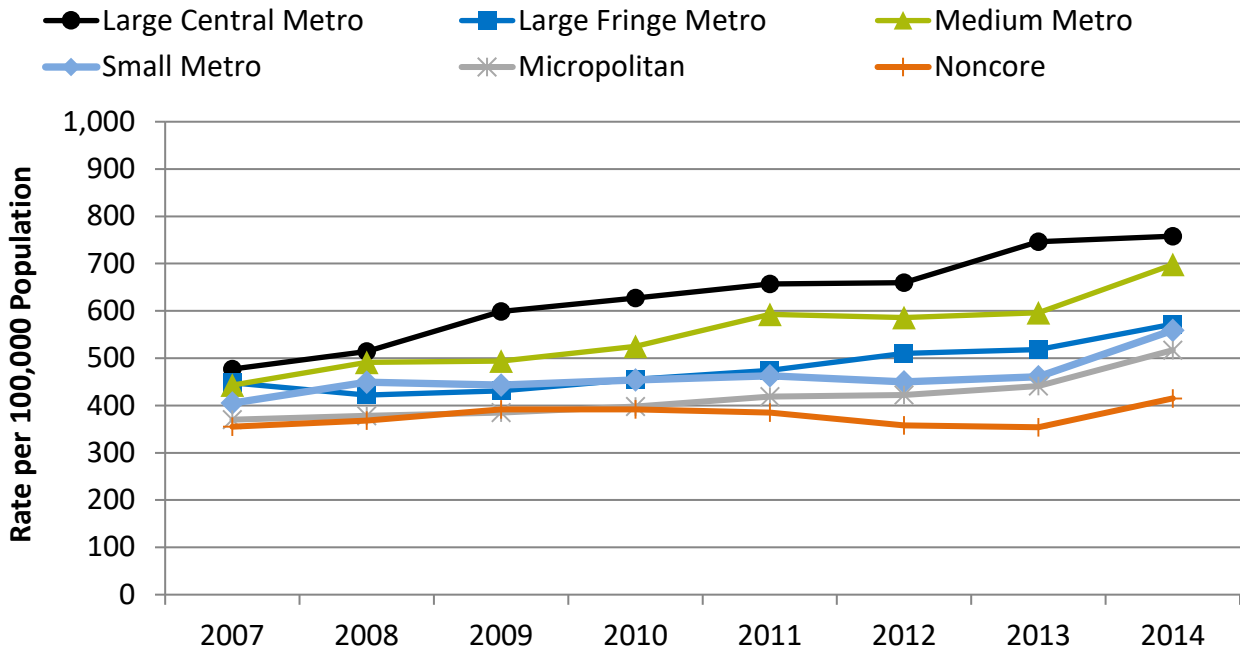
Large disparities: Emergency department visits with a principal diagnosis related to mental health only, per 100,000 population, by residence location, 2014



Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project, Nationwide Emergency Department Sample, 2014.
Note: For this measure, lower rates are better.

