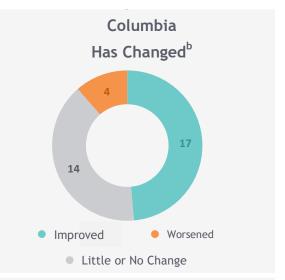
District of Columbia



Ranking Highlights^a

		tional Rank	Rank Among Mid- Atlantic States				
	2019	Change from baseline	2019	Change from baseline			
Overall	23 of 51	+7	3 of 6	+3			
Access & Affordability	8	+2	1	+1			
Prevention & Treatment	21	-6	4	0			
Avoidable Use & Cost	44	+5	6	0			
Healthy Lives	28	+7	4	0			
Health Care Disparities	23	+5	3	+1			





Top-Ranked Indicators

High out-of-pocket medical spending

Adults who report fair or poor health

Suicide deaths

Bottom-Ranked Indicators

Breast cancer deaths

Mortality amenable to health care

Hospitals with lower-than-average patient experience ratings

Most Improved Indicators

Home health patients with a hospital admission

Breast cancer deaths

Home health patients without improved mobility

Indicators That Worsened the Most

Children without all recommended vaccines

Hospital 30-day mortality

Drug poisoning deaths

Estimated Impact of State Improvement^c

Top state in the U.S.	Top state in the Mid- Atlantic region	District of Columbia could expect the following gains if performance in the state improved to the top level at these national and regional benchmarks:
4,694	0	more adults and children, beyond those who already gained coverage through the ACA, would be insured
17,017	5,672	fewer adults would skip needed care because of its cost
3,159	0	more adults would receive age- and gender-appropriate cancer screenings
2,024	1,191	more children (ages 19–35 months) would receive all recommended vaccines
482	361	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
4,755	2,902	fewer employer-insured adults and elderly Medicare beneficiaries would seek care in emergency departments for nonemergent or primary-care-treatable conditions

Table 1. State Health System Performance Indicator Data by Dimension

			Best						
	Data	State	U.S.	state	State	Data	State	U.S.	Change over
Dimension and indicator	year	rate	average	rate	ranking	year	rate	average	time ^b
Access & Affordability	2019 Scorecard					Baseline			
Adults ages 19–64 uninsured	2017	5	12	4	2	2013	8	20	No Change
Children ages 0–18 uninsured	2017		5	1		2013	3	8	
Adults age 18 and older without a usual	2017	26	23	12	39	2013	24	24	No Chango
source of care	2017	20	23	12	39	2013		24	No Change
Adults age 18 and older who went without care because of cost in past year	2017	11	14	8	12	2013	11	16	No Change
Individuals under age 65 with high out-of- pocket medical costs relative to their annual household income	2016-17	5	10	5	1	2013-14	8	11	Improved
Employee insurance costs as a share of median income	2017	5.6	6.9	4.8	10	2013	6.2	6.5	Improved
Adults age 18 and older without a dental	2016	14	16	10	13	2012	16	15	Improved
visit in past year	2010				10		Baseline	13	mproved
Prevention & Treatment		20	19 Scoreca	rd					
Adults without all age- and gender- appropriate cancer screenings	2016	25	32	24	2	2012	25	31	No Change
Adults without age-appropriate flu and pneumonia vaccines	2017	62	62	54	29	2013	64	64	No Change
Diabetic adults without an annual	2016		12	5.6		2015		16.9	
hemoglobin A1c test	2010			J.0		2013		10.5	
Elderly patients who received a high-risk prescription drug	2015	11	11	5	27				
Children without a medical home	2017	46	51	39	14	2016	51	51	Improved
Children without age-appropriate medical									
and dental preventive care visits in the past year	2017	21	32	18	2	2016	26	32	Improved
Children who did not receive needed mental health care	2017	11	22	4	15	2016	16	18	Improved
Children ages 19–35 months who did not receive all recommended vaccines	2016	32	29	15	36	2012	27	32	Worsened
Hospital 30-day mortality	2014-17	13.2	13.9	12.8	5	2010-13	12.4	13.2	Worsened
Central line-associated bloodstream									
infections (CLABSI), Standardized Infection Ratio	2016	0.95	0.89	0.36	37	2015	1.16	0.99	Improved
Hospitals with lower-than-average patient experience ratings	2017	100	45	9	50				
Home health patients without improved mobility	2017	24	25	20	13	2013	40	39	Improved
Nursing home residents with an antipsychotic medication	2017	11	15	7	2	2013	16	21	Improved
Adults with any mental illness reporting unmet need	2014-16	26	21	16	50	2009-11	24	21	Worsened
Adults with any mental illness who did not receive treatment	2014-16	58	56	42	39	2009-11	65	59	Improved
									1

