



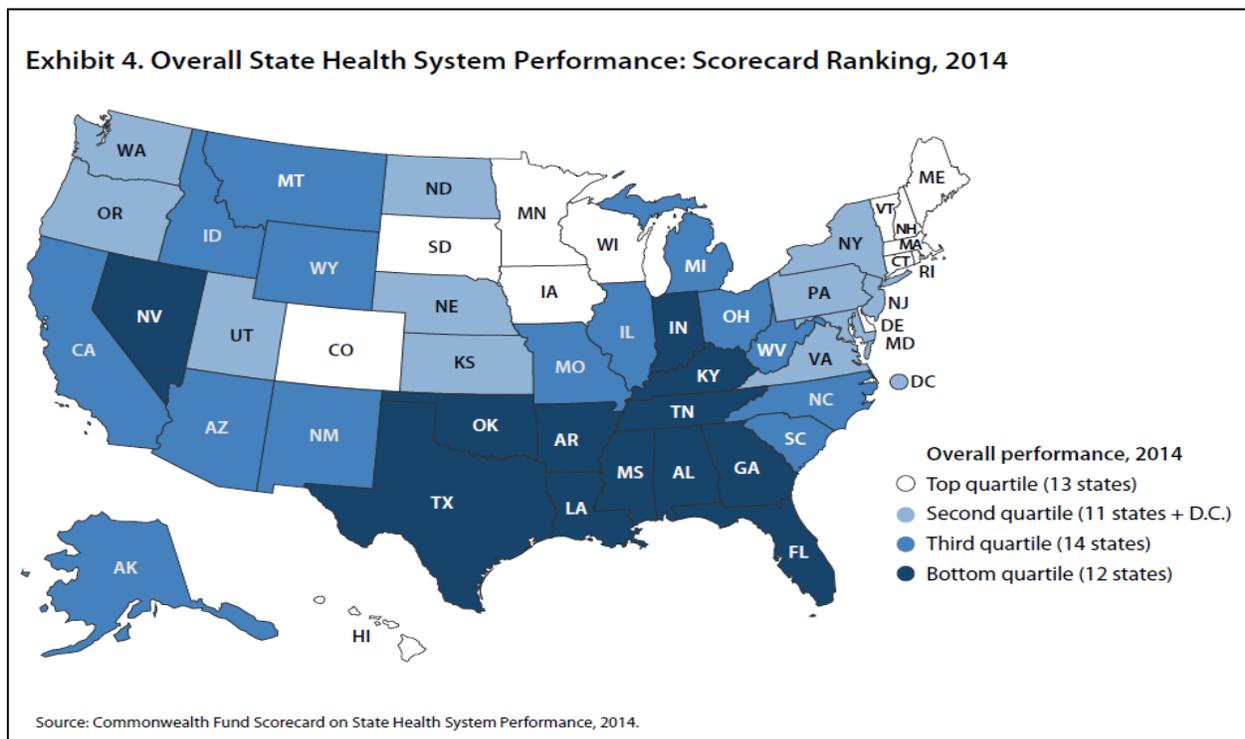
Wisconsin Ranked Among Top States for Health Care System Performance

Background

Wisconsin hospitals and other providers continue to aggressively pursue high quality care. That pursuit was recognized, yet again, in a recently released study from *The Commonwealth Fund*, a health policy foundation based in New York City. That study ranked Wisconsin among the top states in the nation in health system performance.

Commonwealth Fund: A Scorecard on State Health Systems Performance

The Commonwealth Fund’s report, *Aiming Higher: Scorecard on State Health System Performance, 2014*, assesses states on 42 indicators of health care access, quality, costs, and outcomes over the 2007–2012 period, which includes the Great Recession and precedes the major coverage expansions of the Affordable Care Act. (Radley, D. et al. 2014).



