



2007 State Snapshots Based on data collected for the *2007 National Healthcare Quality Report (NHQR)*

Connecticut

This document contains information available on the Web site of the Agency for Healthcare Research and Quality (<http://statesnapshots.ahrq.gov/snaps07/>), as of April 29, 2008.

This document is provided to facilitate information sharing when computers are not convenient, such as in group meetings. The information is organized in a way that is primarily intended to be accessed via the Internet using the Web-based tool.

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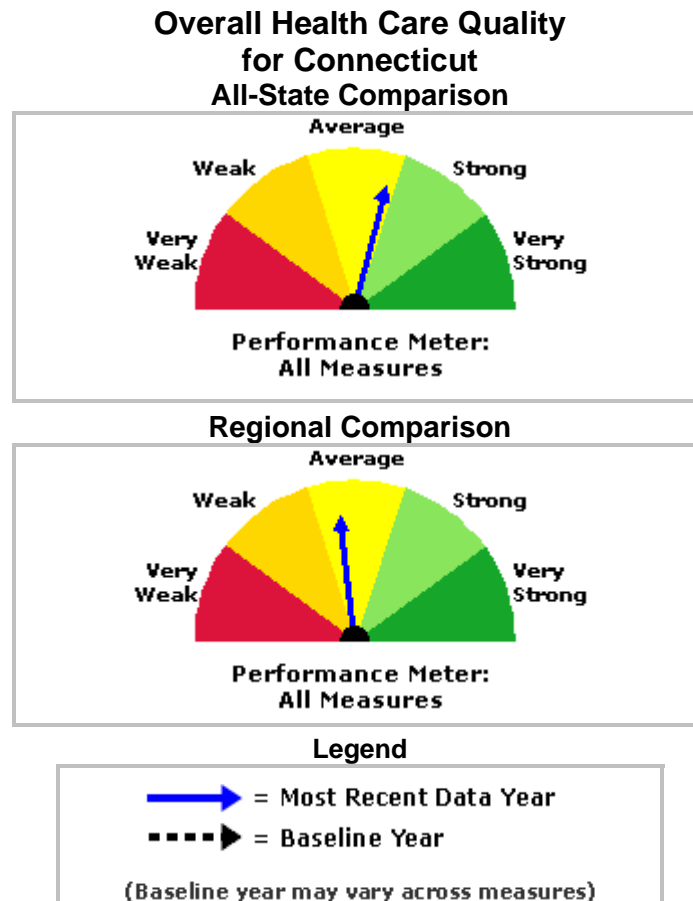
Executive Summary

The 2007 State Snapshots provide State-specific health care quality information including strengths, weaknesses, and opportunities for improvement. The goal is to help State officials and their partners better understand health care quality and disparities in their State.

The overall health care quality for Connecticut is shown on the two meters below as a composite of all 93 measures reported in the 2007 National Healthcare Quality Report for Connecticut. The first meter shows the State's position relative to the quality of health care across all States reporting such data in the Nation. The second meter shows the same compared only to States in the same region of the country. (Most measures are reported by all States.) The next page shows a dashboard summary of Connecticut's performance, compared to all States reporting, on subsets of the measures related to types of care, settings of care, and clinical areas. Following the dashboard is a list of Connecticut's strongest and weakest measures.

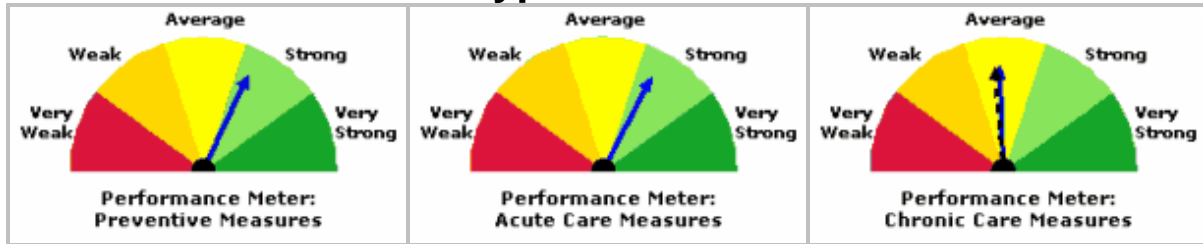
The meter represents a State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. An arrow between those represents the State's mix of measures in the below, at, and above average categories. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Compared to all States, for the most recent data year, the performance for Connecticut for all measures is in the average range. Performance for the baseline year is not available because of insufficient data.

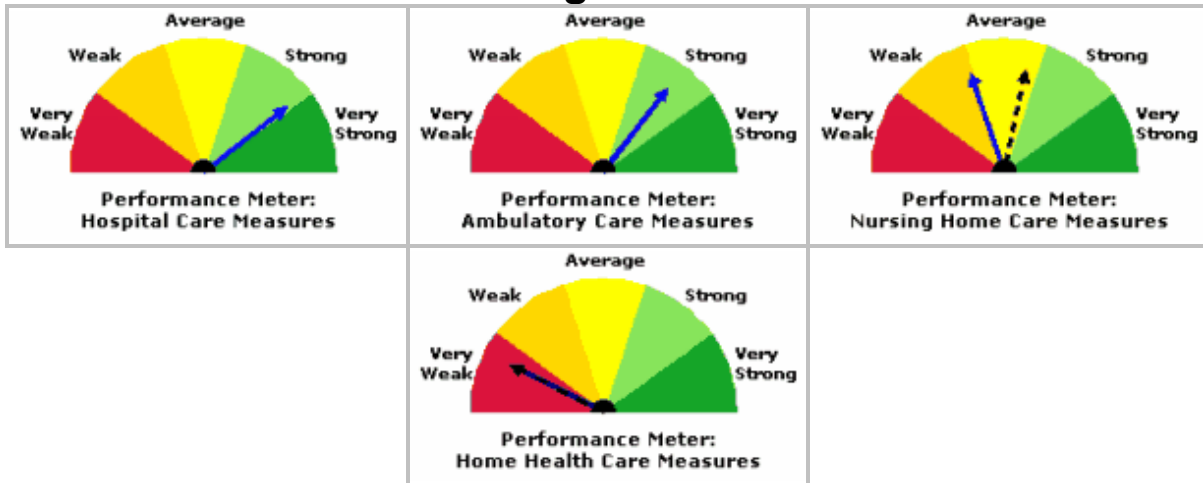


Connecticut's Dashboard on Health Care Quality Compared to All States

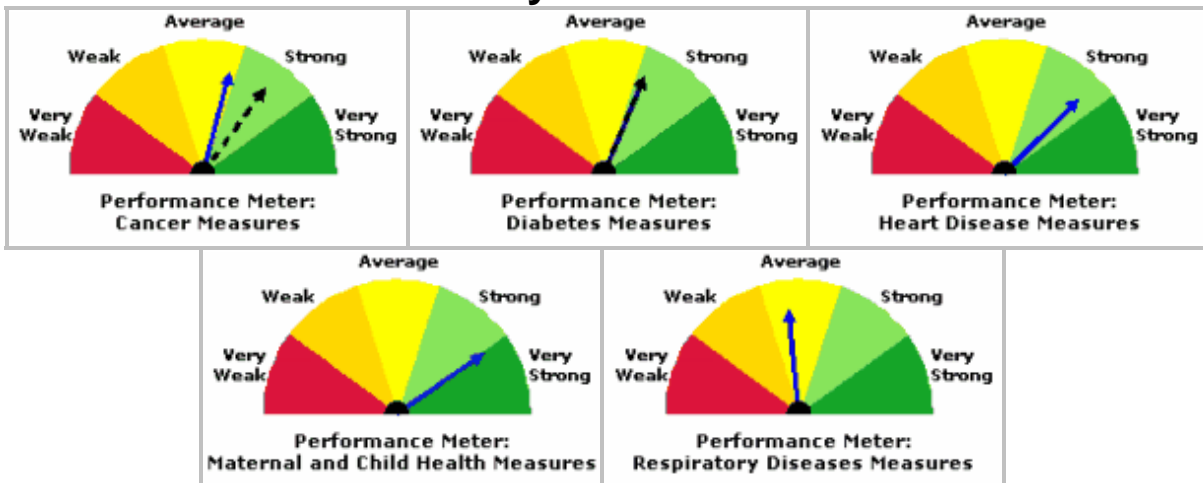
Types of Care



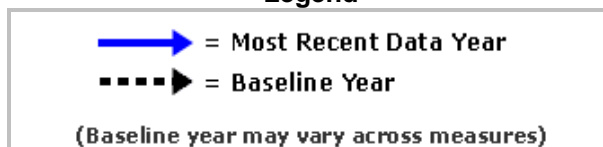
Settings of Care



Care by Clinical Area



Legend



Strongest and Weakest Measures

Connecticut's Strongest Measures

Strongest Measures are those in which the State performed above the all-State average and are strongest among their measures relative to all reporting States. This State may be leading the way in quality in these measures.

Note: The best result for each measure can be either the highest or lowest value. The direction representing best is noted in the "Best" column.

Measure Short Name	Measure Long Name	Best
Heart failure – evaluation of ejection fraction test in hospital	Percent of heart failure patients having evaluation of left ventricular ejection fraction in hospital, all payers	highest
Inpatient surgery – appropriate antibiotic timing	Percent of adult surgery patients who received appropriate timing of antibiotics, all payers	highest
Inpatient surgery – antibiotics stopped within 24 hours	Percent of adult surgery patients who had prophylactic antibiotics discontinued within 24 hours after surgery end time, all payers	highest
Best rating for care – adults on Medicare managed care	Percent of adults age 18 and over with an ambulatory visit in the last 12 months and giving a best rating for health care received, Medicare managed care	highest
Infant deaths – low birth weight	Infant deaths per 1,000 live births, birthweight 1,500-2,499 grams	lowest

Connecticut's Weakest Measures

Weakest Measures are those in which the State performed below the all-State average and are weakest among their measures relative to all reporting States. These measures highlight some of the opportunities for improvement.

Note: The best result for each measure can be either the highest or lowest value. The direction representing best is noted in the "Best" column.

Measure Short Name	Measure Long Name	Best
Pneumonia vaccine ever – high-risk, age 18-64	Percent of high-risk persons age 18-64 who ever received a pneumococcal vaccination	highest
Home health care – plus urgent care	Percent of home health care patients who needed urgent, unplanned medical care	lowest
Home health care – hospitalization	Percent of home health care patients who had to be admitted to the hospital	lowest
Home health care – home after Home health care	Percent of home health care patients who stay home after home health care ends	highest
Home health care – improved oral drug management	Percent of home health care patients who get better at taking their medicines correctly (by mouth)	highest
Home health care – improved bathing	Percent of home health care patients who get better at bathing	highest

States' specific performances on each of these measures are available in the All-State Data Table for All Measures page on the State Snapshots Web site:

<http://statesnapshots.ahrq.gov/snaps07/>.

The detailed remaining pages of this report contain more information: regional comparisons for each summary measure; individual measures behind the summaries, with benchmarks; a focus on diabetes with its disparities in treatment and excess cost for your State; a focus on Healthy People 2010, with your State's performance on 24 Healthy People 2010 measures; a clinical preventive services summary measure; and contextual factors, which may aid in interpreting your State's performance meters. To find these, use the Table of Contents.



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Introduction

The State Snapshots provide State-specific health care quality information including strengths, weaknesses, and opportunities for improvement. The goal is to help State officials and their public- and private-sector partners better understand health care quality and disparities in their State.

The State-level information comes from data collected for the *National Healthcare Quality Report* (NHQR). The Agency for Healthcare Research and Quality (AHRQ) produces the NHQR annually to monitor improvements in health care quality across the country and to provide benchmarks against which improvement can be measured.

The 2007 State Snapshots Web site (<http://statesnapshots.ahrq.gov/snaps07/>) allows States to access their snapshots interactively at any time and compare their performance to other States. This downloadable PDF report is available through the State Snapshots Web site so information for one State can be saved and printed to share during meetings internally with staff or externally with quality improvement partners.

Performance Measures

The State Snapshots features summary measures of quality of care and each States' performances relative to all States and the region. Summary measures are grouped into:

- Types of care (preventive, acute, and chronic)
- Settings of care (hospitals, ambulatory care, nursing home, and home health)
- Five specific conditions (cancer, diabetes, heart disease, maternal and child health, and respiratory diseases care)
- Overall health care quality
- Clinical preventive services

Interpretation of Results

The Interpretation of Results section at the end of this report provides background information on what to consider in using results from the State Snapshots: what the performance measures mean, original data sources used, and factors that might affect performance rates.

Methods

The Methods section provides information on how each component of the State Snapshots Web site, from which this report was derived, was developed, including how summary measures were developed, scored, and presented. It includes a list (Appendix I) of individual measures behind the summary measures.

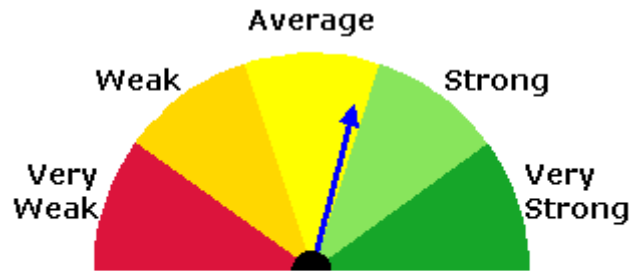
Technical Assistance and User's Guide

Visitors to the 2007 State Snapshots Web site (<http://statesnapshots.ahrq.gov/snaps07/>) can find assistance on the Step-by-Step User's Guide and Technical Assistance pages.

Overall Health Care Quality

What Is the Overall Health Care Quality Performance Compared to

All States?

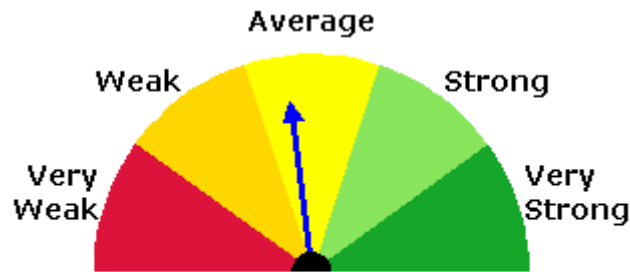


Performance Meter:
All Measures

Compared to all States, for the most recent data year, the performance for Connecticut for all measures is in the average range. Performance for the baseline year is not available because of insufficient data.

What Is the Overall Health Care Quality Performance Compared to


New England States?



Performance Meter:
All Measures

Compared to the New England States, for the most recent data year, the performance for Connecticut for all measures is in the average range. Performance for the baseline year is not available because of insufficient data.

