

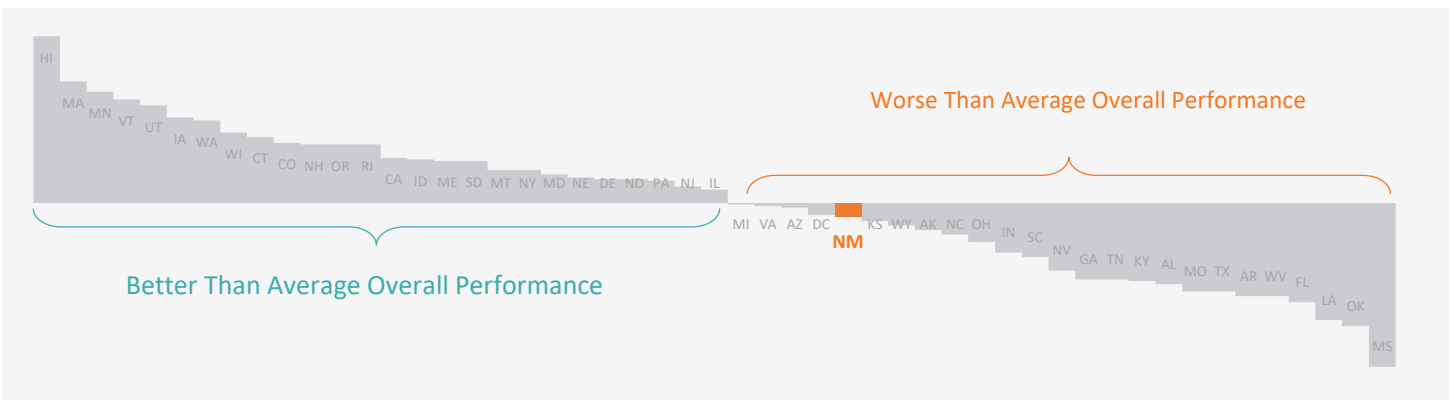
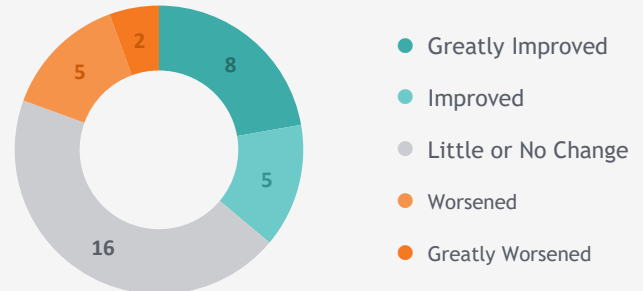
# New Mexico



## Ranking Highlights

	2018 Rank <sup>a</sup>	Change <sup>b</sup>
Overall	31	0
Access & Affordability	44	+1
Prevention & Treatment	42	-1
Avoidable Use & Cost	15	-6
Healthy Lives	29	+3
Disparity	8	-4

## How Health Care in New Mexico Has Changed<sup>c</sup>



### Top Ranked Indicators

Preventable hospitalizations, ages 18–64

Medicare spending per beneficiary

Children who did not receive needed mental health care

### Bottom Ranked Indicators

Adults without all recommended cancer screenings

Employee insurance costs as a share of median income

Suicide, alcohol, and drug use deaths

### Most Improved Indicators

Uninsured adults

Mentally ill adults reporting unmet need

Home health patients without improved mobility

### Indicators That Worsened the Most

Suicide, alcohol, and drug use deaths

Breast cancer deaths

Hospital 30-day mortality

## Estimated Impact of State Improvement<sup>d</sup>

Top State in the U.S.	Top State in the West	New Mexico could expect the following gains if performance in the state improved to the top level at these national and regional benchmarks:
93,114	93,114	fewer adults would skip needed care because of its cost
141,882	122,994	more adults would receive age- and gender-appropriate cancer screenings
6,600	3,106	more children (ages 19–35 months) would receive all recommended vaccines
5,767	3,845	fewer Medicare beneficiaries would receive an unsafe medication
490	374	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
23,291	23,291	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**