Table 1. State Health System Performance Indicator Data by Dimension (continued)

				Doot			`	•	l
Dimension and indicator	Data year	State rate	U.S. average	Best state rate	State ranking	Data year	State rate	U.S. average	Change over
Avoidable Hospital Use & Cost		201	L9 Scoreca	ırd		Baseline			
Hospital admissions for pediatric asthma, per 100,000 children ages 2–17	2015		87.2	21.7		2012		142.9	
Potentially avoidable emergency departme	nt visits								
Ages 18–64, per 1,000 employer-insured enrollees	2016		142.2	115.9		2015		159.0	
Age 65 and older, per 1,000 Medicare beneficiaries	2015	242.2	196.9	138.3	49	2012	247.9	187.8	No Change
Admissions for ambulatory care–sensitive c	onditions								
Ages 18–64, per 1,000 employer-insured enrollees	2016		5.3	5.3		2015		4.6	
Ages 65–74, per 1,000 Medicare beneficiaries	2017	51.6	43.9	21.7	42	2013	52.4	47.7	No Change
30-day hospital readmissions									
Ages 18–64, per 1,000 employer- insured enrollees	2016		3.1	2.4		2015		2.9	
Age 65 and older, per 1,000 Medicare beneficiaries	2017	48.3	41	19.7	47	2013	56	43.5	Improved
Skilled nursing facility patients with a hospital readmission	2016	19	19	11	22	2012		20	
Long-stay nursing home residents hospitalized within a six-month period	2016	19	15	5	39	2012		17	
Home health patients also enrolled in Medicare with a hospital admission	2017	15	16	14	5	2013	18	16	Improved
Adults with inappropriate lower back	2016		68.9	57.7		2015		71.1	
imaging Employer-sponsored insurance spending	2016		\$4,882	\$3,255		2013	\$3,548	\$4,697	
per enrollee Medicare spending per beneficiary	2017	¢0 409	¢0 E24	¢6 10E	29	2012	¢0 001	¢0 001	No Chango
· • • · · · · · · · · · · · · · · · · ·	2017	\$9,408	\$9,534 L9 Scoreca	\$6,195	29	2013	\$8,981	\$9,081	No Change
Healthy Lives		20.	L9 Scoreca	iru			Baseline		
Mortality amenable to health care, deaths per 100,000 population	2014-15	127.9	84.3	54.7	50	2010-11	130.3	85.3	No Change
Breast cancer deaths per 100,000 female population	2017	24.3	19.9	15.6	50	2013	29.8	20.8	Improved
Colorectal cancer deaths per 100,000 population	2017	12.6	12.9	9.3	21	2013	14.3	14.6	Improved
Suicide deaths per 100,000 population	2017	6.6	14	6.6	1	2013	5.7	12.6	No Change
Alcohol-related deaths per 100,000 population	2017	9.3	9.6	5.5	21	2013	9.9	8.2	No Change
Drug poisoning deaths per 100,000 population	2017	44	21.7	8.1	48	2013	15	13.8	Worsened
Infant mortality, deaths per 1,000 live births	2016	7.2	5.9	3.5	39	2012	7.9	6	Improved
Adults who report fair or poor health	2017	9	17	9	1	2013	11	16	Improved
Adults who smoke	2017	14	16	9	5	2013	19	18	Improved
Adults who are obese	2017	23	31	23	1	2013	23	29	No Change
Children who are overweight or obese	2017	36	31	21	45	2016	34	31	No Change
Adults who have lost six or more teeth	2016	6	10	6	1	2012	7	10	No Change