Legend

-  = Most Recent Data Year
-  = Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Overall Health Care

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Overall Health Care
CT	58.06

Best Performing States	Meter Score for Overall Health Care
MN	66.96
WI	66.04
ND	64.02
IA	62.39
NE	62.26

Percentile Range Across States	Meter Score for Overall Health Care
75th Percentile	58.06
50th Percentile	49.07
25th Percentile	40.23

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Overall Health Care Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average =The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	35	16	1445	116
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	38	52	2117	365
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	20	23	1656	115
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	33	35	1208	160
Total number of measures for the State (excluding measures that are N/A)	93	91	5218	596

Connecticut State Snapshot 2007

For "Overall Health Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
¹ These all-State averages are calculated consistently across all measures and differ slightly from the national averages in the National Healthcare Quality Report. For more information, see the Methods section. ² State performance is for the most recent data year compared to all States. ³ State performance is for the most recent data year compared to the region. ⁴ The sign on entries under the column "Average Annual Change of State Rate" indicates whether the measure has risen or fallen since the baseline year. Because "+" or "-" can represent an improvement or a worsening depending on how the measure is constructed, the column "Direction of Change of State Rate" helps the user know what the change means. ⁵ For additional information about data sources/acronyms, refer to this NHQR appendix: http://www.ahrq.gov/qual/nhqr06/datasources/ . ⁶ For other States' rates, look for the table noted in this column in the NHQR appendices: http://www.ahrq.gov/qual/nhqr07/index.html .													
Cancer	All cancer deaths	184.4	187.6	Average	Better than Average	181.0	-1.1%	Improved	2004	1999	NVSS	Cancer deaths per 100,000 population per year	1.9b
Cancer	Breast cancer deaths	24.4	23.8	Average	Average	24.7	-0.6%	Unchanged	2004	1999	NVSS	Breast cancer deaths per 100,000 female population per year	1.11b
Cancer	Colorectal cancer deaths	17.8	17.5	Average	Average	16.9	-4.0%	Improved	2004	1999	NVSS	Colorectal cancer deaths per 100,000 population per year	1.13b
Cancer	Lung cancer deaths	52.3	52.5	Better than Average	Better than Average	49.8	0.4%	Unchanged	2004	1999	NVSS	Lung cancer deaths per 100,000 population per year	1.12b
Cancer	Prostate cancer deaths	25.2	25.0	Average	Average	25.4	-2.5%	Improved	2004	1999	NVSS	Cancer deaths per 100,000 male population per year for prostate cancer	1.10b
Diabetes	Diabetes eye exams	69.8	76.2	Better than Average	Average	78.8	0.1%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a retinal eye examination in the past year	1.22b
Diabetes	Diabetes flu shots	36.3	45.4	Average	Average	45.2	4.2%	Improved	2005	2001	BRFSS	Percent of noninstitutionalized high-risk adults ages 18-64 with diabetes who had an influenza immunization in the past year	1.24b

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Diabetes	Diabetes foot exams	72.8	78.2	Average	Average	72.9	-0.8%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a foot examination in the past year	1.23b
Diabetes	Diabetes hemoglobin A1c tests	85.6	86.5	Average	Average	83.7	-0.6%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a hemoglobin A1c measurement at least once in the past year	1.20b
End stage renal disease	Dialysis and good hematocrit – Medicare	92.3	92.7	Average	Average	92.0	3.5%	Improved	2005	2000	U.Michigan	Percent of Medicare hemodialysis patients with hematocrit 33 or greater	1.36b
End stage renal disease	Dialysis and good urea reduction – Medicare	92.8	94.7	Better than Average	Average	95.1	0.2%	Unchanged	2005	2000	U.Michigan	Percent of Medicare hemodialysis patients with urea reduction ratio 65 percent or higher	1.35b
End stage renal disease	Dialysis and on kidney transplant list	13.6	18.0	Average	Worse than Average	11.7	4.8%	Improved	2003	1999	USRDS	Percent of dialysis patients registered on the waiting list for transplantation	1.33b
End stage renal disease	Dialysis and survival – Medicare	1.0	0.9	Average	Average	0.9	0.7%	Unchanged	2005	2000	U.Michigan	Survival rate for Medicare dialysis patients	1.37
End stage renal disease	Renal failure and kidney transplant	17.4	24.9	Average	Worse than Average	18.0	-3.1%	Worsened	2001	1994	USRDS	Persons receiving a kidney transplant within 3 years of date of renal failure	1.34b
Getting appointments for care	Always got appointment for illness/injury – adults on Medicaid	55.0	56.4	Average	Average	53.0	No Data	No Data	2006	2004	NCBD	Percent of adults age 18 and over who reported that they always got appointment for illness/injury as soon as they wanted, Medicaid	3.8c

Connecticut State Snapshot 2007

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Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Getting appointments for care	Always got appointment for illness/injury – adults on Medicare managed care	74.7	79.4	Better than Average	Average	82.2	2.5%	Improved	2006	2003	NCBD	Percent of adults age 18 and over who reported they always got an appointment for illness/injury as soon as they wanted in last 12 months, Medicare managed care	3.8d
Getting appointments for care	Always got appointment for illness/injury – children on Medicaid	70.8	74.6	Average	Average	71.4	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 who always got appointment for illness/injury as soon as they wanted, Medicaid	3.9c
Getting appointments for care	Always got routine appointments – adults on Medicaid	48.6	48.3	Average	Average	45.9	No Data	No Data	2006	2004	NCBD	Percent of adults age 18 and over who reported in the last 6 months that they always got an appointment for routine care as soon as they wanted, Medicaid	3.6c
Getting appointments for care	Always got routine appointments – adults on Medicare managed care	64.0	68.6	Better than Average	Average	70.2	4.1%	Improved	2006	2003	NCBD	Percent of adults age 18 and over who reported making an appointment for routine health care in the last 12 months and who always got an appointment as soon as they wanted, Medicare managed care	3.6d
Getting appointments for care	Always got routine appointments – children on Medicaid	62.3	63.9	Average	Average	67.1	No Data	No Data	2006	2004	NCBD	Children under age 18 who reported in the last 6 months they always got an appointment for routine care as soon as they wanted, Medicaid	3.7c

Connecticut State Snapshot 2007

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HIV and AIDS	HIV deaths	2.8	3.5	Worse than Average	Worse than Average	5.1	-2.5%	Improved	2004	1999	NVSS	HIV-infection deaths per 100,000 population	1.66b
Heart disease	Blood cholesterol testing	72.6	77.5	Better than Average	Average	77.9	-0.2%	Unchanged	2005	2001	BRFSS	Percent of adults age 18 and over who had their blood cholesterol checked within the preceding 5 years	1.40
Heart disease	Heart attack – ACEI or ARB at discharge	83.9	83.3	Average	Average	81.9	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or an angiotensin receptor blocker at discharge, all payers	1.47b
Heart disease	Heart attack – aspirin at admission	95.5	96.7	Average	Worse than Average	95.7	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients administered aspirin within 24 hours of admission, all payers	1.43b
Heart disease	Heart attack – aspirin at discharge	96.2	97.9	Average	Worse than Average	96.5	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients with aspirin prescribed at discharge, all payers	1.44b
Heart disease	Heart attack – beta blocker at admission	92.5	95.8	Better than Average	Worse than Average	93.6	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients administered a beta-blocker within 24 hours of admission, all payers	1.45b
Heart disease	Heart attack – beta blocker at discharge	95.3	97.5	Better than Average	Worse than Average	96.0	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients with a beta-blocker prescribed at discharge, all payers	1.46b
Heart disease	Heart attack – recommended care in hospital	94.0	95.5	Better than Average	Worse than Average	94.4	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients who received recommended hospital care, all payers	1.42b

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Heart disease	Heart attack – smoking cessation counseling in hospital	92.9	91.1	Average	Average	91.8	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients given smoking cessation counseling while hospitalized, all payers	1.48b
Heart disease	Heart failure – ACEI/ARB at discharge	83.0	84.3	Average	Worse than Average	82.5	No Data	No Data	2005	No Data	QIO	Percent of heart failure patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or angiotensin receptor blocker at discharge, all payers	1.53b
Heart disease	Heart failure – evaluation of ejection fraction test in hospital	90.6	93.7	Better than Average	Better than Average	94.7	No Data	No Data	2005	No Data	QIO	Percent of heart failure patients having evaluation of left ventricular ejection fraction in hospital, all payers	1.52b
Heart disease	Heart failure – recommended hospital care received	88.5	91.1	Better than Average	Average	91.3	No Data	No Data	2005	No Data	QIO	Percent of heart failure patients who received recommended hospital care, all payers	1.51b
Heart disease	Smoking cessation advice	68.4	72.1	Average	NA	69.8	2.9%	Improved	2005	2001	BRFSS	Percent of current smokers age 18 and over who reported receiving advice to quit smoking	1.41b
Maternal and child health	Children fully vaccinated	81.8	87.1	Average	Average	86.1	1.1%	Improved	2005	2000	NIS	Percent of children age 19-35 months who received all recommended vaccines (4:3:1:3:3)	1.76b
Maternal and child health	Infant deaths – all births	6.6	5.0	Better than Average	Average	5.4	-4.2%	Improved	2004	1998	NVSS	Infant deaths per 1,000 live births	1.74e
Maternal and child health	Infant deaths – low birth weight	14.7	9.2	Better than Average	NA	9.1	-12.2%	Improved	2004	2002	NVSS	Infant deaths per 1,000 live births, birthweight 1,500-2,499 grams	1.74g

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Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Maternal and child health	Infant deaths – very low birth weight	240.7	215.9	Average	Average	209.0	-11.4%	Improved	2004	2002	NVSS	Infant deaths per 1,000 live births, birthweight < 1,500 grams	1.74f
Maternal and child health	Infant deaths – without low birth weight	2.2	1.3	Better than Average	Average	1.7	3.1%	Worsened	2004	2002	NVSS	Infant deaths per 1,000 live births, birthweight > 2,499 grams	1.74h
Maternal and child health	Low-weight births	8.2	7.6	Better than Average	Worse than Average	7.8	0.0%	Unchanged	2004	1998	NVSS	Percent of liveborn infants with low birth weight (less than 2,500 grams)	1.73c
Maternal and child health	Prenatal care	83.8	89.2	Better than Average	Worse than Average	87.2	-0.2%	Unchanged	2004	1998	NVSS	Percent of pregnant women receiving prenatal care in first trimester	1.72b
Maternal and child health	Very low-weight births	1.5	1.2	Average	Worse than Average	1.5	-2.1%	Improved	2004	1998	NVSS	Percent of live-born infants with very low birth weight (less than 1,500 grams)	1.73d
Mental health	Suicide deaths	10.4	7.6	Better than Average	Average	8.1	0.5%	Unchanged	2004	1999	NVSS	Suicide deaths per 100,000 population	1.91b
Nursing home and home health care	Home health care – home after Home health care	66.2	63.2	Worse than Average	Worse than Average	59.6	0.5%	Unchanged	2006	2005	OASIS	Percent of home health care patients who stay home after home health care ends	1.142b
Nursing home and home health care	Home health care – hospitalization	29.7	32.8	Worse than Average	Worse than Average	35.5	0.3%	Unchanged	2006	2005	OASIS	Percent of home health care patients who had to be admitted to the hospital	1.140b
Nursing home and home health care	Home health care – improved bathing	61.2	59.0	Worse than Average	Average	57.8	0.3%	Unchanged	2006	2005	OASIS	Percent of home health care patients who get better at bathing	1.134b
Nursing home and home health care	Home health care – improved breathing	58.2	59.7	Average	Average	57.3	-0.2%	Unchanged	2006	2005	OASIS	Percent of home health care patients who have less shortness of breath	1.138b
Nursing home and home health care	Home health care – improved mobility	38.6	37.4	Worse than Average	Average	36.0	5.0%	Improved	2006	2005	OASIS	Percent of home health care patients who get better at walking or moving around	1.136b

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Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Nursing home and home health care	Home health care – improved oral drug management	38.6	38.6	Worse than Average	Worse than Average	33.9	-1.2%	Worsened	2006	2005	OASIS	Percent of home health care patients who get better at taking their medicines correctly (by mouth)	1.133b
Nursing home and home health care	Home health care – improved pain management when mobile	61.4	61.7	Average	Average	61.6	1.3%	Improved	2006	2005	OASIS	Percent of home health care patients who have less pain when moving around	1.137b
Nursing home and home health care	Home health care – improved transferring	51.7	50.7	Worse than Average	Worse than Average	48.2	0.4%	Unchanged	2006	2005	OASIS	Percent of home health care patients who get better at getting in and out of bed	1.135b
Nursing home and home health care	Home health care – incontinence	47.2	48.5	Average	Average	48.0	1.3%	Improved	2006	2005	OASIS	Percent of home health care patients who have less urinary incontinence	1.139b
Nursing home and home health care	Home health care – plus urgent care	22.3	26.6	Worse than Average	Average	28.8	3.6%	Worsened	2006	2005	OASIS	Percent of home health care patients who needed urgent, unplanned medical care	1.141b
Nursing home and home health care	Hospice care – appropriate pain medication dosage	94.4	94.2	Average	Average	94.1	No Data	No Data	2006	No Data	FEHCS	Percent of hospice patients who received the right amount of medicine for pain management	1.143b
Nursing home and home health care	Hospice care – patients' wishes followed	94.7	95.2	Average	Average	94.7	No Data	No Data	2006	No Data	FEHCS	Percent of hospice patients who received care consistent with patient's wishes	1.144b
Nursing home and home health care	Nursing home long-stay residents – bed/chair bound	2.7	2.2	Better than Average	Average	2.2	1.2%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents who spent most of their time in bed or in a chair	1.117b
Nursing home and home health care	Nursing home long-stay residents – given flu vaccine	89.0	88.3	Worse than Average	Worse than Average	84.7	No Data	No Data	2006	No Data	MDS	Percent of long-stay nursing home residents given influenza vaccination during the flu season	1.129

Connecticut State Snapshot 2007

For "Overall Health Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
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Nursing home and home health care	Nursing home long-stay residents – given pneumococcal vaccine care	83.5	79.9	Worse than Average	Worse than Average	74.3	No Data	No Data	2006	No Data	MDS	Percent of long-stay nursing home residents who were assessed and given pneumococcal vaccination	1.131
Nursing home and home health care	Nursing home long-stay residents – high-risk with pressure sores	12.0	11.5	Average	Average	11.7	-2.2%	Improved	2006	2002	MDS	Percent of high-risk long-stay nursing home residents who have pressure sores	1.121b
Nursing home and home health care	Nursing home long-stay residents – low-risk with incontinence	49.1	55.7	Better than Average	Better than Average	46.4	2.2%	Worsened	2006	2002	MDS	Percent of low-risk long-stay nursing home residents who lose control of their bowels or bladder	1.123b
Nursing home and home health care	Nursing home long-stay residents – low-risk with pressure sores	2.2	2.2	Average	Average	2.0	-3.4%	Improved	2006	2002	MDS	Percent of low-risk long-stay nursing home residents who have pressure sores	1.122b
Nursing home and home health care	Nursing home long-stay residents – more depressed or anxious	12.4	15.0	Average	Better than Average	12.9	-0.8%	Unchanged	2006	2002	MDS	Percent of long-stay nursing home residents who are more depressed or anxious	1.120b
Nursing home and home health care	Nursing home long-stay residents – physically restrained	4.5	3.6	Average	Average	4.1	-24.0%	Improved	2006	2002	MDS	Percent of long-stay nursing home residents who were physically restrained	1.116b
Nursing home and home health care	Nursing home long-stay residents – with declining mobility	12.4	14.4	Worse than Average	Average	14.4	1.3%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents whose ability to move about got worse	1.118b
Nursing home and home health care	Nursing home long-stay residents – with increased need for help	15.6	16.7	Worse than Average	Average	17.5	1.0%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents whose need for help with daily activities has increased	1.114b
Nursing home and home health care	Nursing home long-stay residents – with moderate to severe pain	4.1	3.1	Better than Average	Average	3.5	-19.9%	Improved	2006	2002	MDS	Percent of long-stay nursing home residents who have moderate to severe pain	1.115b

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Nursing home and home health care	Nursing home long-stay residents – with too much weight loss	8.4	7.7	Average	Average	8.0	-3.0%	Improved	2006	2004	MDS	Percent of long-stay nursing home residents who lose too much weight	1.128b
Nursing home and home health care	Nursing home long-stay residents – with urinary catheter left in	5.4	5.1	Better than Average	Better than Average	4.6	1.1%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents who have/had a catheter inserted and left in their bladder	1.124b
Nursing home and home health care	Nursing home long-stay residents – with urinary tract infections	8.8	8.8	Better than Average	Better than Average	7.6	2.8%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents with a urinary tract infection	1.119b
Nursing home and home health care	Nursing home short-stay residents – given flu vaccine	75.1	73.9	Worse than Average	Worse than Average	68.9	No Data	No Data	2006	No Data	MDS	Percent of short-stay nursing home residents given influenza vaccination during the flu season	1.130
Nursing home and home health care	Nursing home short-stay residents – given pneumococcal vaccine	71.5	69.3	Worse than Average	Worse than Average	62.1	No Data	No Data	2006	No Data	MDS	Percent of short-stay nursing home residents who were assessed and given pneumococcal vaccination	1.132
Nursing home and home health care	Nursing home short-stay residents – with delirium	1.8	2.2	Worse than Average	Average	2.2	-12.8%	Improved	2006	2002	MDS	Percent of short-stay nursing home residents with delirium	1.126b
Nursing home and home health care	Nursing home short-stay residents – with moderate to severe pain	20.2	21.0	Worse than Average	Average	22.3	-3.3%	Improved	2006	2002	MDS	Percent of short-stay nursing home residents who had moderate to severe pain	1.125b
Nursing home and home health care	Nursing home short-stay residents – with pressure sores	16.1	17.1	Worse than Average	Average	17.3	-2.4%	Improved	2006	2002	MDS	Percent of short-stay nursing home residents with pressure sores	1.127b

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Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Overall measures	Best rating for care – adults on Medicaid	54.2	55.8	Worse than Average	Worse than Average	49.4	No Data	No Data	2006	2004	NCBD	Percent of adults age 18 and over with an ambulatory visit in the last 6 months and giving a best rating for health care received, Medicaid	5.1c
Overall measures	Best rating for care – adults on Medicare managed care	69.4	74.0	Better than Average	Average	76.2	2.2%	Improved	2006	2003	NCBD	Percent of adults age 18 and over with an ambulatory visit in the last 12 months and giving a best rating for health care received, Medicare managed care	5.1d
Overall measures	Best rating for care – children on Medicaid	67.1	72.8	Better than Average	Average	73.7	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 with an ambulatory visit in the last 6 months and their parents giving a best rating for health care received, Medicaid	5.2c
Patient experience of care	Always had good communication with providers – adults on Medicaid	62.1	63.3	Average	Average	62.4	No Data	No Data	2006	2004	NCBD	Percent of adults age 18 and over with an ambulatory visit whose health providers always listened carefully, explained things clearly, showed respect for what they had to say, and spent enough time with them, Medicaid	4.1c