Dimension and indicator	Data year	State rate	U.S. average	Best state rate	State ranking	Data year	State rate	U.S. average	Change over time (e)
Access & Affordability						2018 Scorecard			Baseline
Adults ages 19–64 uninsured	2016	13	12	4	35	2013	28	20	Improved
Children ages 0–18 uninsured	2016	6	5	1	36	2013	9	8	Improved
Adults without a usual source of care	2016	30	22	11	47	2013	31	24	No Change
Adults who went without care because of cost	2016	13	13	7	30	2013	18	16	Improved
Individuals with high out-of-pocket medical spending	2015-16	14	14	9	24	2013-14	16	15	Improved
Employee health insurance contributions as a share of median income	2016	8	6	4	48	2013	7	6	Worsened
Adults without a dental visit in past year	2016	19	16	10	48	2012	18	15	No Change
Prevention & Treatment						2018 Scorecard			Baseline
Adults without all age- and gender-appropriate cancer screenings	2016	40	32	24	48	2012	37	31	Worsened
Adults without all age-appropriate recommended vaccines	2016	62	63	54	21	2013	64	64	No Change
Diabetic adults ages 18–64 without a hemoglobin A1c test	2015	20	17	11	41	--	--	--	--
Medicare beneficiaries received a high-risk drug	2014	13	13	7	31	2012	18	17	Improved
Children without all components of a medical home	2016	55	51	40	45	--	--	--	--
Children without both a medical and dental preventive care visit in the past year	2016	28	32	20	13	--	--	--	--
Children who did not receive needed mental health treatment	2016	9	18	5	6	--	--	--	--
Children ages 19–35 months who did not receive all recommended vaccines	2016	32	29	15	36	2013	34	30	No Change
Hospital 30-day mortality	2013 - 2016	14.5	14.1	13	31	2010 - 2013	13.3	13.2	Worsened
Central line-associated blood stream infection (CLABSI)	2015	1	0.99	0.32	29	--	--	--	--
Hospital patients discharged without instructions for home recovery	2016	15	13	9	43	2013	16	14	No Change
Hospital patients who did not receive patient-centered care	2016	34	32	27	40	2013	34	32	No Change
Home health patients who did not get better at walking or moving around	2016	32	29	23	39	2013	41	39	Improved
Nursing home residents with an antipsychotic medication	2016	17	16	8	30	2013	19	21	Improved
Adults with any mental illness reporting unmet need	2013-2015	18	20	14	6	2009-2011	25	21	Improved
Adults with any mental illness who did not receive treatment	2013-2015	57	56	41	34	2009-2011	55	59	No Change