The study can be accessed at: http://www.commonwealthfund.org/~media/files/publications/fund-report/2014/apr/1743_radley_aiming_higher_2014_state_scorecard_corrected_62314.pdf

The *Scorecard* tracks measures in four key dimensions: access and affordability; treatment and prevention; avoidable hospital use and cost; and healthy lives. **Across multiple dimensions, multiple measures and multiple years, Wisconsin continues to rank in the top quartile of the nation.**

The report indicates there is still “widespread geographic variations in health system performance, providing benchmarks and illustrating opportunities to do better” (2014, p.3). In fact the report states there were “two-to-eightfold gaps between leading and lagging states on multiple indicators of health care access, quality, prevention, costs and outcomes,” (2014, p. 13).

The following chart includes how much the country would save in costs and have overall better health if all states achieved the benchmarks set by top-performing states, like Wisconsin.

Appendix Exhibit A2. National Cumulative Impact if All States Achieved Top State Rate

Indicator		If all states improved their performance to the level of the best-performing state for this indicator, then:
Insured Adults	30,229,859	more adults (ages 18–64) would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed.
Insured Children	5,486,872	more children (ages 0–17) would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed.
High Out-of-Pocket Medical Spending	13,197,478	fewer individuals would be burdened by high out-of-pocket spending on medical care.
Went Without Care Because of Cost	18,777,552	fewer adults (age 18 and older) would go without needed health care because of cost.
Adult Usual Source of Care	25,819,134	more adults (age 18 and older) would have a usual source of care to help ensure that care is coordinated and accessible when needed.
Older Adult Preventive Care	10,184,954	more adults (age 50 and older) would receive recommended preventive care, such as colon cancer screenings, mammograms, pap smears, and flu shots at appropriate ages.
Children with a Medical Home	11,116,179	more children (ages 0–17) would have a medical home to help ensure that care is coordinated and accessible when needed.
Children with Preventive Medical and Dental Visits	9,634,022	more children (ages 0–17) would receive annual preventive medical and dental care visits each year.
Medicare Received a High-Risk Drug	1,052,042	fewer Medicare beneficiaries would receive an inappropriately prescribed medication.
Preventable Hospital Admissions Among Children	77,072	fewer children ages 2 to 17 would be hospitalized for asthma exacerbations.
Hospital Readmissions	191,527	fewer hospital readmissions would occur among Medicare beneficiaries (age 65 and older).
Hospitalizations of Nursing Home Residents	118,521	fewer long-stay nursing home residents would be hospitalized.
Potentially Avoidable Emergency Department Visits	1,488,131	fewer emergency department visits for nonemergent or primary care–treatable conditions would occur among Medicare beneficiaries.
Mortality Amenable to Health Care	84,777	fewer premature deaths (before age 75) might occur from causes that are potentially treatable or preventable with timely and appropriate health care.
Breast Cancer Deaths	11,509	fewer women might lose their lives fighting breast cancer.
Colon Cancer Deaths	11,735	fewer individuals might die from colon cancer.
Suicides	16,059	fewer individuals might take their own lives.
Infant Mortality	7,435	more infants might live to see their first birthday.
Adults Who Smoke	21,124,746	fewer adults would smoke, reducing their risk of lung and heart disease.
Adults Who Are Obese	13,524,885	fewer adults would be obese, with body weights that increase their risk for disease and long-term complications.
Children Who Are Overweight or Obese	3,022,371	fewer children (ages 10–17) would be overweight or obese, thus reducing the potential for poor health as they transition into adulthood.
Adults with Tooth Loss	9,660,632	fewer adults (ages 18–64) would have lost six or more teeth to decay, infection, or gum disease.

Source: Commonwealth Fund Scorecard on State Health System Performance, 2014.

WHA Position

Wisconsin hospitals and health systems have demonstrated commitment to pursuing higher quality and cost efficient care for years. That is why WHA is concerned by Congressional policies – whether those be cost or quality related -- that would work to disadvantage high performing states like ours. **While there is always room for improvement, this report is the latest confirmation that Wisconsin hospitals’ strong commitment to performance measurement, public reporting, and collaborative improvement is continue to drive our state’s high “value” status. We encourage Congress to recognize the work we have done as it develops health care policies moving forward.**