Table 2. State Disparity Indicator Data

		Low-				Low-		
	Data	income		State	Data	income		Change over
Dimension and indicator	year	rate ^d	Disparity ^e	ranking	year	rate ^d	Disparity ^e	time ^f
Disparity		2019	Scorecard			Baseli	ne	
Adults ages 19–64 uninsured	2017	8	-6	3	2013	12	-7	Improved
Children ages 0–18 uninsured	2017				2013			
Adults age 18 and older without a usual source of care	2017	26	-6	13	2013	23	-13	No Change
Adults age 18 and older who went without care because of cost in past year	2017	12	-7	3	2013	15	-11	Improved
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income	2016- 17	20	-19	3	2013- 14	20	-19	No Change
Adults age 18 and older without a dental visit in past year	2016	14	-4	1	2012	17	-6	Improved
Adults without all age- and gender-appropriate cancer screenings	2016	28	-8	15	2012	33	-14	Improved
Adults without age-appropriate flu and pneumonia vaccines	2017	69	-13	50	2013	67	-16	No Change
Children without a medical home	2017	56	-23	23	2016	62	-23	No Change
Children without age-appropriate medical and dental preventive care visits in the past year	2017	25	-3	4	2016	30	-7	Improved
Children ages 19–35 months who did not receive all recommended vaccines	2016	35	-11	26	2012	30	-10	Worsened
Hospital admissions for pediatric asthma, per 100,000 children ages 2–17	2015				2012			
Potentially avoidable emergency department visits, Medicare beneficiaries age 65 and older, per 1,000 beneficiaries	2014	429.7	-259.1	47	2012	448.5	-274.4	Improved
Hospital admissions for ambulatory care—sensitive conditions, Medicare beneficiaries age 65 and older, per 1,000 beneficiaries	2015	109.3	-72.2	44	2012	99.8	-27.8	Worsened
30-day hospital readmissions among, Medicare beneficiaries age 65 and older, per 1,000 beneficiaries	2015	61.2	-35.7	35	2012	104.8	-69.1	Improved
Adults who report fair or poor health	2017	20	-16	2	2013	21	-17	Improved
Adults who smoke	2017	30	-25	49	2013	32	-23	No Change
Adults who are obese	2017	45	-27	51	2013	42	-24	Worsened
Adults who have lost six or more teeth	2016	12	-9	9	2012	17	-14	Improved

Notes

(a) The 2019 Scorecard rankings generally reflect 2017 data. The 2019 Scorecard added or revised several performance measures since the May 2018 Scorecard report; rankings are not comparable between reports. Rank change from the baseline period represents states' rank difference from the baseline data year (generally 2012 or 2013). Positive values represent an improvement in rank; negative values are a worsening in rank.

- (d) Rates are for states' low income population, generally those whose household income is under 200% FPL.
- (e) Disparity is the difference between the states' low-income and higher-income (400%+ FPL) populations.
- (f) Improvement indicates that the low-income rate improved and the disparity between low- and higher-income populations narrowed; worsening indicates the low-income rate worsened and the disparity between low- and higher-income populations widened.

⁽b) Trend data available for 45 of 47 total Scorecard indicators. Improved/worsened denotes a change of at least one half (0.5) standard deviation 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 standard deviation.

⁽c) Estimated impact if this state's performance improved to the rate of two benchmark levels — a national benchmark set at the level of the best-performing state and a regional benchmark set at the level of the top-performing state in region (www.bea.gov: Great Lakes, Mid-Atlantic, New England, Plains, Rocky Mountains, Southeast, Southwest, West). Benchmark states have an estimated impact of zero (0). Equivalent estimated impact based on national and regional benchmarks indicate that the best observed rate in the region was equal to the best observed rate nationally.