Connecticut State Snapshot 2007

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Patient experience of care	Always had good communication with providers – adults on Medicare managed care	69.4	72.5	Better than Average	Average	73.3	1.1%	Improved	2006	2003	NCBD	Percent of adults age 18 and over with an ambulatory visit in the last 12 months and whose health providers always listened carefully, explained things clearly, showed respect for what they had to say, and spent enough time with them, Medicare managed care	4.1d
Patient experience of care	Always had good communication with providers – children on Medicaid	71.5	74.4	Better than Average	Better than Average	79.0	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 with an ambulatory visit in the last 6 months and whose health providers always listened carefully, explained things clearly, showed respect for what their parents had to say, and spent enough time with them, Medicaid	4.2c
Patient experience of care	Providers always explained clearly – child on Medicaid	68.3	69.7	Better than Average	Better than Average	75.8	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 with an ambulatory visit in the last 6 months and whose health providers always explained things clearly to them (child), Medicaid	4.6d
Postoperative complications	Inpatient surgery – antibiotics stopped within 24 hours	69.4	79.5	Better than Average	Better than Average	89.6	No Data	No Data	2005	No Data	QIO	Percent of adult surgery patients who had prophylactic antibiotics discontinued within 24 hours after surgery end time, all payers	2.7b

Connecticut State Snapshot 2007

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Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Postoperative complications	Inpatient surgery – antibiotics within 1 hour	82.4	87.5	Better than Average	Better than Average	90.0	No Data	No Data	2005	No Data	QIO	Percent of adult surgery patients who received prophylactic antibiotics within 1 hour prior to surgical incision, all payers	2.6b
Postoperative complications	Inpatient surgery – appropriate antibiotic timing	76.1	83.5	Better than Average	Better than Average	89.8	No Data	No Data	2005	No Data	QIO	Percent of adult surgery patients who received appropriate timing of antibiotics, all payers	2.5b
Respiratory diseases	Flu vaccine in past 12 months – age 65 and over	66.5	68.4	Better than Average	Average	70.4	0.4%	Unchanged	2005	2001	BRFSS	Percent of persons age 65 and over who received an influenza vaccination in the past 12 months	1.97b
Respiratory diseases	Flu vaccine in past 12 months – high-risk, age 18-64	23.9	25.7	Average	Average	23.6	No Data	No Data	2005	2001	BRFSS	Percent of high-risk persons age 18-64 who received an influenza vaccination in the past 12 months	1.96b
Respiratory diseases	Pneumonia vaccine ever – age 65 plus	66.0	67.3	Average	Average	68.6	1.8%	Improved	2005	2001	BRFSS	Percent of adults age 65 and over who ever received a pneumococcal vaccination	1.100b
Respiratory diseases	Pneumonia vaccine ever – high-risk, age 18-64	20.1	19.1	Worse than Average	Worse than Average	15.8	No Data	No Data	2005	2001	BRFSS	Percent of high-risk persons age 18-64 who ever received a pneumococcal vaccination	1.99b
Respiratory diseases	Pneumonia – antibiotics within 4 hours in hospital	75.9	78.3	Better than Average	Average	78.5	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients who received the first dose of antibiotics within 4 hours of arrival at the hospital, all payers	1.103b

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Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Respiratory diseases	Pneumonia – blood cultures before antibiotics in hospital	83.4	82.7	Average	Better than Average	84.1	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients who had blood cultures collected before antibiotics were administered in hospital, all payers	1.102b
Respiratory diseases	Pneumonia – flu vaccination screening in hospital, age 50 and over	55.7	59.7	Better than Average	Better than Average	67.1	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients, age 50 years and over, discharged during October-February, who were screened for influenza vaccination and, if indicated, were vaccinated prior to discharge, all payers	1.105b
Respiratory diseases	Pneumonia – pneumococcal vaccination screening in hospital	61.9	62.6	Better than Average	Better than Average	66.5	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients, age 65 and over, who were screened for pneumococcal vaccination and, if indicated, were vaccinated prior to discharge, all payers	1.106b
Respiratory diseases	Pneumonia – recommended antibiotics within 24 hours of admission	80.3	82.0	Worse than Average	Worse than Average	78.1	No Data	No Data	2005	No Data	QIO	Percent of immunocompetent pneumonia patients who received recommended empirical antibiotic regimen during the first 24 hours, all payers	1.104b
Respiratory diseases	Pneumonia – recommended hospital care received	74.2	75.3	Better than Average	Better than Average	76.0	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients who received recommended hospital care, ^a all payers	1.101b

Types of Care

How Do Health Care Providers Perform in Different Types of Care?

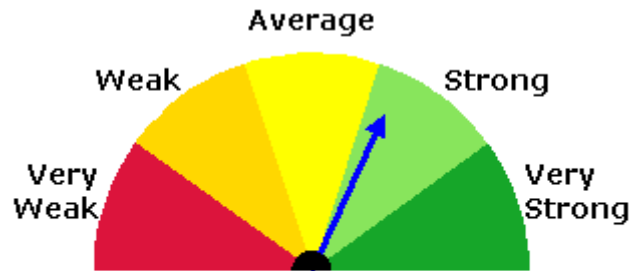
Type-of-care summary measures track consumer aims (staying healthy, getting better, living with illness) with provider roles (preventing sickness, treating acute disease, and managing chronic illness) in maintaining health. The summary measures include the following:

- **Preventive care** measures assess whether health care providers deliver specific services that prevent disease and detect it early.
- **Acute care** measures assess how well health care providers deliver specific services known to cure disease or speed recovery.
- **Chronic care** measures assess how well health care providers monitor and manage patients with incurable conditions so patients can live better lives.

Preventive Care

What Is the Preventive Care Quality Performance Compared to

All States?

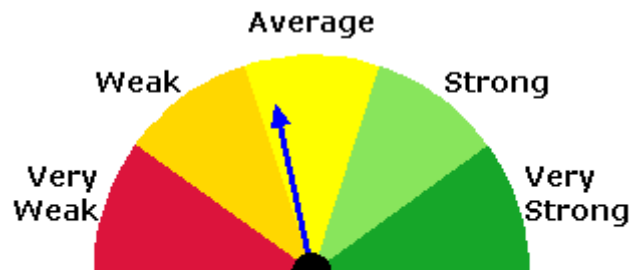


Performance Meter:
Preventive Measures

Compared to all States, for the most recent data year, the performance for Connecticut for preventive measures is in the strong range. Performance for the baseline year is not available because of insufficient data.

What Is the Preventive Care Quality Performance Compared to

New England States?



Performance Meter:
Preventive Measures

Compared to the New England States, for the most recent data year, the performance for Connecticut for preventive measures is in the average range. Performance for the baseline year is not available because of insufficient data.

Legend

 = Most Recent Data Year

 = Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Preventive Care

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Preventive Care
CT	64.00

Best Performing States	Meter Score for Preventive Care
MN	76.00
SD	75.00
WI	73.08
NH	71.15
IA	70.00

Percentile Range Across States	Meter Score for Preventive Care
75th Percentile	61.11
50th Percentile	48.28
25th Percentile	33.93

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Preventive Care Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average =The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	12	5	392	36
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	8	10	594	87
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	5	8	437	30
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	9	11	311	51
Total number of measures for the State (excluding measures that are N/A)	25	23	1423	153

Connecticut State Snapshot 2007

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Diabetes	Diabetes flu shots	36.3	45.4	Average	Average	45.2	4.2%	Improved	2005	2001	BRFSS	Percent of noninstitutionalized high-risk adults ages 18-64 with diabetes who had an influenza immunization in the past year	1.24b
Heart disease	Blood cholesterol testing	72.6	77.5	Better than Average	Average	77.9	-0.2%	Unchanged	2005	2001	BRFSS	Percent of adults age 18 and over who had their blood cholesterol checked within the preceding 5 years	1.40
Heart disease	Heart attack – smoking cessation counseling in hospital	92.9	91.1	Average	Average	91.8	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients given smoking cessation counseling while hospitalized, all payers	1.48b
Heart disease	Smoking cessation advice	68.4	72.1	Average	NA	69.8	2.9%	Improved	2005	2001	BRFSS	Percent of current smokers age 18 and over who reported receiving advice to quit smoking	1.41b
Maternal and child health	Children fully vaccinated	81.8	87.1	Average	Average	86.1	1.1%	Improved	2005	2000	NIS	Percent of children age 19-35 months who received all recommended vaccines (4:3:1:3:3)	1.76b
Maternal and child health	Infant deaths – all births	6.6	5.0	Better than Average	Average	5.4	-4.2%	Improved	2004	1998	NVSS	Infant deaths per 1,000 live births	1.74e
Maternal and child health	Infant deaths – low birth weight	14.7	9.2	Better than Average	NA	9.1	-12.2%	Improved	2004	2002	NVSS	Infant deaths per 1,000 live births, birthweight 1,500-2,499 grams	1.74g

¹ These all-State averages are calculated consistently across all measures and differ slightly from the national averages in the National Healthcare Quality Report. For more information, see the Methods section.
² State performance is for the most recent data year compared to all States.
³ State performance is for the most recent data year compared to the region.
⁴ The sign on entries under the column "Average Annual Change of State Rate" indicates whether the measure has risen or fallen since the baseline year. Because "+" or "-" can represent an improvement or a worsening depending on how the measure is constructed, the column "Direction of Change of State Rate" helps the user know what the change means.
⁵ For additional information about data sources/acronyms, refer to this NHQR appendix: <http://www.ahrq.gov/qual/nhqr06/datasources/>.
⁶ For other States' rates, look for the table noted in this column in the NHQR appendices: <http://www.ahrq.gov/qual/nhqr07/index.html>.

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Maternal and child health	Infant deaths – very low birth weight	240.7	215.9	Average	Average	209.0	-11.4%	Improved	2004	2002	NVSS	Infant deaths per 1,000 live births, birthweight < 1,500 grams	1.74f
Maternal and child health	Infant deaths – without low birth weight	2.2	1.3	Better than Average	Average	1.7	3.1%	Worsened	2004	2002	NVSS	Infant deaths per 1,000 live births, birthweight > 2,499 grams	1.74h
Maternal and child health	Low-weight births	8.2	7.6	Better than Average	Worse than Average	7.8	0.0%	Unchanged	2004	1998	NVSS	Percent of liveborn infants with low birth weight (less than 2,500 grams)	1.73c
Maternal and child health	Prenatal care	83.8	89.2	Better than Average	Worse than Average	87.2	-0.2%	Unchanged	2004	1998	NVSS	Percent of pregnant women receiving prenatal care in first trimester	1.72b
Maternal and child health	Very low-weight births	1.5	1.2	Average	Worse than Average	1.5	-2.1%	Improved	2004	1998	NVSS	Percent of live-born infants with very low birth weight (less than 1,500 grams)	1.73d
Nursing home and home health care	Nursing home long-stay residents – given flu vaccine	89.0	88.3	Worse than Average	Worse than Average	84.7	No Data	No Data	2006	No Data	MDS	Percent of long-stay nursing home residents given influenza vaccination during the flu season	1.129
Nursing home and home health care	Nursing home long-stay residents – given pneumococcal vaccine	83.5	79.9	Worse than Average	Worse than Average	74.3	No Data	No Data	2006	No Data	MDS	Percent of long-stay nursing home residents who were assessed and given pneumococcal vaccination	1.131
Nursing home and home health care	Nursing home short-stay residents – given flu vaccine	75.1	73.9	Worse than Average	Worse than Average	68.9	No Data	No Data	2006	No Data	MDS	Percent of short-stay nursing home residents given influenza vaccination during the flu season	1.130
Nursing home and home health care	Nursing home short-stay residents – given pneumococcal vaccine	71.5	69.3	Worse than Average	Worse than Average	62.1	No Data	No Data	2006	No Data	MDS	Percent of short-stay nursing home residents who were assessed and given pneumococcal vaccination	1.132

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Postoperative complications	Inpatient surgery – antibiotics stopped within 24 hours	69.4	79.5	Better than Average	Better than Average	89.6	No Data	No Data	2005	No Data	QIO	Percent of adult surgery patients who had prophylactic antibiotics discontinued within 24 hours after surgery end time, all payers	2.7b
Postoperative complications	Inpatient surgery – antibiotics within 1 hour	82.4	87.5	Better than Average	Better than Average	90.0	No Data	No Data	2005	No Data	QIO	Percent of adult surgery patients who received prophylactic antibiotics within 1 hour prior to surgical incision, all payers	2.6b
Postoperative complications	Inpatient surgery – appropriate antibiotic timing	76.1	83.5	Better than Average	Better than Average	89.8	No Data	No Data	2005	No Data	QIO	Percent of adult surgery patients who received appropriate timing of antibiotics, all payers	2.5b
Respiratory diseases	Flu vaccine in past 12 months – age 65 and over	66.5	68.4	Better than Average	Average	70.4	0.4%	Unchanged	2005	2001	BRFSS	Percent of persons age 65 and over who received an influenza vaccination in the past 12 months	1.97b
Respiratory diseases	Flu vaccine in past 12 months – high-risk, age 18-64	23.9	25.7	Average	Average	23.6	No Data	No Data	2005	2001	BRFSS	Percent of high-risk persons age 18-64 who received an influenza vaccination in the past 12 months	1.96b
Respiratory diseases	Pneumonia vaccine ever – age 65 plus	66.0	67.3	Average	Average	68.6	1.8%	Improved	2005	2001	BRFSS	Percent of adults age 65 and over who ever received a pneumococcal vaccination	1.100b
Respiratory diseases	Pneumonia vaccine ever – high-risk, age 18-64	20.1	19.1	Worse than Average	Worse than Average	15.8	No Data	No Data	2005	2001	BRFSS	Percent of high-risk persons age 18-64 who ever received a pneumococcal vaccination	1.99b

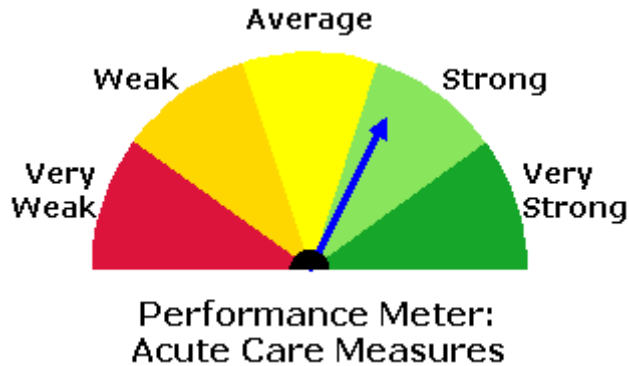
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Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Respiratory diseases	Pneumonia – flu vaccination screening in hospital, age 50 and over	55.7	59.7	Better than Average	Better than Average	67.1	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients, age 50 years and over, discharged during October-February, who were screened for influenza vaccination and, if indicated, were vaccinated prior to discharge, all payers	1.105b
Respiratory diseases	Pneumonia – pneumococcal vaccination screening in hospital	61.9	62.6	Better than Average	Better than Average	66.5	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients, age 65 and over, who were screened for pneumococcal vaccination and, if indicated, were vaccinated prior to discharge, all payers	1.106b

Acute Care

What Is the Acute Care Quality Performance Compared to

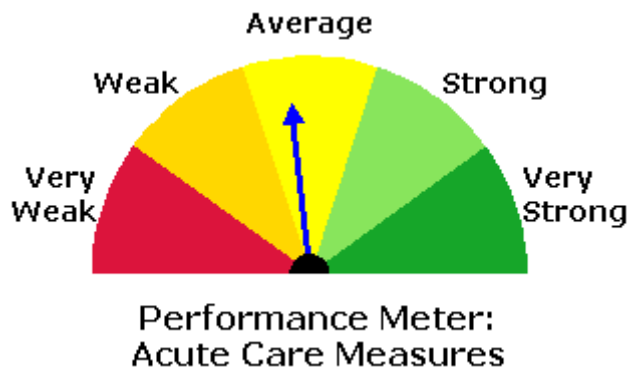
All States?



Compared to all States, for the most recent data year, the performance for Connecticut for acute care measures is in the strong range. Performance for the baseline year is not available because of insufficient data.

What Is the Acute Care Quality Performance Compared to

New England States?



Compared to the New England States, for the most recent data year, the performance for Connecticut for acute care measures is in the average range. Performance for the baseline year is not available because of insufficient data.