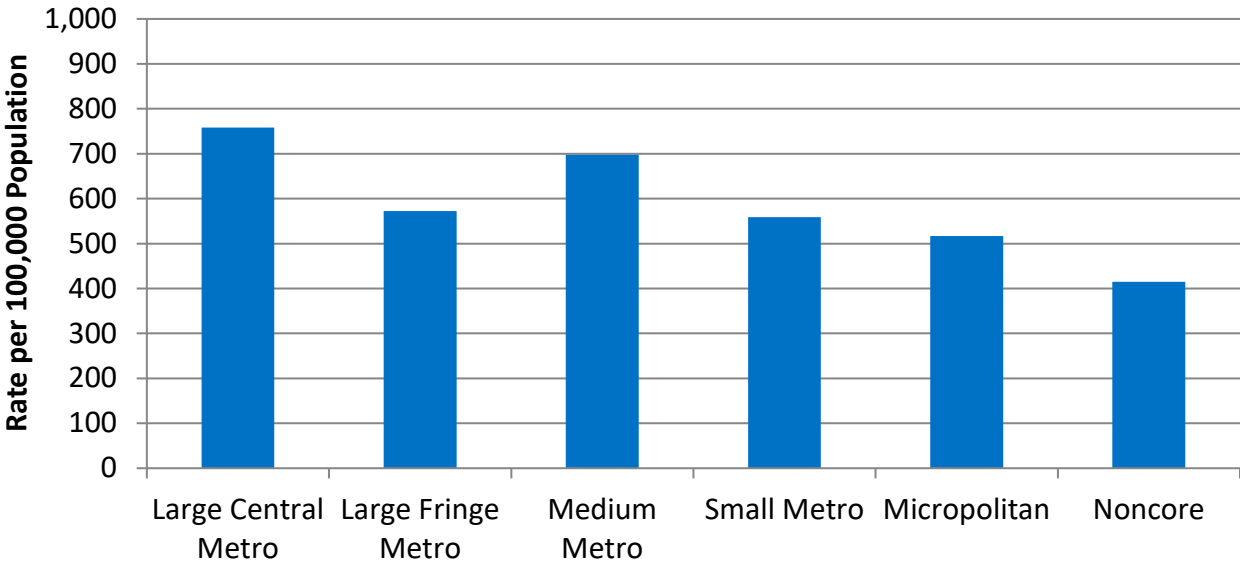
Graph 15: Care Coordination

Emergency department visits with a principal diagnosis related to substance abuse only per 100,000 population, by residence location, 2007-2014



Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project, Nationwide Emergency Department Sample, 2007-2014.
Note: For this measure, lower rates are better.

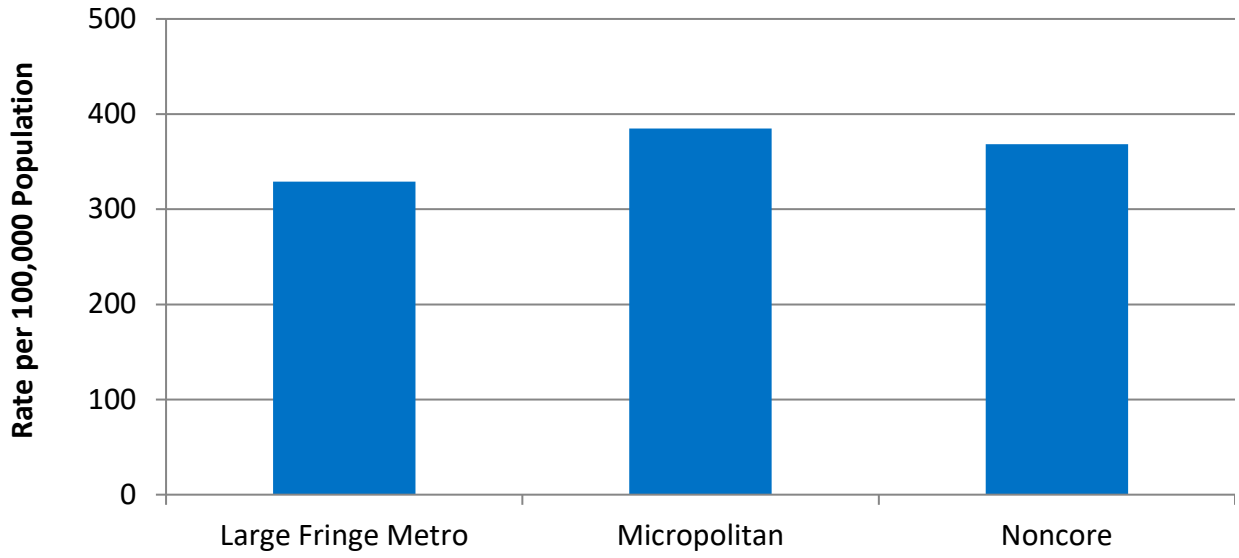
Emergency department visits with a principal diagnosis related to substance abuse only per 100,000 population, by residence location, 2014



Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project, State Inpatient Databases, 2014; and AHRQ Quality Indicators, modified version 4.1.
Note: For this measure, lower rates are better.

