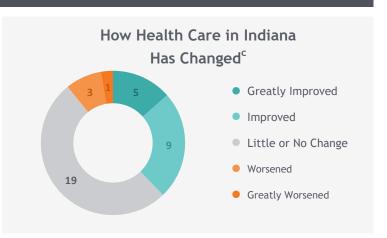
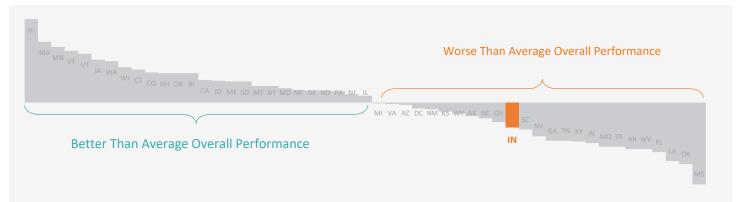
# **Indiana**



## **Ranking Highlights**

	2018 Rank <sup>a</sup>	Change <sup>b</sup>
Overall	37	+2
Access & Affordability	28	+1
Prevention & Treatment	35	+3
Avoidable Use & Cost	37	+2
Healthy Lives	41	0
Disparity	38	+8





#### **Top Ranked Indicators**

Employee insurance costs as a share of median income

Hospital patients discharged without instructions

Hospital admissions for pediatric asthma

#### **Bottom Ranked Indicators**

Preventable hospitalizations, ages 18-64

Adults without all recommended cancer screenings

Mentally ill adults reporting unmet need

### **Most Improved Indicators**

Home health patients without improved mobility

Nursing home residents with an antipsychotic drug

Uninsured adults

#### **Indicators That Worsened the Most**

Mentally ill adults reporting unmet need

Suicide, alcohol, and drug use deaths

Hospital 30-day mortality

Estimated Impact of State Improvement <sup>d</sup>							
Top State in the U.S.	Top State in the Midwest	Indiana could expect the following gains if performance in the state improved to the top level at these national and regional benchmarks:					
294,604	245,503	fewer adults would skip needed care because of its cost					
355,505	260,408	more adults would receive age- and gender-appropriate cancer screenings					
20,061	14,354	more children (ages 19–35 months) would receive all recommended vaccines					
27,296	27,296	fewer Medicare beneficiaries would receive an unsafe medication					
2,294	2,294	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care					
177,278	157,086	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

	Data	State	U.S.	Best state	State	Data	State	U.S.	Change over
Dimension and indicator	year	rate	average	rate	ranking	year	rate	average	time (e)
Access & Affordability		20	18 Scoreca	rd			Baseline		
Adults ages 19–64 uninsured	2016	11	12	4	25	2013	19	20	Improved
Children ages 0–18 uninsured	2016	6	5	1	36	2013	9	8	Improved
Adults without a usual source of care	2016	18	22	11	16	2013	20	24	No Change
Adults who went without care because of cost	2016	13	13	7	30	2013	16	16	Improved
Individuals with high out-of-pocket medical spending	2015-16	15	14	9	31	2013-14	16	15	No Change
Employee health insurance contributions as a share of median income	2016	5	6	4	3	2013	6	6	Improved
Adults without a dental visit in past year	2016	16	16	10	31	2012	15	15	No Change
Prevention & Treatment		20	18 Scoreca	rd		Baseline			
Adults without all age- and gender- appropriate cancer screenings	2016	37	32	24	45	2012	37	31	No Change
Adults without all age-appropriate recommended vaccines	2016	64	63	54	30	2013	67	64	Improved
Diabetic adults ages 18–64 without a hemoglobin A1c test	2015	18	17	11	30				
Medicare beneficiaries received a high-risk drug	2014	13	13	7	31	2012	17	17	Improved
Children without all components of a medical home	2016	47	51	40	16				
Children without both a medical and dental preventive care visit in the past year	2016	32	32	20	26				
Children who did not receive needed mental health treatment	2016	18	18	5	31				<del></del>
Children ages 19–35 months who did not receive all recommended vaccines	2016	31	29	15	33	2013	31	30	No Change
Hospital 30-day mortality	2013 - 2016	14.3	14.1	13	25	2010 - 2013	13.4	13.2	Worsened
Central line-associated blood stream infection (CLABSI)	2015	1.12	0.99	0.32	42				
Hospital patients discharged without instructions for home recovery	2016	11	13	9	7	2013	13	14	Improved
Hospital patients who did not receive patient-centered care	2016	31	32	27	20	2013	31	32	No Change
Home health patients who did not get better at walking or moving around	2016	30	29	23	29	2013	41	39	Improved
Nursing home residents with an antipsychotic medication	2016	16	16	8	19	2013	21	21	Improved
Adults with any mental illness reporting unmet need	2013- 2015	25	20	14	47	2009- 2011	23	21	Worsened
Adults with any mental illness who did not receive treatment	2013- 2015	55	56	41	27	2009- 2011	57	59	No Change