Legend

- = Most Recent Data Year
- = Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Acute Care

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Acute Care
CT	65.00

Best Performing States	Meter Score for Acute Care
ND	72.50
MN	69.05
MA	68.42
MI	67.11
WI	65.79

Percentile Range Across States	Meter Score for Acute Care
75th Percentile	61.67
50th Percentile	48.68
25th Percentile	38.89

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Acute Care Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average =The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	14	5	466	35
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	11	18	688	121
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	5	7	523	41
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	17	17	720	85
Total number of measures for the State (excluding measures that are N/A)	30	30	1677	197

Connecticut State Snapshot 2007

For "Acute Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
¹ These all-State averages are calculated consistently across all measures and differ slightly from the national averages in the National Healthcare Quality Report. For more information, see the Methods section. ² State performance is for the most recent data year compared to all States. ³ State performance is for the most recent data year compared to the region. ⁴ The sign on entries under the column "Average Annual Change of State Rate" indicates whether the measure has risen or fallen since the baseline year. Because "+" or "-" can represent an improvement or a worsening depending on how the measure is constructed, the column "Direction of Change of State Rate" helps the user know what the change means. ⁵ For additional information about data sources/acronyms, refer to this NHQR appendix: http://www.ahrq.gov/qual/nhqr06/datasources/ . ⁶ For other States' rates, look for the table noted in this column in the NHQR appendices: http://www.ahrq.gov/qual/nhqr07/index.html .													
Getting appointments for care	Always got appointment for illness/injury – adults on Medicaid	55.0	56.4	Average	Average	53.0	No Data	No Data	2006	2004	NCBD	Percent of adults age 18 and over who reported that they always got appointment for illness/injury as soon as they wanted, Medicaid	3.8c
Getting appointments for care	Always got appointment for illness/injury – adults on Medicare managed care	74.7	79.4	Better than Average	Average	82.2	2.5%	Improved	2006	2003	NCBD	Percent of adults age 18 and over who reported they always got an appointment for illness/injury as soon as they wanted in last 12 months, Medicare managed care	3.8d
Getting appointments for care	Always got appointment for illness/injury – children on Medicaid	70.8	74.6	Average	Average	71.4	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 who always got appointment for illness/injury as soon as they wanted, Medicaid	3.9c
Getting appointments for care	Always got routine appointments – adults on Medicaid	48.6	48.3	Average	Average	45.9	No Data	No Data	2006	2004	NCBD	Percent of adults age 18 and over who reported in the last 6 months that they always got an appointment for routine care as soon as they wanted, Medicaid	3.6c

Connecticut State Snapshot 2007

For "Acute Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Getting appointments for care	Always got routine appointments – adults on Medicare managed care	64.0	68.6	Better than Average	Average	70.2	4.1%	Improved	2006	2003	NCBD	Percent of adults age 18 and over who reported making an appointment for routine health care in the last 12 months and who always got an appointment as soon as they wanted, Medicare managed care	3.6d
Getting appointments for care	Always got routine appointments – children on Medicaid	62.3	63.9	Average	Average	67.1	No Data	No Data	2006	2004	NCBD	Children under age 18 who reported in the last 6 months they always got an appointment for routine care as soon as they wanted, Medicaid	3.7c
Heart disease	Heart attack – ACEI or ARB at discharge	83.9	83.3	Average	Average	81.9	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or an angiotensin receptor blocker at discharge, all payers	1.47b
Heart disease	Heart attack – aspirin at admission	95.5	96.7	Average	Worse than Average	95.7	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients administered aspirin within 24 hours of admission, all payers	1.43b
Heart disease	Heart attack – aspirin at discharge	96.2	97.9	Average	Worse than Average	96.5	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients with aspirin prescribed at discharge, all payers	1.44b
Heart disease	Heart attack – beta blocker at admission	92.5	95.8	Better than Average	Worse than Average	93.6	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients administered a beta-blocker within 24 hours of admission, all payers	1.45b
Heart disease	Heart attack – beta blocker at discharge	95.3	97.5	Better than Average	Worse than Average	96.0	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients with a beta-blocker prescribed at discharge, all payers	1.46b

Connecticut State Snapshot 2007

For "Acute Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Heart disease	Heart attack – recommended care in hospital	94.0	95.5	Better than Average	Worse than Average	94.4	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients who received recommended hospital care, all payers	1.42b
Heart disease	Heart failure – evaluation of ejection fraction test in hospital	90.6	93.7	Better than Average	Better than Average	94.7	No Data	No Data	2005	No Data	QIO	Percent of heart failure patients having evaluation of left ventricular ejection fraction in hospital, all payers	1.52b
Mental health	Suicide deaths	10.4	7.6	Better than Average	Average	8.1	0.5%	Unchanged	2004	1999	NVSS	Suicide deaths per 100,000 population	1.91b
Nursing home and home health care	Hospice care – appropriate pain medication dosage	94.4	94.2	Average	Average	94.1	No Data	No Data	2006	No Data	FEHCS	Percent of hospice patients who received the right amount of medicine for pain management	1.143b
Nursing home and home health care	Hospice care – patients' wishes followed	94.7	95.2	Average	Average	94.7	No Data	No Data	2006	No Data	FEHCS	Percent of hospice patients who received care consistent with patient's wishes	1.144b
Nursing home and home health care	Nursing home short-stay residents – with delirium	1.8	2.2	Worse than Average	Average	2.2	-12.8%	Improved	2006	2002	MDS	Percent of short-stay nursing home residents with delirium	1.126b
Nursing home and home health care	Nursing home short-stay residents – with moderate to severe pain	20.2	21.0	Worse than Average	Average	22.3	-3.3%	Improved	2006	2002	MDS	Percent of short-stay nursing home residents who had moderate to severe pain	1.125b
Nursing home and home health care	Nursing home short-stay residents – with pressure sores	16.1	17.1	Worse than Average	Average	17.3	-2.4%	Improved	2006	2002	MDS	Percent of short-stay nursing home residents with pressure sores	1.127b
Overall measures	Best rating for care – adults on Medicaid	54.2	55.8	Worse than Average	Worse than Average	49.4	No Data	No Data	2006	2004	NCBD	Percent of adults age 18 and over with an ambulatory visit in the last 6 months and giving a best rating for health care received, Medicaid	5.1c

Connecticut State Snapshot 2007

For "Acute Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Overall measures	Best rating for care – adults on Medicare managed care	69.4	74.0	Better than Average	Average	76.2	2.2%	Improved	2006	2003	NCBD	Percent of adults age 18 and over with an ambulatory visit in the last 12 months and giving a best rating for health care received, Medicare managed care	5.1d
Overall measures	Best rating for care – children on Medicaid	67.1	72.8	Better than Average	Average	73.7	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 with an ambulatory visit in the last 6 months and their parents giving a best rating for health care received, Medicaid	5.2c
Patient experience of care	Always had good communication with providers – adults on Medicaid	62.1	63.3	Average	Average	62.4	No Data	No Data	2006	2004	NCBD	Percent of adults age 18 and over with an ambulatory visit whose health providers always listened carefully, explained things clearly, showed respect for what they had to say, and spent enough time with them, Medicaid	4.1c
Patient experience of care	Always had good communication with providers – adults on Medicare managed care	69.4	72.5	Better than Average	Average	73.3	1.1%	Improved	2006	2003	NCBD	Percent of adults age 18 and over with an ambulatory visit in the last 12 months and whose health providers always listened carefully, explained things clearly, showed respect for what they had to say, and spent enough time with them, Medicare managed care	4.1d

Connecticut State Snapshot 2007

For "Acute Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Patient experience of care	Always had good communication with providers – children on Medicaid	71.5	74.4	Better than Average	Better than Average	79.0	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 with an ambulatory visit in the last 6 months and whose health providers always listened carefully, explained things clearly, showed respect for what their parents had to say, and spent enough time with them, Medicaid	4.2c
Patient experience of care	Providers always explained clearly – child on Medicaid	68.3	69.7	Better than Average	Better than Average	75.8	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 with an ambulatory visit in the last 6 months and whose health providers always explained things clearly to them (child), Medicaid	4.6d
Respiratory diseases	Pneumonia – antibiotics within 4 hours in hospital	75.9	78.3	Better than Average	Average	78.5	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients who received the first dose of antibiotics within 4 hours of arrival at the hospital, all payers	1.103b
Respiratory diseases	Pneumonia – blood cultures before antibiotics in hospital	83.4	82.7	Average	Better than Average	84.1	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients who had blood cultures collected before antibiotics were administered in hospital, all payers	1.102b
Respiratory diseases	Pneumonia – recommended antibiotics within 24 hours of admission	80.3	82.0	Worse than Average	Worse than Average	78.1	No Data	No Data	2005	No Data	QIO	Percent of immunocompetent pneumonia patients who received recommended empirical antibiotic regimen during the first 24 hours, all payers	1.104b

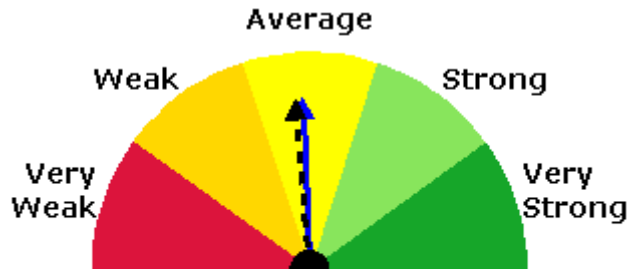
Connecticut State Snapshot 2007

For "Acute Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Respiratory diseases	Pneumonia – recommended hospital care received	74.2	75.3	Better than Average	Better than Average	76.0	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients who received recommended hospital care, ^a all payers	1.101b

Chronic Care

What Is the Chronic Care Quality Performance Compared to

All States?

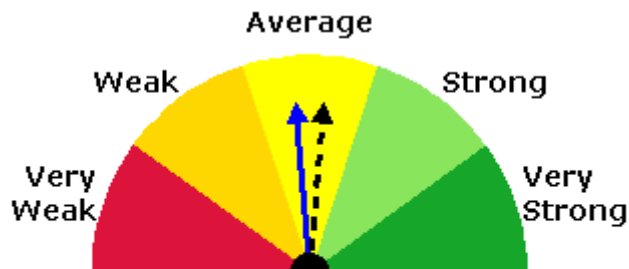


Performance Meter:
Chronic Care Measures

Compared to all States, for the most recent data year, the performance for Connecticut for chronic care measures is in the average range. For the baseline year, performance is in the average range.

What Is the Chronic Care Quality Performance Compared to



New England States?



Performance Meter:
Chronic Care Measures

Compared to the New England States, for the most recent data year, the performance for Connecticut for chronic care measures is in the average range. For the baseline year, performance is in the average range.

Legend

-  = Most Recent Data Year
-  = Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Chronic Care

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Chronic Care
CT	48.72

Best Performing States	Meter Score for Chronic Care
HI	73.81
UT	69.57
WA	65.22
CA	64.13
CO	61.96

Percentile Range Across States	Meter Score for Chronic Care
75th Percentile	56.67
50th Percentile	48.72
25th Percentile	38.04

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Chronic Care Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average =The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	9	6	592	45
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	20	25	878	163
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	10	8	699	44
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	7	7	177	24
Total number of measures for the State (excluding measures that are N/A)	39	39	2169	252

Connecticut State Snapshot 2007

For "Chronic Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
¹ These all-State averages are calculated consistently across all measures and differ slightly from the national averages in the National Healthcare Quality Report. For more information, see the Methods section. ² State performance is for the most recent data year compared to all States. ³ State performance is for the most recent data year compared to the region. ⁴ The sign on entries under the column "Average Annual Change of State Rate" indicates whether the measure has risen or fallen since the baseline year. Because "+" or "-" can represent an improvement or a worsening depending on how the measure is constructed, the column "Direction of Change of State Rate" helps the user know what the change means. ⁵ For additional information about data sources/acronyms, refer to this NHQR appendix: http://www.ahrq.gov/qual/nhqr06/datasources/ . ⁶ For other States' rates, look for the table noted in this column in the NHQR appendices: http://www.ahrq.gov/qual/nhqr07/index.html .													
Cancer	All cancer deaths	184.4	187.6	Average	Better than Average	181.0	-1.1%	Improved	2004	1999	NVSS	Cancer deaths per 100,000 population per year	1.9b
Cancer	Breast cancer deaths	24.4	23.8	Average	Average	24.7	-0.6%	Unchanged	2004	1999	NVSS	Breast cancer deaths per 100,000 female population per year	1.11b
Cancer	Colorectal cancer deaths	17.8	17.5	Average	Average	16.9	-4.0%	Improved	2004	1999	NVSS	Colorectal cancer deaths per 100,000 population per year	1.13b
Cancer	Lung cancer deaths	52.3	52.5	Better than Average	Better than Average	49.8	0.4%	Unchanged	2004	1999	NVSS	Lung cancer deaths per 100,000 population per year	1.12b
Cancer	Prostate cancer deaths	25.2	25.0	Average	Average	25.4	-2.5%	Improved	2004	1999	NVSS	Cancer deaths per 100,000 male population per year for prostate cancer	1.10b
Diabetes	Diabetes eye exams	69.8	76.2	Better than Average	Average	78.8	0.1%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a retinal eye examination in the past year	1.22b
Diabetes	Diabetes flu shots	36.3	45.4	Average	Average	45.2	4.2%	Improved	2005	2001	BRFSS	Percent of noninstitutionalized high-risk adults ages 18-64 with diabetes who had an influenza immunization in the past year	1.24b

Connecticut State Snapshot 2007

For "Chronic Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Diabetes	Diabetes foot exams	72.8	78.2	Average	Average	72.9	-0.8%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a foot examination in the past year	1.23b
Diabetes	Diabetes hemoglobin A1c tests	85.6	86.5	Average	Average	83.7	-0.6%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a hemoglobin A1c measurement at least once in the past year	1.20b
End stage renal disease	Dialysis and good hematocrit – Medicare	92.3	92.7	Average	Average	92.0	3.5%	Improved	2005	2000	U.Michigan	Percent of Medicare hemodialysis patients with hematocrit 33 or greater	1.36b
End stage renal disease	Dialysis and good urea reduction – Medicare	92.8	94.7	Better than Average	Average	95.1	0.2%	Unchanged	2005	2000	U.Michigan	Percent of Medicare hemodialysis patients with urea reduction ratio 65 percent or higher	1.35b
End stage renal disease	Dialysis and on kidney transplant list	13.6	18.0	Average	Worse than Average	11.7	4.8%	Improved	2003	1999	USRDS	Percent of dialysis patients registered on the waiting list for transplantation	1.33b
End stage renal disease	Dialysis and survival – Medicare	1.0	0.9	Average	Average	0.9	0.7%	Unchanged	2005	2000	U.Michigan	Survival rate for Medicare dialysis patients	1.37
End stage renal disease	Renal failure and kidney transplant	17.4	24.9	Average	Worse than Average	18.0	-3.1%	Worsened	2001	1994	USRDS	Persons receiving a kidney transplant within 3 years of date of renal failure	1.34b
HIV and AIDS	HIV deaths	2.8	3.5	Worse than Average	Worse than Average	5.1	-2.5%	Improved	2004	1999	NVSS	HIV-infection deaths per 100,000 population	1.66b
Heart disease	Heart failure – ACEI/ARB at discharge	83.0	84.3	Average	Worse than Average	82.5	No Data	No Data	2005	No Data	QIO	Percent of heart failure patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or angiotensin receptor blocker at discharge, all payers	1.53b

Connecticut State Snapshot 2007

For "Chronic Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Heart disease	Heart failure – recommended hospital care received	88.5	91.1	Better than Average	Average	91.3	No Data	No Data	2005	No Data	QIO	Percent of heart failure patients who received recommended hospital care, all payers	1.51b
Nursing home and home health care	Home health care – home after Home health care	66.2	63.2	Worse than Average	Worse than Average	59.6	0.5%	Unchanged	2006	2005	OASIS	Percent of home health care patients who stay home after home health care ends	1.142b
Nursing home and home health care	Home health care – hospitalization	29.7	32.8	Worse than Average	Worse than Average	35.5	0.3%	Unchanged	2006	2005	OASIS	Percent of home health care patients who had to be admitted to the hospital	1.140b
Nursing home and home health care	Home health care – improved bathing	61.2	59.0	Worse than Average	Average	57.8	0.3%	Unchanged	2006	2005	OASIS	Percent of home health care patients who get better at bathing	1.134b
Nursing home and home health care	Home health care – improved breathing	58.2	59.7	Average	Average	57.3	-0.2%	Unchanged	2006	2005	OASIS	Percent of home health care patients who have less shortness of breath	1.138b
Nursing home and home health care	Home health care – improved mobility	38.6	37.4	Worse than Average	Average	36.0	5.0%	Improved	2006	2005	OASIS	Percent of home health care patients who get better at walking or moving around	1.136b
Nursing home and home health care	Home health care – improved oral drug management	38.6	38.6	Worse than Average	Worse than Average	33.9	-1.2%	Worsened	2006	2005	OASIS	Percent of home health care patients who get better at taking their medicines correctly (by mouth)	1.133b
Nursing home and home health care	Home health care – improved pain management when mobile	61.4	61.7	Average	Average	61.6	1.3%	Improved	2006	2005	OASIS	Percent of home health care patients who have less pain when moving around	1.137b
Nursing home and home health care	Home health care – improved transferring	51.7	50.7	Worse than Average	Worse than Average	48.2	0.4%	Unchanged	2006	2005	OASIS	Percent of home health care patients who get better at getting in and out of bed	1.135b