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

Dimension and indicator	Data year	State rate	U.S. average	Best state rate	State ranking	Data year	State rate	U.S. average	Change over time (e)
<b>Avoidable Hospital Use &amp; Cost</b>	<b>2018 Scorecard</b>					<b>Baseline</b>			
Hospital admissions for pediatric asthma, per 100,000 children	2014	166	106	22	38	2012	--	143	--
Potentially avoidable emergency department visits									
Ages 18–64, per 1,000 employer-insured enrollees	2015	149	159	130	18	--	--	--	--
Age 65 and older, per 1,000 Medicare beneficiaries	2015	193	197	138	18	2012	170	188	Worsened
Admissions for ambulatory care–sensitive conditions									
Ages 18–64, per 1,000 employer-insured enrollees	2015	4	5	3	9	--	--	--	--
Ages 65–74, per 1,000 Medicare beneficiaries	2015	19	26	14	9	2012	23	29	Improved
Age 75 and older, per 1,000 Medicare beneficiaries	2015	51	66	33	9	2012	59	70	Improved
30-day hospital readmissions									
Ages 18–64, per 1,000 employer-insured enrollees	2015	2.92	2.9	1.2	14	--	--	--	--
Age 65 and older, per 1,000 Medicare beneficiaries	2015	30	42	21	14	2012	33	49	No Change
Short-stay nursing home residents with a 30-day readmission to the hospital	2014	18	19	11	19	2012	18	20	No Change
Long-stay nursing home residents with a hospital admission	2014	15	16	5	22	2012	13	17	No Change
Home health patients with a hospital admission	2016	15.3	16.4	14	8	2013	15	16	No Change
Adults ages 18–50 with low back pain who had an imaging study at diagnosis	2015	26	29	16	16	--	--	--	--
Total employer-sponsored insurance spending per enrollee	2015	\$4,716	\$4,736	\$3,347	25	2013	\$4,407	\$4,697	No Change
Total Medicare (Parts A & B) reimbursements per enrollee	2015	\$7,183	\$9,025	\$5,586	5	2012	\$6,791	\$8,854	No Change
<b>Healthy Lives</b>	<b>2018 Scorecard</b>					<b>Baseline</b>			
Mortality amenable to health care, deaths per 100,000 population	2014-15	80	84.3	54.7	26	2012-13	78.6	83.7	No Change
Breast cancer deaths per 100,000 female population	2016	20.3	20.1	13.6	25	2013	17.3	20.8	Worsened
Colorectal cancer deaths per 100,000 population	2016	12.2	13.1	10.1	14	2013	14.5	14.6	Improved
Deaths from suicide, alcohol, and drug use per 100,000 population	2016	72.2	43.2	28.5	50	2013	61.8	35.6	Worsened
Infant mortality, deaths per 1,000 births	2015	5.1	5.9	4.1	13	2012	6.8	6	Improved
Adults who report fair/poor health	2016	19	16	10	44	2013	19	16	No Change
Adults who smoke	2016	16	16	9	18	2013	19	18	Improved
Adults who are obese	2016	30	30	22	21	2013	28	29	Worsened
Children who are overweight or obese	2016	25	31	19	6	--	--	--	--
Adults who have lost six or more teeth	2016	10	10	6	24	2012	10	10	No Change

## Table 2. State Disparity Indicator Data

Dimension and indicator	Data year	Low-income	Disparity (g)	State ranking	Data year	Low-income	Disparity (g)	Change over time (h)
		rate (f)				rate (f)		
Disparity	2018 Scorecard				Baseline			
Adults ages 19–64 uninsured	2016	20	-15	20	2013	43	-34	Improved
Children ages 0–18 uninsured	2016	6	-3	13	2013	11	-3	No Change
Adults without a usual source of care	2016	37	-14	41	2013	39	-21	Improved
Adults who went without care because of cost	2016	19	-13	18	2013	28	-21	Improved
Adults without a dental visit in past year	2016	24	-13	24	2012	24	-14	Improved
Adults without all age- and gender-appropriate cancer screenings	2016	39	-6	5	2012	37	-6	No Change
Adults without all age-appropriate recommended vaccines	2016	65	-10	32	2013	65	-3	Worsened
Children without all components of a medical home	2016	66	-26	31	--	--	--	--
Children without both a medical and dental preventive care visit in the past year	2016	32	-15	33	--	--	--	--
Children ages 19–35 months who did not receive all recommended vaccines	2016	35	-14	33	2013	33	9	Worsened
Medicare beneficiaries received a high-risk drug	2014	14	-1	3	2012	18	0	No Change
Hospital admissions for pediatric asthma, per 100,000 children	2014	141	-74	9	2012	--	--	--
Admissions for ambulatory care–sensitive conditions, Medicare duals age 65 and older, per 1,000 beneficiaries	2015	63	-34	5	2012	74	-29	No Change
30-day hospital readmissions, Medicare dual eligibles age 65 and older, per 1,000 beneficiaries	2015	40	-19	9	2012	50	-24	Improved
Potentially avoidable ED visits, Medicare dual eligibles age 65 and older, per 1,000 beneficiaries	2015	348	-181	20	2012	299	-154	Worsened
Adults who smoke	2016	22	-12	12	2013	23	-11	No Change
Adults who are obese	2016	32	-5	8	2013	32	-10	Improved
Adults who have lost six or more teeth	2016	11	-7	4	2012	13	-8	Improved
Adults who report fair/poor health	2016	27	-20	18	2013	28	-19	No Change

**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.