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

Disconsists and indicator	Data	State	U.S.	Best state	State	Data	State	U.S.	Change over time (e)
Dimension and indicator  Avoidable Hospital Use & Cost	year	rate 201	average 18 Scoreca	rate	ranking	year	rate Baseline	average	time (e)
Hospital admissions for pediatric asthma,	2211	2014 90 100 22				2212			
per 100,000 children	2014	89	106	22	15	2012	102	143	No Change
Potentially avoidable emergency departmen									
Ages 18–64, per 1,000 employer- insured enrollees	2015	171	159	130	42				
Age 65 and older, per 1,000 Medicare beneficiaries	2015	210	197	138	42	2012	200	188	No Change
Admissions for ambulatory care–sensitive co	onditions								
Ages 18–64, per 1,000 employer- insured enrollees	2015	6	5	3	45				
Ages 65–74, per 1,000 Medicare beneficiaries	2015	31	26	14	45	2012	35	29	Improved
Age 75 and older, per 1,000 Medicare beneficiaries	2015	72	66	33	45	2012	77	70	No Change
30-day hospital readmissions									
Ages 18–64, per 1,000 employer- insured enrollees	2015	3.13	2.9	1.2	34				
Age 65 and older, per 1,000 Medicare beneficiaries	2015	43	42	21	34	2012	51	49	Improved
Short-stay nursing home residents with a 30-day readmission to the hospital	2014	18	19	11	19	2012	20	20	Improved
Long-stay nursing home residents with a hospital admission	2014	17	16	5	30	2012	19	17	No Change
Home health patients with a hospital admission	2016	16.6	16.4	14	25	2013	16	16	Worsened
Adults ages 18–50 with low back pain who had an imaging study at diagnosis	2015	32	29	16	29				
Total employer-sponsored insurance spending per enrollee	2015	\$5,317	\$4,736	\$3,347	40	2013	\$4,955	\$4,697	No Change
Total Medicare (Parts A & B) reimbursements per enrollee	2015	\$9,291	\$9,025	\$5,586	39	2012	\$9,045	\$8,854	No Change
Healthy Lives		201	18 Scoreca	rd					
Mortality amenable to health care, deaths per 100,000 population	2014-15	92.2	84.3	54.7	34	2012-13	91	83.7	No Change
Breast cancer deaths per 100,000 female population	2016	20.7	20.1	13.6	29	2013	21.8	20.8	Improved
Colorectal cancer deaths per 100,000 population	2016	13.6	13.1	10.1	29	2013	15.4	14.6	Improved
Deaths from suicide, alcohol, and drug use per 100,000 population	2016	50.1	43.2	28.5	33	2013	40.2	35.6	Worsened
Infant mortality, deaths per 1,000 births	2015	7.3	5.9	4.1	41	2012	6.7	6	No Change
Adults who report fair/poor health	2016	17	16	10	34	2013	16	16	No Change
Adults who smoke	2016	21	16	9	42	2013	22	18	No Change
Adults who are obese	2016	33	30	22	38	2013	32	29	No Change
Children who are overweight or obese	2016	34	31	19	38				
Adults who have lost six or more teeth	2016	12	10	6	35	2012	13	10	No Change

**Table 2. State Disparity Indicator Data** 

Dimension and indicator	Data year	Low- income rate (f)	Disparity (g)	State ranking	Data year	Low- income rate (f)	Disparity (g)	Change over time (h)
Disparity		2018	3 Scorecard		Baseline			
Adults ages 19–64 uninsured	2016	21	-17	27	2013	37	-31	Improved
Children ages 0–18 uninsured	2016	8	-6	41	2013	13	-10	Improved
Adults without a usual source of care	2016	24	-11	31	2013	25	-13	Improved
Adults who went without care because of cost	2016	23	-17	33	2013	31	-26	Improved
Adults without a dental visit in past year	2016	25	-15	39	2012	25	-17	Improved
Adults without all age- and gender-appropriate cancer screenings	2016	42	-14	39	2012	43	-15	Improved
Adults without all age-appropriate recommended vaccines	2016	69	-9	27	2013	71	-9	No Change
Children without all components of a medical home	2016	60	-25	29				
Children without both a medical and dental preventive care visit in the past year	2016	35	-15	33				
Children ages 19–35 months who did not receive all recommended vaccines	2016	30	-6	13	2013	36	-4	No Change
Medicare beneficiaries received a high-risk drug	2014	18	-6	36	2012	24	-9	Improved
Hospital admissions for pediatric asthma, per 100,000 children	2014	172	-127	25	2012	188	-132	Improved
Admissions for ambulatory care—sensitive conditions, Medicare duals age 65 and older, per 1,000 beneficiaries	2015	112	-65	35	2012	120	-58	No Change
30-day hospital readmissions, Medicare dual eligibles age 65 and older, per 1,000 beneficiaries	2015	69	-40	42	2012	86	-48	Improved
Potentially avoidable ED visits, Medicare dual eligibles age 65 and older, per 1,000 beneficiaries	2015	408	-223	33	2012	376	-197	Worsened
Adults who smoke	2016	31	-18	35	2013	33	-20	Improved
Adults who are obese	2016	38	-5	8	2013	38	-9	Improved
Adults who have lost six or more teeth	2016	21	-15	29	2012	22	-16	Improved
Adults who report fair/poor health	2016	29	-21	21	2013	30	-22	Improved

Notes. (a) The 2018 Scorecard rankings reflect 2015 or 2016 data. The 2018 Scorecard added or revised several performance measures since the March 2017 Scorecard report; rankings are not comparable between reports. (b) Change 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. (c) Trend data available for 37 of 43 total Scorecard indicators. Greatly improved/worsened denotes a change of at least one full (1.0) standard deviation larger than the indicator's distribution among all states over the two time points; improved/worsened denotes a change of at least one-half (0.5) standard deviation. No change denotes no change in rate or a change of less than one-half standard deviation. (d) 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 same census region (Midwest, Northeast, South, or 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. Impact based on national and regional benchmarks should not be interpreted as cumulative. (e) Change (improvement or worsening) refers to a change between the baseline and current time periods of at least 0.5 standard deviations. (f) Rates are for the states' low income population, generally those whose household income is under 200% FPL. (g) Disparity is the difference between the states' low-income and higher-income (400%+ FPL) populations. (h) 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.