Connecticut State Snapshot 2007

For "Chronic Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Nursing home and home health care	Home health care – incontinence	47.2	48.5	Average	Average	48.0	1.3%	Improved	2006	2005	OASIS	Percent of home health care patients who have less urinary incontinence	1.139b
Nursing home and home health care	Home health care – plus urgent care	22.3	26.6	Worse than Average	Average	28.8	3.6%	Worsened	2006	2005	OASIS	Percent of home health care patients who needed urgent, unplanned medical care	1.141b
Nursing home and home health care	Nursing home long-stay residents – bed/chair bound	2.7	2.2	Better than Average	Average	2.2	1.2%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents who spent most of their time in bed or in a chair	1.117b
Nursing home and home health care	Nursing home long-stay residents – high-risk with pressure sores	12.0	11.5	Average	Average	11.7	-2.2%	Improved	2006	2002	MDS	Percent of high-risk long-stay nursing home residents who have pressure sores	1.121b
Nursing home and home health care	Nursing home long-stay residents – low-risk with incontinence	49.1	55.7	Better than Average	Better than Average	46.4	2.2%	Worsened	2006	2002	MDS	Percent of low-risk long-stay nursing home residents who lose control of their bowels or bladder	1.123b
Nursing home and home health care	Nursing home long-stay residents – low-risk with pressure sores	2.2	2.2	Average	Average	2.0	-3.4%	Improved	2006	2002	MDS	Percent of low-risk long-stay nursing home residents who have pressure sores	1.122b
Nursing home and home health care	Nursing home long-stay residents – more depressed or anxious	12.4	15.0	Average	Better than Average	12.9	-0.8%	Unchanged	2006	2002	MDS	Percent of long-stay nursing home residents who are more depressed or anxious	1.120b
Nursing home and home health care	Nursing home long-stay residents – physically restrained	4.5	3.6	Average	Average	4.1	-24.0%	Improved	2006	2002	MDS	Percent of long-stay nursing home residents who were physically restrained	1.116b
Nursing home and home health care	Nursing home long-stay residents – with declining mobility	12.4	14.4	Worse than Average	Average	14.4	1.3%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents whose ability to move about got worse	1.118b

Connecticut State Snapshot 2007

For "Chronic Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Nursing home and home health care	Nursing home long-stay residents – with increased need for help	15.6	16.7	Worse than Average	Average	17.5	1.0%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents whose need for help with daily activities has increased	1.114b
Nursing home and home health care	Nursing home long-stay residents – with moderate to severe pain	4.1	3.1	Better than Average	Average	3.5	-19.9%	Improved	2006	2002	MDS	Percent of long-stay nursing home residents who have moderate to severe pain	1.115b
Nursing home and home health care	Nursing home long-stay residents – with too much weight loss	8.4	7.7	Average	Average	8.0	-3.0%	Improved	2006	2004	MDS	Percent of long-stay nursing home residents who lose too much weight	1.128b
Nursing home and home health care	Nursing home long-stay residents – with urinary catheter left in	5.4	5.1	Better than Average	Better than Average	4.6	1.1%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents who have/had a catheter inserted and left in their bladder	1.124b
Nursing home and home health care	Nursing home long-stay residents – with urinary tract infections	8.8	8.8	Better than Average	Better than Average	7.6	2.8%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents with a urinary tract infection	1.119b

Settings of Care

How Do Health Care Providers Perform Across Settings of Care?

Settings-of-care summary measures track the quality of care delivered in different care settings. The summary measures include the following:

- **Hospital care** measures assess the quality of care provided to patients with specific health problems when they are treated in the hospital.
- **Ambulatory care** measures assess the quality of care provided to patients with specific conditions when they are treated in doctors' offices, clinics, and other sites of walk-in care.
- **Nursing home care** measures assess the quality of care provided to residents of nursing homes.
- **Home health care** measures assess the quality of care given by home health agencies to clients who receive care at home from a health care professional.

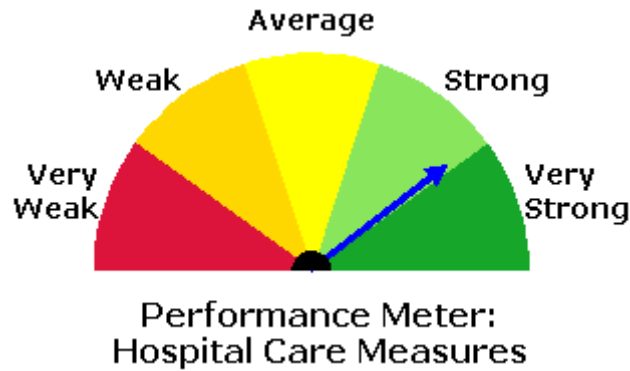
The summary measures presented here combine and aggregate measures from many different sources, so they may differ from information provided by other organizations. For, example, the Centers for Medicare & Medicaid Services provide detailed data on hospital, nursing home, and home health care at the following sites:

- Hospital Compare: <http://www.hospitalcompare.hhs.gov/>
- Nursing Home Compare: <http://www.medicare.gov/NHCompare/home.asp>
- Home Health Compare: <http://www.medicare.gov/HHCompare/Home.asp>

Hospital Care

What Is the Hospital Care Quality Performance Compared to

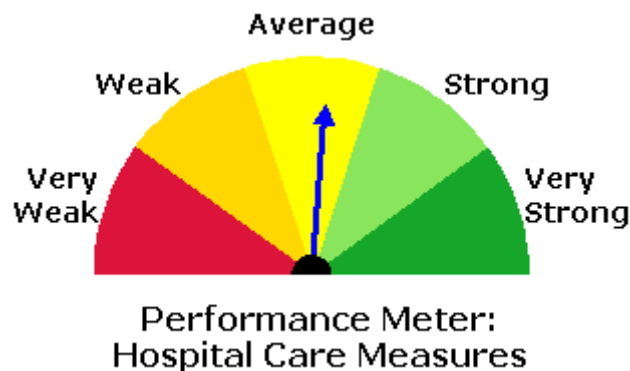
All States?



Compared to all States, for the most recent data year, the performance for Connecticut for hospital care measures is in the strong range. Performance for the baseline year is not available because of insufficient data.

What Is the Hospital Care Quality Performance Compared to

New England States?



Compared to the New England States, for the most recent data year, the performance for Connecticut for hospital care measures is in the average range. Performance for the baseline year is not available because of insufficient data.

Legend

= Most Recent Data Year

= Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Hospital Care

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Hospital Care
CT	78.95

Best Performing States	Meter Score for Hospital Care
MI	94.00
NJ	86.00
OH	81.58
CT	78.95
ME	78.95
MT	78.95

Percentile Range Across States	Meter Score for Hospital Care
75th Percentile	66.18
50th Percentile	50.00
25th Percentile	35.29

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Hospital Care Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average =The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	12	8	478	40
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	6	4	427	72
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	1	7	494	43
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	15	15	335	49
Total number of measures for the State (excluding measures that are N/A)	19	19	1399	155

Connecticut State Snapshot 2007

For "Hospital Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
¹ These all-State averages are calculated consistently across all measures and differ slightly from the national averages in the National Healthcare Quality Report. For more information, see the Methods section. ² State performance is for the most recent data year compared to all States. ³ State performance is for the most recent data year compared to the region. ⁴ The sign on entries under the column "Average Annual Change of State Rate" indicates whether the measure has risen or fallen since the baseline year. Because "+" or "-" can represent an improvement or a worsening depending on how the measure is constructed, the column "Direction of Change of State Rate" helps the user know what the change means. ⁵ For additional information about data sources/acronyms, refer to this NHQR appendix: http://www.ahrq.gov/qual/nhqr06/datasources/ . ⁶ For other States' rates, look for the table noted in this column in the NHQR appendices: http://www.ahrq.gov/qual/nhqr07/index.html .													
Heart disease	Heart attack – ACEI or ARB at discharge	83.9	83.3	Average	Average	81.9	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or an angiotensin receptor blocker at discharge, all payers	1.47b
Heart disease	Heart attack – aspirin at admission	95.5	96.7	Average	Worse than Average	95.7	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients administered aspirin within 24 hours of admission, all payers	1.43b
Heart disease	Heart attack – aspirin at discharge	96.2	97.9	Average	Worse than Average	96.5	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients with aspirin prescribed at discharge, all payers	1.44b
Heart disease	Heart attack – beta blocker at admission	92.5	95.8	Better than Average	Worse than Average	93.6	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients administered a beta-blocker within 24 hours of admission, all payers	1.45b
Heart disease	Heart attack – beta blocker at discharge	95.3	97.5	Better than Average	Worse than Average	96.0	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients with a beta-blocker prescribed at discharge, all payers	1.46b
Heart disease	Heart attack – recommended care in hospital	94.0	95.5	Better than Average	Worse than Average	94.4	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients who received recommended hospital care, all payers	1.42b

Connecticut State Snapshot 2007

For "Hospital Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Heart disease	Heart attack – smoking cessation counseling in hospital	92.9	91.1	Average	Average	91.8	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients given smoking cessation counseling while hospitalized, all payers	1.48b
Heart disease	Heart failure – ACEI/ARB at discharge	83.0	84.3	Average	Worse than Average	82.5	No Data	No Data	2005	No Data	QIO	Percent of heart failure patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or angiotensin receptor blocker at discharge, all payers	1.53b
Heart disease	Heart failure – evaluation of ejection fraction test in hospital	90.6	93.7	Better than Average	Better than Average	94.7	No Data	No Data	2005	No Data	QIO	Percent of heart failure patients having evaluation of left ventricular ejection fraction in hospital, all payers	1.52b
Heart disease	Heart failure – recommended hospital care received	88.5	91.1	Better than Average	Average	91.3	No Data	No Data	2005	No Data	QIO	Percent of heart failure patients who received recommended hospital care, all payers	1.51b
Postoperative complications	Inpatient surgery – antibiotics stopped within 24 hours	69.4	79.5	Better than Average	Better than Average	89.6	No Data	No Data	2005	No Data	QIO	Percent of adult surgery patients who had prophylactic antibiotics discontinued within 24 hours after surgery end time, all payers	2.7b
Postoperative complications	Inpatient surgery – antibiotics within 1 hour	82.4	87.5	Better than Average	Better than Average	90.0	No Data	No Data	2005	No Data	QIO	Percent of adult surgery patients who received prophylactic antibiotics within 1 hour prior to surgical incision, all payers	2.6b
Postoperative complications	Inpatient surgery – appropriate antibiotic timing	76.1	83.5	Better than Average	Better than Average	89.8	No Data	No Data	2005	No Data	QIO	Percent of adult surgery patients who received appropriate timing of antibiotics, all payers	2.5b

Connecticut State Snapshot 2007

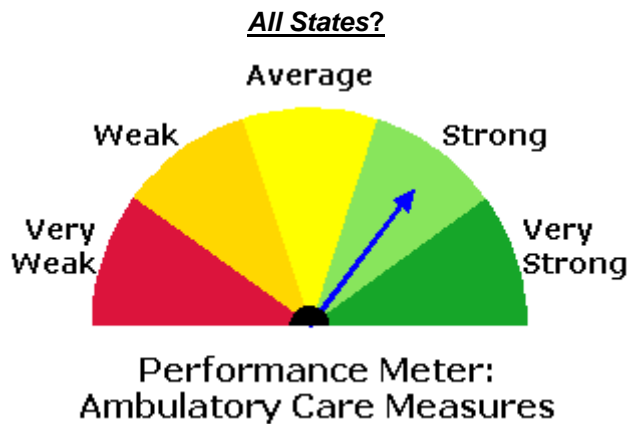
For "Hospital Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Respiratory diseases	Pneumonia – antibiotics within 4 hours in hospital	75.9	78.3	Better than Average	Average	78.5	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients who received the first dose of antibiotics within 4 hours of arrival at the hospital, all payers	1.103b
Respiratory diseases	Pneumonia – blood cultures before antibiotics in hospital	83.4	82.7	Average	Better than Average	84.1	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients who had blood cultures collected before antibiotics were administered in hospital, all payers	1.102b
Respiratory diseases	Pneumonia – flu vaccination screening in hospital, age 50 and over	55.7	59.7	Better than Average	Better than Average	67.1	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients, age 50 years and over, discharged during October-February, who were screened for influenza vaccination and, if indicated, were vaccinated prior to discharge, all payers	1.105b
Respiratory diseases	Pneumonia – pneumococcal vaccination screening in hospital	61.9	62.6	Better than Average	Better than Average	66.5	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients, age 65 and over, who were screened for pneumococcal vaccination and, if indicated, were vaccinated prior to discharge, all payers	1.106b
Respiratory diseases	Pneumonia – recommended antibiotics within 24 hours of admission	80.3	82.0	Worse than Average	Worse than Average	78.1	No Data	No Data	2005	No Data	QIO	Percent of immunocompetent pneumonia patients who received recommended empirical antibiotic regimen during the first 24 hours, all payers	1.104b

Connecticut State Snapshot 2007

For "Hospital Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Respiratory diseases	Pneumonia – recommended hospital care received	74.2	75.3	Better than Average	Better than Average	76.0	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients who received recommended hospital care, ^a all payers	1.101b

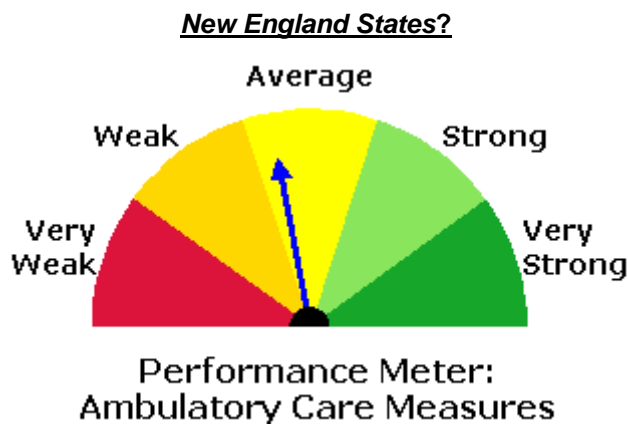
Ambulatory Care

What Is the Ambulatory Care Quality Performance Compared to



Compared to all States, for the most recent data year, the performance for Connecticut for ambulatory care measures is in the strong range. Performance for the baseline year is not available because of insufficient data.

What Is the Ambulatory Care Quality Performance Compared to



Compared to the New England States, for the most recent data year, the performance for Connecticut for ambulatory care measures is in the average range. Performance for the baseline year is not available because of insufficient data.

Legend

-  = Most Recent Data Year
-  = Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Ambulatory Care

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Ambulatory Care
CT	70.83

Best Performing States	Meter Score for Ambulatory Care
VT	76.32
MN	76.25
NH	75.68
WI	75.00
MA	72.22

Percentile Range Across States	Meter Score for Ambulatory Care
75th Percentile	62.50
50th Percentile	46.34
25th Percentile	36.73

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Ambulatory Care Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average =The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	17	2	486	43
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	17	26	895	139
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	2	6	535	36
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	18	20	838	106
Total number of measures for the State (excluding measures that are N/A)	36	34	1916	218

Connecticut State Snapshot 2007

For “Ambulatory Care Quality,” measures for which Connecticut's rate is “better than,” “average,” and “worse than” the all-State and regional averages

Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Diabetes	Diabetes eye exams	69.8	76.2	Better than Average	Average	78.8	0.1%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a retinal eye examination in the past year	1.22b
Diabetes	Diabetes flu shots	36.3	45.4	Average	Average	45.2	4.2%	Improved	2005	2001	BRFSS	Percent of noninstitutionalized high-risk adults ages 18-64 with diabetes who had an influenza immunization in the past year	1.24b
Diabetes	Diabetes foot exams	72.8	78.2	Average	Average	72.9	-0.8%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a foot examination in the past year	1.23b
Diabetes	Diabetes hemoglobin A1c tests	85.6	86.5	Average	Average	83.7	-0.6%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a hemoglobin A1c measurement at least once in the past year	1.20b
End stage renal disease	Dialysis and good hematocrit – Medicare	92.3	92.7	Average	Average	92.0	3.5%	Improved	2005	2000	U.Michigan	Percent of Medicare hemodialysis patients with hematocrit 33 or greater	1.36b
End stage renal disease	Dialysis and good urea reduction – Medicare	92.8	94.7	Better than Average	Average	95.1	0.2%	Unchanged	2005	2000	U.Michigan	Percent of Medicare hemodialysis patients with urea reduction ratio 65 percent or higher	1.35b

¹ These all-State averages are calculated consistently across all measures and differ slightly from the national averages in the National Healthcare Quality Report. For more information, see the Methods section.
² State performance is for the most recent data year compared to all States.
³ State performance is for the most recent data year compared to the region.
⁴ The sign on entries under the column "Average Annual Change of State Rate" indicates whether the measure has risen or fallen since the baseline year. Because "+" or "-" can represent an improvement or a worsening depending on how the measure is constructed, the column "Direction of Change of State Rate" helps the user know what the change means.
⁵ For additional information about data sources/acronyms, refer to this NHQR appendix: <http://www.ahrq.gov/qual/nhqr06/datasources/>.
⁶ For other States' rates, look for the table noted in this column in the NHQR appendices: <http://www.ahrq.gov/qual/nhqr07/index.html>.