Graph 16: Effective Treatment

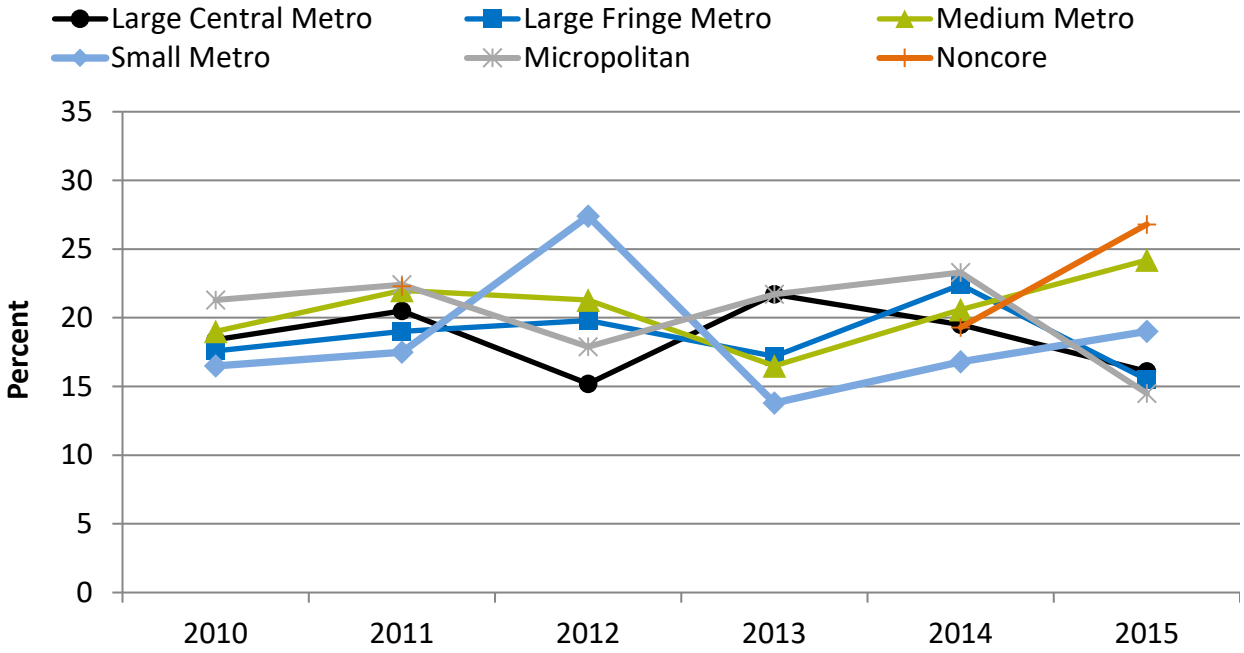
Large disparities: Hospital admissions for congestive heart failure, per 100,000 population, by residence location, 2014



Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), National Inpatient Sample (NIS), 2014 and AHRQ Quality Indicators, version 4.4.