Connecticut State Snapshot 2007

For "Ambulatory Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
End stage renal disease	Dialysis and on kidney transplant list	13.6	18.0	Average	Worse than Average	11.7	4.8%	Improved	2003	1999	USRDS	Percent of dialysis patients registered on the waiting list for transplantation	1.33b
End stage renal disease	Dialysis and survival – Medicare	1.0	0.9	Average	Average	0.9	0.7%	Unchanged	2005	2000	U.Michigan	Survival rate for Medicare dialysis patients	1.37
Getting appointments for care	Always got appointment for illness/injury – adults on Medicaid	55.0	56.4	Average	Average	53.0	No Data	No Data	2006	2004	NCBD	Percent of adults age 18 and over who reported that they always got appointment for illness/injury as soon as they wanted, Medicaid	3.8c
Getting appointments for care	Always got appointment for illness/injury – adults on Medicare managed care	74.7	79.4	Better than Average	Average	82.2	2.5%	Improved	2006	2003	NCBD	Percent of adults age 18 and over who reported they always got an appointment for illness/injury as soon as they wanted in last 12 months, Medicare managed care	3.8d
Getting appointments for care	Always got appointment for illness/injury – children on Medicaid	70.8	74.6	Average	Average	71.4	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 who always got appointment for illness/injury as soon as they wanted, Medicaid	3.9c
Getting appointments for care	Always got routine appointments – adults on Medicaid	48.6	48.3	Average	Average	45.9	No Data	No Data	2006	2004	NCBD	Percent of adults age 18 and over who reported in the last 6 months that they always got an appointment for routine care as soon as they wanted, Medicaid	3.6c

Connecticut State Snapshot 2007

For "Ambulatory Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Getting appointments for care	Always got routine appointments – adults on Medicare managed care	64.0	68.6	Better than Average	Average	70.2	4.1%	Improved	2006	2003	NCBD	Percent of adults age 18 and over who reported making an appointment for routine health care in the last 12 months and who always got an appointment as soon as they wanted, Medicare managed care	3.6d
Getting appointments for care	Always got routine appointments – children on Medicaid	62.3	63.9	Average	Average	67.1	No Data	No Data	2006	2004	NCBD	Children under age 18 who reported in the last 6 months they always got an appointment for routine care as soon as they wanted, Medicaid	3.7c
Heart disease	Blood cholesterol testing	72.6	77.5	Better than Average	Average	77.9	-0.2%	Unchanged	2005	2001	BRFSS	Percent of adults age 18 and over who had their blood cholesterol checked within the preceding 5 years	1.40
Heart disease	Smoking cessation advice	68.4	72.1	Average	NA	69.8	2.9%	Improved	2005	2001	BRFSS	Percent of current smokers age 18 and over who reported receiving advice to quit smoking	1.41b
Maternal and child health	Children fully vaccinated	81.8	87.1	Average	Average	86.1	1.1%	Improved	2005	2000	NIS	Percent of children age 19-35 months who received all recommended vaccines (4:3:1:3:3)	1.76b
Maternal and child health	Infant deaths – all births	6.6	5.0	Better than Average	Average	5.4	-4.2%	Improved	2004	1998	NVSS	Infant deaths per 1,000 live births	1.74e
Maternal and child health	Infant deaths – low birth weight	14.7	9.2	Better than Average	NA	9.1	-12.2%	Improved	2004	2002	NVSS	Infant deaths per 1,000 live births, birthweight 1,500-2,499 grams	1.74g
Maternal and child health	Infant deaths – very low birth weight	240.7	215.9	Average	Average	209.0	-11.4%	Improved	2004	2002	NVSS	Infant deaths per 1,000 live births, birthweight < 1,500 grams	1.74f

Connecticut State Snapshot 2007

For "Ambulatory Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Maternal and child health	Infant deaths – without low birth weight	2.2	1.3	Better than Average	Average	1.7	3.1%	Worsened	2004	2002	NVSS	Infant deaths per 1,000 live births, birthweight > 2,499 grams	1.74h
Maternal and child health	Low-weight births	8.2	7.6	Better than Average	Worse than Average	7.8	0.0%	Unchanged	2004	1998	NVSS	Percent of liveborn infants with low birth weight (less than 2,500 grams)	1.73c
Maternal and child health	Prenatal care	83.8	89.2	Better than Average	Worse than Average	87.2	-0.2%	Unchanged	2004	1998	NVSS	Percent of pregnant women receiving prenatal care in first trimester	1.72b
Maternal and child health	Very low-weight births	1.5	1.2	Average	Worse than Average	1.5	-2.1%	Improved	2004	1998	NVSS	Percent of live-born infants with very low birth weight (less than 1,500 grams)	1.73d
Mental health	Suicide deaths	10.4	7.6	Better than Average	Average	8.1	0.5%	Unchanged	2004	1999	NVSS	Suicide deaths per 100,000 population	1.91b
Overall measures	Best rating for care – adults on Medicaid	54.2	55.8	Worse than Average	Worse than Average	49.4	No Data	No Data	2006	2004	NCBD	Percent of adults age 18 and over with an ambulatory visit in the last 6 months and giving a best rating for health care received, Medicaid	5.1c
Overall measures	Best rating for care – adults on Medicare managed care	69.4	74.0	Better than Average	Average	76.2	2.2%	Improved	2006	2003	NCBD	Percent of adults age 18 and over with an ambulatory visit in the last 12 months and giving a best rating for health care received, Medicare managed care	5.1d
Overall measures	Best rating for care – children on Medicaid	67.1	72.8	Better than Average	Average	73.7	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 with an ambulatory visit in the last 6 months and their parents giving a best rating for health care received, Medicaid	5.2c

Connecticut State Snapshot 2007

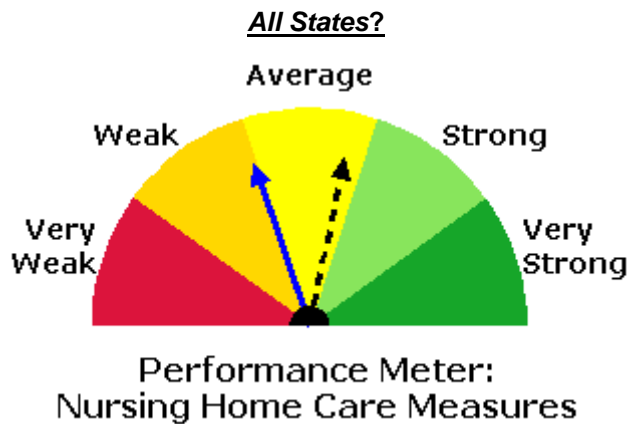
For "Ambulatory Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Patient experience of care	Always had good communication with providers – adults on Medicaid	62.1	63.3	Average	Average	62.4	No Data	No Data	2006	2004	NCBD	Percent of adults age 18 and over with an ambulatory visit whose health providers always listened carefully, explained things clearly, showed respect for what they had to say, and spent enough time with them, Medicaid	4.1c
Patient experience of care	Always had good communication with providers – adults on Medicare managed care	69.4	72.5	Better than Average	Average	73.3	1.1%	Improved	2006	2003	NCBD	Percent of adults age 18 and over with an ambulatory visit in the last 12 months and whose health providers always listened carefully, explained things clearly, showed respect for what they had to say, and spent enough time with them, Medicare managed care	4.1d
Patient experience of care	Always had good communication with providers – children on Medicaid	71.5	74.4	Better than Average	Better than Average	79.0	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 with an ambulatory visit in the last 6 months and whose health providers always listened carefully, explained things clearly, showed respect for what their parents had to say, and spent enough time with them, Medicaid	4.2c

Connecticut State Snapshot 2007

For "Ambulatory Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Patient experience of care	Providers always explained clearly – child on Medicaid	68.3	69.7	Better than Average	Better than Average	75.8	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 with an ambulatory visit in the last 6 months and whose health providers always explained things clearly to them (child), Medicaid	4.6d
Respiratory diseases	Flu vaccine in past 12 months – age 65 and over	66.5	68.4	Better than Average	Average	70.4	0.4%	Unchanged	2005	2001	BRFSS	Percent of persons age 65 and over who received an influenza vaccination in the past 12 months	1.97b
Respiratory diseases	Flu vaccine in past 12 months – high-risk, age 18-64	23.9	25.7	Average	Average	23.6	No Data	No Data	2005	2001	BRFSS	Percent of high-risk persons age 18-64 who received an influenza vaccination in the past 12 months	1.96b
Respiratory diseases	Pneumonia vaccine ever – age 65 plus	66.0	67.3	Average	Average	68.6	1.8%	Improved	2005	2001	BRFSS	Percent of adults age 65 and over who ever received a pneumococcal vaccination	1.100b
Respiratory diseases	Pneumonia vaccine ever – high-risk, age 18-64	20.1	19.1	Worse than Average	Worse than Average	15.8	No Data	No Data	2005	2001	BRFSS	Percent of high-risk persons age 18-64 who ever received a pneumococcal vaccination	1.99b

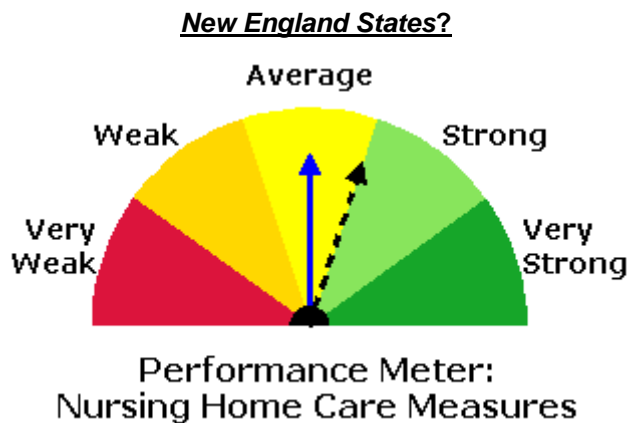
Nursing Home Care

What Is the Nursing Home Care Quality Performance Compared to





Compared to all States, for the most recent data year, the performance for Connecticut for nursing home care measures is in the weak range. For the baseline year, performance is in the average range.

What Is the Nursing Home Care Quality Performance Compared to



Compared to the New England States, for the most recent data year, the performance for Connecticut for nursing home care measures is in the average range. For the baseline year, performance is in the strong range.

Legend

-  = Most Recent Data Year
-  = Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Nursing Home Care

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Nursing Home Care
CT	39.47

Best Performing States	Meter Score for Nursing Home Care
HI	69.44
IA	68.42
NY	68.42
ND	66.67
NJ	65.79
RI	65.79

Percentile Range Across States	Meter Score for Nursing Home Care
75th Percentile	57.89
50th Percentile	42.11
25th Percentile	31.58

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Nursing Home Care Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average =The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	5	4	248	21
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	5	11	336	64
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	9	4	368	28
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	0	0	17	1
Total number of measures for the State (excluding measures that are N/A)	19	19	952	113

Connecticut State Snapshot 2007

For "Nursing Home Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
¹ These all-State averages are calculated consistently across all measures and differ slightly from the national averages in the National Healthcare Quality Report. For more information, see the Methods section. ² State performance is for the most recent data year compared to all States. ³ State performance is for the most recent data year compared to the region. ⁴ The sign on entries under the column "Average Annual Change of State Rate" indicates whether the measure has risen or fallen since the baseline year. Because "+" or "-" can represent an improvement or a worsening depending on how the measure is constructed, the column "Direction of Change of State Rate" helps the user know what the change means. ⁵ For additional information about data sources/acronyms, refer to this NHQR appendix: http://www.ahrq.gov/qual/nhqr06/datasources/ . ⁶ For other States' rates, look for the table noted in this column in the NHQR appendices: http://www.ahrq.gov/qual/nhqr07/index.html .													
Nursing home and home health care	Nursing home long-stay residents – bed/chair bound	2.7	2.2	Better than Average	Average	2.2	1.2%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents who spent most of their time in bed or in a chair	1.117b
Nursing home and home health care	Nursing home long-stay residents – given flu vaccine	89.0	88.3	Worse than Average	Worse than Average	84.7	No Data	No Data	2006	No Data	MDS	Percent of long-stay nursing home residents given influenza vaccination during the flu season	1.129
Nursing home and home health care	Nursing home long-stay residents – given pneumococcal vaccine	83.5	79.9	Worse than Average	Worse than Average	74.3	No Data	No Data	2006	No Data	MDS	Percent of long-stay nursing home residents who were assessed and given pneumococcal vaccination	1.131
Nursing home and home health care	Nursing home long-stay residents – high-risk with pressure sores	12.0	11.5	Average	Average	11.7	-2.2%	Improved	2006	2002	MDS	Percent of high-risk long-stay nursing home residents who have pressure sores	1.121b
Nursing home and home health care	Nursing home long-stay residents – low-risk with incontinence	49.1	55.7	Better than Average	Better than Average	46.4	2.2%	Worsened	2006	2002	MDS	Percent of low-risk long-stay nursing home residents who lose control of their bowels or bladder	1.123b
Nursing home and home health care	Nursing home long-stay residents – low-risk with pressure sores	2.2	2.2	Average	Average	2.0	-3.4%	Improved	2006	2002	MDS	Percent of low-risk long-stay nursing home residents who have pressure sores	1.122b
Nursing home and home health care	Nursing home long-stay residents – more depressed or anxious	12.4	15.0	Average	Better than Average	12.9	-0.8%	Unchanged	2006	2002	MDS	Percent of long-stay nursing home residents who are more depressed or anxious	1.120b

Connecticut State Snapshot 2007

For "Nursing Home Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Nursing home and home health care	Nursing home long-stay residents – physically restrained	4.5	3.6	Average	Average	4.1	-24.0%	Improved	2006	2002	MDS	Percent of long-stay nursing home residents who were physically restrained	1.116b
Nursing home and home health care	Nursing home long-stay residents – with declining mobility	12.4	14.4	Worse than Average	Average	14.4	1.3%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents whose ability to move about got worse	1.118b
Nursing home and home health care	Nursing home long-stay residents – with increased need for help	15.6	16.7	Worse than Average	Average	17.5	1.0%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents whose need for help with daily activities has increased	1.114b
Nursing home and home health care	Nursing home long-stay residents – with moderate to severe pain	4.1	3.1	Better than Average	Average	3.5	-19.9%	Improved	2006	2002	MDS	Percent of long-stay nursing home residents who have moderate to severe pain	1.115b
Nursing home and home health care	Nursing home long-stay residents – with too much weight loss	8.4	7.7	Average	Average	8.0	-3.0%	Improved	2006	2004	MDS	Percent of long-stay nursing home residents who lose too much weight	1.128b
Nursing home and home health care	Nursing home long-stay residents – with urinary catheter left in	5.4	5.1	Better than Average	Better than Average	4.6	1.1%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents who have/had a catheter inserted and left in their bladder	1.124b
Nursing home and home health care	Nursing home long-stay residents – with urinary tract infections	8.8	8.8	Better than Average	Better than Average	7.6	2.8%	Worsened	2006	2002	MDS	Percent of long-stay nursing home residents with a urinary tract infection	1.119b
Nursing home and home health care	Nursing home short-stay residents – given flu vaccine	75.1	73.9	Worse than Average	Worse than Average	68.9	No Data	No Data	2006	No Data	MDS	Percent of short-stay nursing home residents given influenza vaccination during the flu season	1.130
Nursing home and home health care	Nursing home short-stay residents – given pneumococcal vaccine	71.5	69.3	Worse than Average	Worse than Average	62.1	No Data	No Data	2006	No Data	MDS	Percent of short-stay nursing home residents who were assessed and given pneumococcal vaccination	1.132

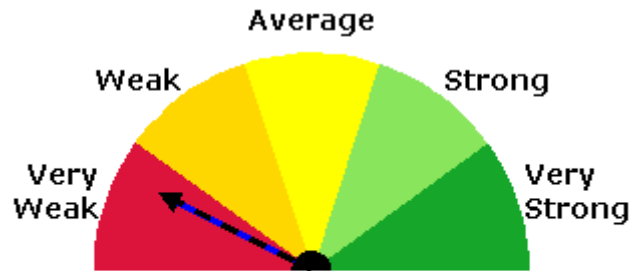
Connecticut State Snapshot 2007

For "Nursing Home Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Nursing home and home health care	Nursing home short-stay residents – with delirium	1.8	2.2	Worse than Average	Average	2.2	-12.8%	Improved	2006	2002	MDS	Percent of short-stay nursing home residents with delirium	1.126b
Nursing home and home health care	Nursing home short-stay residents – with moderate to severe pain	20.2	21.0	Worse than Average	Average	22.3	-3.3%	Improved	2006	2002	MDS	Percent of short-stay nursing home residents who had moderate to severe pain	1.125b
Nursing home and home health care	Nursing home short-stay residents – with pressure sores	16.1	17.1	Worse than Average	Average	17.3	-2.4%	Improved	2006	2002	MDS	Percent of short-stay nursing home residents with pressure sores	1.127b

Home Health Care

What Is the Home Health Care Quality Performance Compared to

All States?

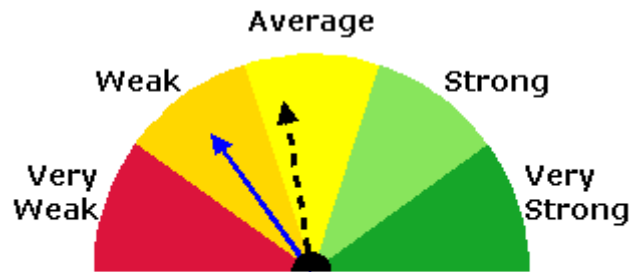


Performance Meter:
Home Health Care Measures

Compared to all States, for the most recent data year, the performance for Connecticut for home health care measures is in the very weak range. For the baseline year, performance is in the very weak range.

What Is the Home Health Care Quality Performance Compared to

New England States?



Performance Meter:
Home Health Care Measures

Compared to the New England States, for the most recent data year, the performance for Connecticut for home health care measures is in the weak range. For the baseline year, performance is in the average range.

Legend

- = Most Recent Data Year
- = Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Home Health Care

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Home Health Care
CT	15.00

Best Performing States	Meter Score for Home Health Care
MI	95.00
CA	85.00
PA	85.00
UT	85.00
NJ	80.00
NM	80.00

Percentile Range Across States	Meter Score for Home Health Care
75th Percentile	70.00
50th Percentile	50.00
25th Percentile	35.00

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Home Health Care Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average =The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	0	0	137	8
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	3	6	238	48
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	7	4	135	4
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	0	0	0	0
Total number of measures for the State (excluding measures that are N/A)	10	10	510	60

Connecticut State Snapshot 2007

For "Home Health Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
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Nursing home and home health care	Home health care – home after Home health care	66.2	63.2	Worse than Average	Worse than Average	59.6	0.5%	Unchanged	2006	2005	OASIS	Percent of home health care patients who stay home after home health care ends	1.142b
Nursing home and home health care	Home health care – hospitalization	29.7	32.8	Worse than Average	Worse than Average	35.5	0.3%	Unchanged	2006	2005	OASIS	Percent of home health care patients who had to be admitted to the hospital	1.140b
Nursing home and home health care	Home health care – improved bathing	61.2	59.0	Worse than Average	Average	57.8	0.3%	Unchanged	2006	2005	OASIS	Percent of home health care patients who get better at bathing	1.134b
Nursing home and home health care	Home health care – improved breathing	58.2	59.7	Average	Average	57.3	-0.2%	Unchanged	2006	2005	OASIS	Percent of home health care patients who have less shortness of breath	1.138b
Nursing home and home health care	Home health care – improved mobility	38.6	37.4	Worse than Average	Average	36.0	5.0%	Improved	2006	2005	OASIS	Percent of home health care patients who get better at walking or moving around	1.136b
Nursing home and home health care	Home health care – improved oral drug management	38.6	38.6	Worse than Average	Worse than Average	33.9	-1.2%	Worsened	2006	2005	OASIS	Percent of home health care patients who get better at taking their medicines correctly (by mouth)	1.133b
Nursing home and home health care	Home health care – improved pain management when mobile	61.4	61.7	Average	Average	61.6	1.3%	Improved	2006	2005	OASIS	Percent of home health care patients who have less pain when moving around	1.137b

Connecticut State Snapshot 2007

For "Home Health Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Nursing home and home health care	Home health care – improved transferring	51.7	50.7	Worse than Average	Worse than Average	48.2	0.4%	Unchanged	2006	2005	OASIS	Percent of home health care patients who get better at getting in and out of bed	1.135b
Nursing home and home health care	Home health care – incontinence	47.2	48.5	Average	Average	48.0	1.3%	Improved	2006	2005	OASIS	Percent of home health care patients who have less urinary incontinence	1.139b
Nursing home and home health care	Home health care – plus urgent care	22.3	26.6	Worse than Average	Average	28.8	3.6%	Worsened	2006	2005	OASIS	Percent of home health care patients who needed urgent, unplanned medical care	1.141b

Care by Clinical Area

How Do Providers Perform In Providing Care for Different Clinical Areas?

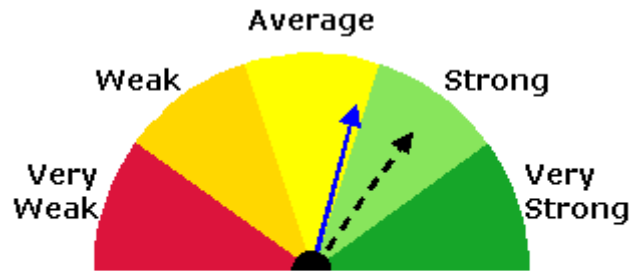
Care-by-clinical-area summary measures track the quality of care delivered for specific types of conditions. These measures include prevention, process, and outcome measures covered above under Types of Care and Settings of Care but reorganized by clinical area. The summary measures include the following:

- **Cancer** measures assess the quality of care provided to patients with cancer. These measures address cancer screening rates and cancer mortality rates.
- **Diabetes** measures assess the quality of care provided to patients with diabetes. These measures address prevention, processes of care, and outcomes of care.
- **Heart Disease** measures assess the quality of care provided to patients with heart disease, including heart attack (also called acute myocardial infarction [AMI]) and heart failure. These measures address prevention, processes of in-hospital care, and outcome of ambulatory care.
- **Maternal and Child Health** measures assess the quality of care provided to pregnant women, infants, and children. These measures address prevention and outcomes of care.
- **Respiratory Diseases** measures assess the quality of care provided to patients with asthma or pneumonia and to those at risk of influenza. These measures address prevention, processes of care, and outcomes of care.

Cancer Care

What Is the Cancer Care Quality Performance Compared to

All States?

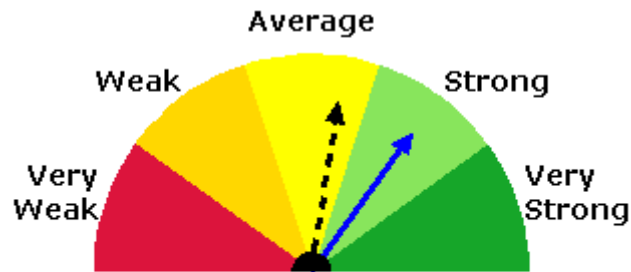


Performance Meter:
Cancer Measures

Compared to all States, for the most recent data year, the performance for Connecticut for cancer measures is in the average range. For the baseline year, performance is in the strong range.

What Is the Cancer Care Quality Performance Compared to

New England States?



Performance Meter:
Cancer Measures

Compared to the New England States, for the most recent data year, the performance for Connecticut for cancer measures is in the strong range. For the baseline year, performance is in the average range.

Legend

- = Most Recent Data Year
- = Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Cancer Care

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Cancer Care
CT	58.33

Best Performing States	Meter Score for Cancer Care
HI	100.00
MN	90.00
CA	87.50
UT	80.00
ID	75.00

Percentile Range Across States	Meter Score for Cancer Care
75th Percentile	57.69
50th Percentile	50.00
25th Percentile	27.78

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Cancer Care Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average =The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	1	2	81	5
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	5	3	236	37
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	0	0	122	3
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	7	8	224	33
Total number of measures for the State (excluding measures that are N/A)	6	5	439	45

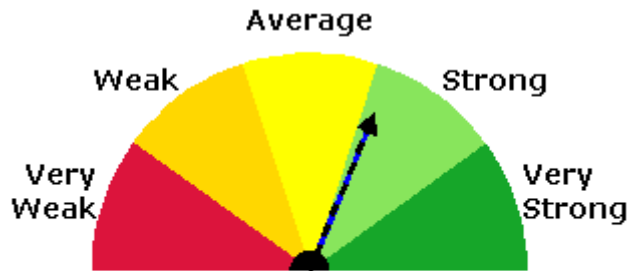
Connecticut State Snapshot 2007

For "Cancer Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
¹ These all-State averages are calculated consistently across all measures and differ slightly from the national averages in the National Healthcare Quality Report. For more information, see the Methods section. ² State performance is for the most recent data year compared to all States. ³ State performance is for the most recent data year compared to the region. ⁴ The sign on entries under the column "Average Annual Change of State Rate" indicates whether the measure has risen or fallen since the baseline year. Because "+" or "-" can represent an improvement or a worsening depending on how the measure is constructed, the column "Direction of Change of State Rate" helps the user know what the change means. ⁵ For additional information about data sources/acronyms, refer to this NHQR appendix: http://www.ahrq.gov/qual/nhqr06/datasources/ . ⁶ For other States' rates, look for the table noted in this column in the NHQR appendices: http://www.ahrq.gov/qual/nhqr07/index.html .													
Cancer	All cancer deaths	184.4	187.6	Average	Better than Average	181.0	-1.1%	Improved	2004	1999	NVSS	Cancer deaths per 100,000 population per year	1.9b
Cancer	Breast cancer deaths	24.4	23.8	Average	Average	24.7	-0.6%	Unchanged	2004	1999	NVSS	Breast cancer deaths per 100,000 female population per year	1.11b
Cancer	Colorectal cancer deaths	17.8	17.5	Average	Average	16.9	-4.0%	Improved	2004	1999	NVSS	Colorectal cancer deaths per 100,000 population per year	1.13b
Cancer	Lung cancer deaths	52.3	52.5	Better than Average	Better than Average	49.8	0.4%	Unchanged	2004	1999	NVSS	Lung cancer deaths per 100,000 population per year	1.12b
Cancer	Prostate cancer deaths	25.2	25.0	Average	Average	25.4	-2.5%	Improved	2004	1999	NVSS	Cancer deaths per 100,000 male population per year for prostate cancer	1.10b
Heart disease	Smoking cessation advice	68.4	72.1	Average	NA	69.8	2.9%	Improved	2005	2001	BRFSS	Percent of current smokers age 18 and over who reported receiving advice to quit smoking	1.41b

Diabetes Care

What Is the Diabetes Care Quality Performance Compared to

All States?

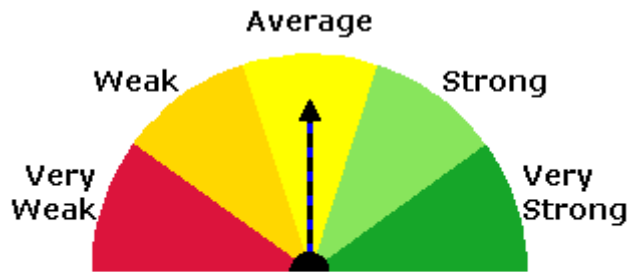


Performance Meter:
Diabetes Measures

Compared to all States, for the most recent data year, the performance for Connecticut for diabetes measures is in the strong range. For the baseline year, performance is in the strong range.

What Is the Diabetes Care Quality Performance Compared to



New England States?



Performance Meter:
Diabetes Measures

Compared to the New England States, for the most recent data year, the performance for Connecticut for diabetes measures is in the average range. For the baseline year, performance is in the average range.

Legend

 = Most Recent Data Year
 = Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Diabetes Care

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Diabetes Care
CT	62.50

Best Performing States	Meter Score for Diabetes Care
MA	100.00
HI	90.00
NH	87.50
MN	81.25
NE	80.00
OR	80.00
WI	80.00

Percentile Range Across States	Meter Score for Diabetes Care
75th Percentile	68.75
50th Percentile	50.00
25th Percentile	30.00

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Diabetes Care Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average =The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	1	0	69	4
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	3	4	150	25
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	0	0	85	5
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	4	4	104	14
Total number of measures for the State (excluding measures that are N/A)	4	4	304	34

Connecticut State Snapshot 2007

For "Diabetes Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Diabetes	Diabetes eye exams	69.8	76.2	Better than Average	Average	78.8	0.1%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a retinal eye examination in the past year	1.22b
Diabetes	Diabetes flu shots	36.3	45.4	Average	Average	45.2	4.2%	Improved	2005	2001	BRFSS	Percent of noninstitutionalized high-risk adults ages 18-64 with diabetes who had an influenza immunization in the past year	1.24b
Diabetes	Diabetes foot exams	72.8	78.2	Average	Average	72.9	-0.8%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a foot examination in the past year	1.23b
Diabetes	Diabetes hemoglobin A1c tests	85.6	86.5	Average	Average	83.7	-0.6%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a hemoglobin A1c measurement at least once in the past year	1.20b

¹ These all-State averages are calculated consistently across all measures and differ slightly from the national averages in the National Healthcare Quality Report. For more information, see the Methods section.

² State performance is for the most recent data year compared to all States.

³ State performance is for the most recent data year compared to the region.

⁴ The sign on entries under the column "Average Annual Change of State Rate" indicates whether the measure has risen or fallen since the baseline year. Because "+" or "-" can represent an improvement or a worsening depending on how the measure is constructed, the column "Direction of Change of State Rate" helps the user know what the change means.

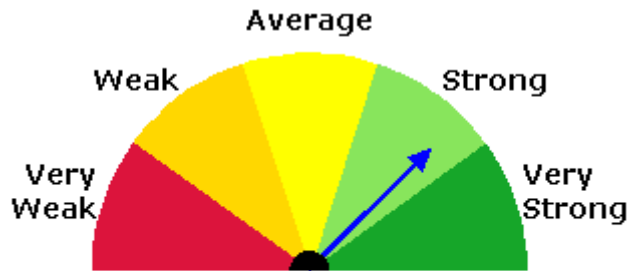
⁵ For additional information about data sources/acronyms, refer to this NHQR appendix: <http://www.ahrq.gov/qual/nhqr06/datasources/>.

⁶ For other States' rates, look for the table noted in this column in the NHQR appendices: <http://www.ahrq.gov/qual/nhqr07/index.html>.

Heart Disease Care

What Is the Heart Disease Care Quality Performance Compared to

All States?

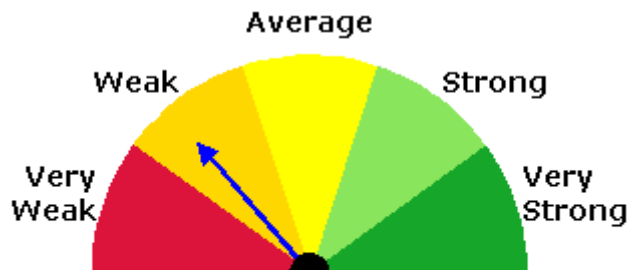


Performance Meter:
Heart Disease Measures

Compared to all States, for the most recent data year, the performance for Connecticut for heart disease measures is in the strong range. Performance for the baseline year is not available because of insufficient data.

What Is the Heart Disease Care Quality Performance Compared to

New England States?



Performance Meter:
Heart Disease Measures

Compared to the New England States, for the most recent data year, the performance for Connecticut for heart disease measures is in the weak range. Performance for the baseline year is not available because of insufficient data.

Legend

 = Most Recent Data Year

 = Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Heart Disease Care

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Heart Disease Care
CT	75.00

Best Performing States	Meter Score for Heart Disease Care
MI	88.24
MN	85.29
OH	83.33
MA	82.35
CT	75.00
DE	75.00
NH	75.00
NJ	75.00

Percentile Range Across States	Meter Score for Heart Disease Care
75th Percentile	66.67
50th Percentile	47.06
25th Percentile	27.27

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Heart Disease Care Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average =The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	6	1	235	17
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	6	4	254	44
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	0	6	281	28
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	6	7	148	19
Total number of measures for the State (excluding measures that are N/A)	12	11	770	89

Connecticut State Snapshot 2007

For "Heart Disease Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
¹ These all-State averages are calculated consistently across all measures and differ slightly from the national averages in the National Healthcare Quality Report. For more information, see the Methods section. ² State performance is for the most recent data year compared to all States. ³ State performance is for the most recent data year compared to the region. ⁴ The sign on entries under the column "Average Annual Change of State Rate" indicates whether the measure has risen or fallen since the baseline year. Because "+" or "-" can represent an improvement or a worsening depending on how the measure is constructed, the column "Direction of Change of State Rate" helps the user know what the change means. ⁵ For additional information about data sources/acronyms, refer to this NHQR appendix: http://www.ahrq.gov/qual/nhqr06/datasources/ . ⁶ For other States' rates, look for the table noted in this column in the NHQR appendices: http://www.ahrq.gov/qual/nhqr07/index.html .													
Heart disease	Blood cholesterol testing	72.6	77.5	Better than Average	Average	77.9	-0.2%	Unchanged	2005	2001	BRFSS	Percent of adults age 18 and over who had their blood cholesterol checked within the preceding 5 years	1.40
Heart disease	Heart attack – ACEI or ARB at discharge	83.9	83.3	Average	Average	81.9	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or an angiotensin receptor blocker at discharge, all payers	1.47b
Heart disease	Heart attack – aspirin at admission	95.5	96.7	Average	Worse than Average	95.7	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients administered aspirin within 24 hours of admission, all payers	1.43b
Heart disease	Heart attack – aspirin at discharge	96.2	97.9	Average	Worse than Average	96.5	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients with aspirin prescribed at discharge, all payers	1.44b
Heart disease	Heart attack – beta blocker at admission	92.5	95.8	Better than Average	Worse than Average	93.6	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients administered a beta-blocker within 24 hours of admission, all payers	1.45b
Heart disease	Heart attack – beta blocker at discharge	95.3	97.5	Better than Average	Worse than Average	96.0	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients with a beta-blocker prescribed at discharge, all payers	1.46b

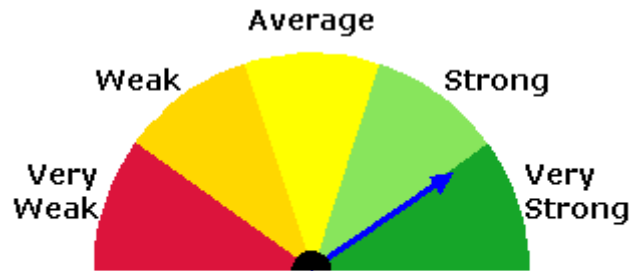
Connecticut State Snapshot 2007

For "Heart Disease Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Heart disease	Heart attack – recommended care in hospital	94.0	95.5	Better than Average	Worse than Average	94.4	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients who received recommended hospital care, all payers	1.42b
Heart disease	Heart attack – smoking cessation counseling in hospital	92.9	91.1	Average	Average	91.8	No Data	No Data	2005	No Data	QIO	Percent of heart attack patients given smoking cessation counseling while hospitalized, all payers	1.48b
Heart disease	Heart failure – ACEI/ARB at discharge	83.0	84.3	Average	Worse than Average	82.5	No Data	No Data	2005	No Data	QIO	Percent of heart failure patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or angiotensin receptor blocker at discharge, all payers	1.53b
Heart disease	Heart failure – evaluation of ejection fraction test in hospital	90.6	93.7	Better than Average	Better than Average	94.7	No Data	No Data	2005	No Data	QIO	Percent of heart failure patients having evaluation of left ventricular ejection fraction in hospital, all payers	1.52b
Heart disease	Heart failure – recommended hospital care received	88.5	91.1	Better than Average	Average	91.3	No Data	No Data	2005	No Data	QIO	Percent of heart failure patients who received recommended hospital care, all payers	1.51b
Heart disease	Smoking cessation advice	68.4	72.1	Average	NA	69.8	2.9%	Improved	2005	2001	BRFSS	Percent of current smokers age 18 and over who reported receiving advice to quit smoking	1.41b

Maternal and Child Health Care

What Is the Maternal and Child Health Care Quality Performance Compared to

All States?