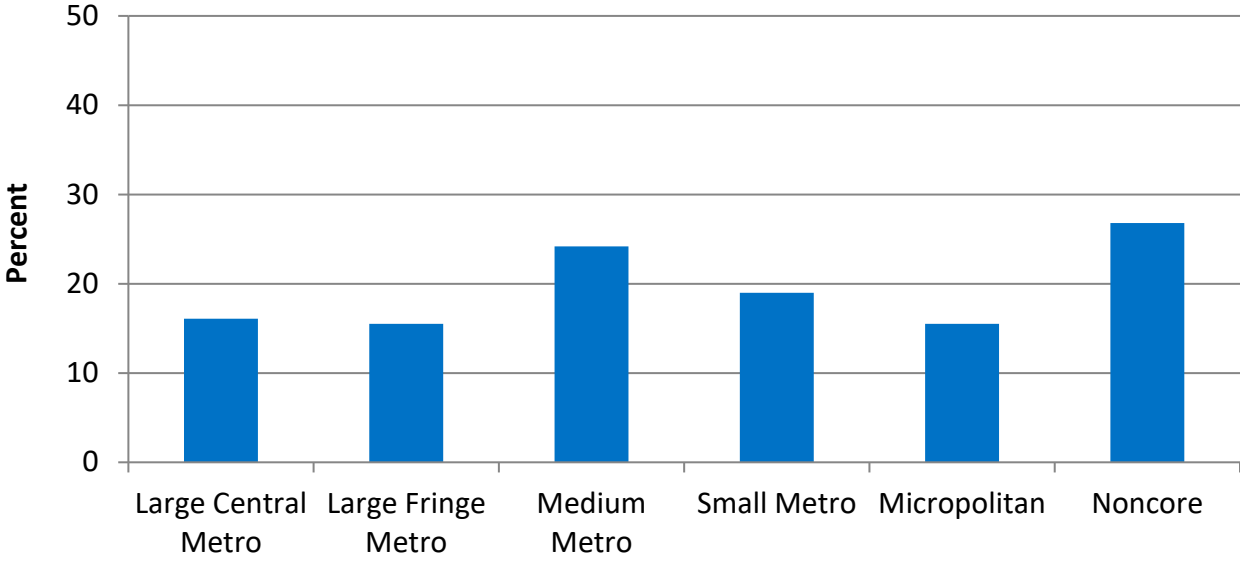
Graph 17: Effective Treatment

People age 12 and over who needed treatment for illicit drug use and who received such treatment at a specialty facility in the last 12 months, 2010-2015



Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010-2015.
Note: Data unavailable for 2010, 2012, 2013 for noncore**.**

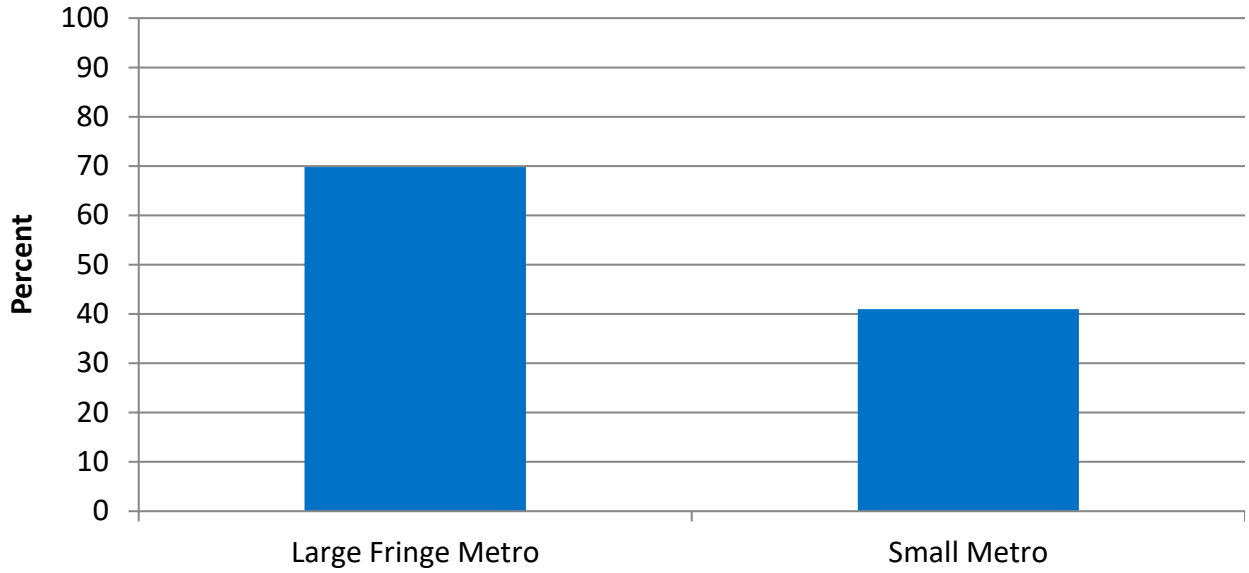
People age 12 and over who needed treatment for illicit drug use and who received such treatment at a specialty facility in the last 12 months, 2015



Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Graph 18: Care Affordability

National: People unable to get or delayed in getting needed prescription medicines who said it was due to financial or insurance reasons, 2014



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2014.