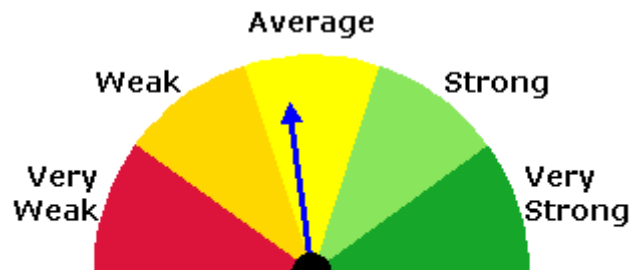


Performance Meter: Maternal and Child Health Measures

Compared to all States, for the most recent data year, the performance for Connecticut for maternal and child health measures is in the very strong range. Performance for the baseline year is not available because of insufficient data.

What Is the Maternal and Child Health Care Quality Performance Compared to

New England States?



Performance Meter: Maternal and Child Health Measures

Compared to the New England States, for the most recent data year, the performance for Connecticut for maternal and child health measures is in the average range. Performance for the baseline year is not available because of insufficient data.

Legend

- = Most Recent Data Year
- = Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Maternal and Child Health Care

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Maternal and Child Health Care
CT	80.77

Best Performing States	Meter Score for Maternal and Child Health Care
CA	92.86
MA	82.14
CT	80.77
ME	71.43
MT	71.43

Percentile Range Across States	Meter Score for Maternal and Child Health Care
75th Percentile	58.33
50th Percentile	45.00
25th Percentile	37.50

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Maternal and Child Health Care Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average =The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	8	2	153	16
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	5	7	278	37
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	0	3	184	13
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	6	7	354	48
Total number of measures for the State (excluding measures that are N/A)	13	12	615	66

Connecticut State Snapshot 2007

For “Maternal and Child Health Care Quality,” measures for which Connecticut's rate is “better than,” “average,” and “worse than” the all-State and regional averages

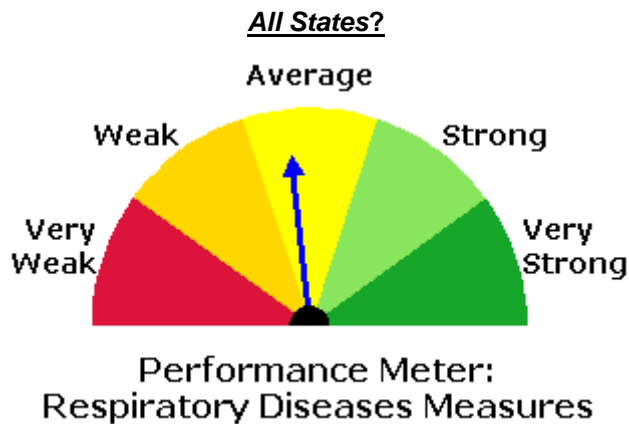
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
¹ These all-State averages are calculated consistently across all measures and differ slightly from the national averages in the National Healthcare Quality Report. For more information, see the Methods section. ² State performance is for the most recent data year compared to all States. ³ State performance is for the most recent data year compared to the region. ⁴ The sign on entries under the column "Average Annual Change of State Rate" indicates whether the measure has risen or fallen since the baseline year. Because "+" or "-" can represent an improvement or a worsening depending on how the measure is constructed, the column "Direction of Change of State Rate" helps the user know what the change means. ⁵ For additional information about data sources/acronyms, refer to this NHQR appendix: http://www.ahrq.gov/qual/nhqr06/datasources/ . ⁶ For other States' rates, look for the table noted in this column in the NHQR appendices: http://www.ahrq.gov/qual/nhqr07/index.html .													
Getting appointments for care	Always got appointment for illness/injury – children on Medicaid	70.8	74.6	Average	Average	71.4	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 who always got appointment for illness/injury as soon as they wanted, Medicaid	3.9c
Getting appointments for care	Always got routine appointments – children on Medicaid	62.3	63.9	Average	Average	67.1	No Data	No Data	2006	2004	NCBD	Children under age 18 who reported in the last 6 months they always got an appointment for routine care as soon as they wanted, Medicaid	3.7c
Maternal and child health	Children fully vaccinated	81.8	87.1	Average	Average	86.1	1.1%	Improved	2005	2000	NIS	Percent of children age 19-35 months who received all recommended vaccines (4:3:1:3:3)	1.76b
Maternal and child health	Infant deaths – all births	6.6	5.0	Better than Average	Average	5.4	-4.2%	Improved	2004	1998	NVSS	Infant deaths per 1,000 live births	1.74e
Maternal and child health	Infant deaths – low birth weight	14.7	9.2	Better than Average	NA	9.1	-12.2%	Improved	2004	2002	NVSS	Infant deaths per 1,000 live births, birthweight 1,500-2,499 grams	1.74g
Maternal and child health	Infant deaths – very low birth weight	240.7	215.9	Average	Average	209.0	-11.4%	Improved	2004	2002	NVSS	Infant deaths per 1,000 live births, birthweight < 1,500 grams	1.74f
Maternal and child health	Infant deaths – without low birth weight	2.2	1.3	Better than Average	Average	1.7	3.1%	Worsened	2004	2002	NVSS	Infant deaths per 1,000 live births, birthweight > 2,499 grams	1.74h
Maternal and child health	Low-weight births	8.2	7.6	Better than Average	Worse than Average	7.8	0.0%	Unchanged	2004	1998	NVSS	Percent of liveborn infants with low birth weight (less than 2,500 grams)	1.73c

Connecticut State Snapshot 2007

For "Maternal and Child Health Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Maternal and child health	Prenatal care	83.8	89.2	Better than Average	Worse than Average	87.2	-0.2%	Unchanged	2004	1998	NVSS	Percent of pregnant women receiving prenatal care in first trimester	1.72b
Maternal and child health	Very low-weight births	1.5	1.2	Average	Worse than Average	1.5	-2.1%	Improved	2004	1998	NVSS	Percent of live-born infants with very low birth weight (less than 1,500 grams)	1.73d
Overall measures	Best rating for care – children on Medicaid	67.1	72.8	Better than Average	Average	73.7	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 with an ambulatory visit in the last 6 months and their parents giving a best rating for health care received, Medicaid	5.2c
Patient experience of care	Always had good communication with providers – children on Medicaid	71.5	74.4	Better than Average	Better than Average	79.0	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 with an ambulatory visit in the last 6 months and whose health providers always listened carefully, explained things clearly, showed respect for what their parents had to say, and spent enough time with them, Medicaid	4.2c
Patient experience of care	Providers always explained clearly – child on Medicaid	68.3	69.7	Better than Average	Better than Average	75.8	No Data	No Data	2006	2004	NCBD	Percent of children under age 18 with an ambulatory visit in the last 6 months and whose health providers always explained things clearly to them (child), Medicaid	4.6d

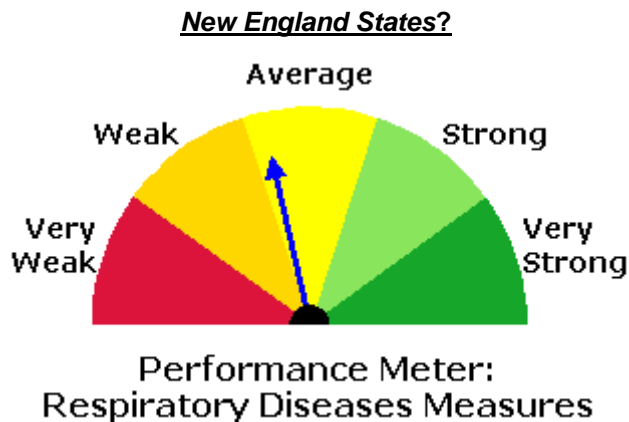
Respiratory Diseases Care

What Is the Respiratory Diseases Care Quality Performance Compared to



Compared to all States, for the most recent data year, the performance for Connecticut for respiratory diseases measures is in the average range. Performance for the baseline year is not available because of insufficient data.

What Is the Respiratory Diseases Care Quality Performance Compared to



Compared to the New England States, for the most recent data year, the performance for Connecticut for respiratory diseases measures is in the average range. Performance for the baseline year is not available because of insufficient data.

Legend

-  = Most Recent Data Year
-  = Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Respiratory Diseases Care

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Respiratory Diseases Care
CT	46.67

Best Performing States	Meter Score for Respiratory Diseases Care
MN	86.84
SD	85.71
WI	85.00
NE	84.21
IA	82.50

Percentile Range Across States	Meter Score for Respiratory Diseases Care
75th Percentile	71.05
50th Percentile	47.37
25th Percentile	27.50

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Respiratory Diseases Care Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average = The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	5	4	306	35
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	4	4	272	48
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	6	6	321	21
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	5	6	121	16
Total number of measures for the State (excluding measures that are N/A)	15	14	899	104

Connecticut State Snapshot 2007

For "Respiratory Diseases Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Baseline Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
¹ These all-State averages are calculated consistently across all measures and differ slightly from the national averages in the National Healthcare Quality Report. For more information, see the Methods section. ² State performance is for the most recent data year compared to all States. ³ State performance is for the most recent data year compared to the region. ⁴ The sign on entries under the column "Average Annual Change of State Rate" indicates whether the measure has risen or fallen since the baseline year. Because "+" or "-" can represent an improvement or a worsening depending on how the measure is constructed, the column "Direction of Change of State Rate" helps the user know what the change means. ⁵ For additional information about data sources/acronyms, refer to this NHQR appendix: http://www.ahrq.gov/qual/nhqr06/datasources/ . ⁶ For other States' rates, look for the table noted in this column in the NHQR appendices: http://www.ahrq.gov/qual/nhqr07/index.html .													
Heart disease	Smoking cessation advice	68.4	72.1	Average	NA	69.8	2.9%	Improved	2005	2001	BRFSS	Percent of current smokers age 18 and over who reported receiving advice to quit smoking	1.41b
Nursing home and home health care	Nursing home long-stay residents – given flu vaccine	89.0	88.3	Worse than Average	Worse than Average	84.7	No Data	No Data	2006	No Data	MDS	Percent of long-stay nursing home residents given influenza vaccination during the flu season	1.129
Nursing home and home health care	Nursing home long-stay residents – given pneumococcal vaccine	83.5	79.9	Worse than Average	Worse than Average	74.3	No Data	No Data	2006	No Data	MDS	Percent of long-stay nursing home residents who were assessed and given pneumococcal vaccination	1.131
Nursing home and home health care	Nursing home short-stay residents – given flu vaccine	75.1	73.9	Worse than Average	Worse than Average	68.9	No Data	No Data	2006	No Data	MDS	Percent of short-stay nursing home residents given influenza vaccination during the flu season	1.130
Nursing home and home health care	Nursing home short-stay residents – given pneumococcal vaccine	71.5	69.3	Worse than Average	Worse than Average	62.1	No Data	No Data	2006	No Data	MDS	Percent of short-stay nursing home residents who were assessed and given pneumococcal vaccination	1.132
Respiratory diseases	Flu vaccine in past 12 months – age 65 and over	66.5	68.4	Better than Average	Average	70.4	0.4%	Unchanged	2005	2001	BRFSS	Percent of persons age 65 and over who received an influenza vaccination in the past 12 months	1.97b

Connecticut State Snapshot 2007

For "Respiratory Diseases Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Respiratory diseases	Flu vaccine in past 12 months – high-risk, age 18-64	23.9	25.7	Average	Average	23.6	No Data	No Data	2005	2001	BRFSS	Percent of high-risk persons age 18-64 who received an influenza vaccination in the past 12 months	1.96b
Respiratory diseases	Pneumonia vaccine ever – age 65 plus	66.0	67.3	Average	Average	68.6	1.8%	Improved	2005	2001	BRFSS	Percent of adults age 65 and over who ever received a pneumococcal vaccination	1.100b
Respiratory diseases	Pneumonia vaccine ever – high-risk, age 18-64	20.1	19.1	Worse than Average	Worse than Average	15.8	No Data	No Data	2005	2001	BRFSS	Percent of high-risk persons age 18-64 who ever received a pneumococcal vaccination	1.99b
Respiratory diseases	Pneumonia – antibiotics within 4 hours in hospital	75.9	78.3	Better than Average	Average	78.5	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients who received the first dose of antibiotics within 4 hours of arrival at the hospital, all payers	1.103b
Respiratory diseases	Pneumonia – blood cultures before antibiotics in hospital	83.4	82.7	Average	Better than Average	84.1	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients who had blood cultures collected before antibiotics were administered in hospital, all payers	1.102b
Respiratory diseases	Pneumonia – flu vaccination screening in hospital, age 50 and over	55.7	59.7	Better than Average	Better than Average	67.1	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients, age 50 years and over, discharged during October-February, who were screened for influenza vaccination and, if indicated, were vaccinated prior to discharge, all payers	1.105b

Connecticut State Snapshot 2007

For "Respiratory Diseases Care Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Respiratory diseases	Pneumonia – pneumococcal vaccination screening in hospital	61.9	62.6	Better than Average	Better than Average	66.5	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients, age 65 and over, who were screened for pneumococcal vaccination and, if indicated, were vaccinated prior to discharge, all payers	1.106b
Respiratory diseases	Pneumonia – recommended antibiotics within 24 hours of admission	80.3	82.0	Worse than Average	Worse than Average	78.1	No Data	No Data	2005	No Data	QIO	Percent of immunocompetent pneumonia patients who received recommended empirical antibiotic regimen during the first 24 hours, all payers	1.104b
Respiratory diseases	Pneumonia – recommended hospital care received	74.2	75.3	Better than Average	Better than Average	76.0	No Data	No Data	2005	No Data	QIO	Percent of pneumonia patients who received recommended hospital care, ^a all payers	1.101b

Strongest and Weakest Measures

Connecticut's Strongest Measures

Strongest Measures are those in which the State performed above the all-State average and are strongest among their measures relative to all reporting States. This State may be leading the way in quality in these measures.

Note: The best result for each measure can be either the highest or lowest value. The direction representing best is noted in the "Best" column.

Measure Short Name	Measure Long Name	Best
Heart failure – evaluation of ejection fraction test in hospital	Percent of heart failure patients having evaluation of left ventricular ejection fraction in hospital, all payers	highest
Inpatient surgery – appropriate antibiotic timing	Percent of adult surgery patients who received appropriate timing of antibiotics, all payers	highest
Inpatient surgery – antibiotics stopped within 24 hours	Percent of adult surgery patients who had prophylactic antibiotics discontinued within 24 hours after surgery end time, all payers	highest
Best rating for care – adults on Medicare managed care	Percent of adults age 18 and over with an ambulatory visit in the last 12 months and giving a best rating for health care received, Medicare managed care	highest
Infant deaths – low birth weight	Infant deaths per 1,000 live births, birthweight 1,500-2,499 grams	lowest

Connecticut's Weakest Measures

Weakest Measures are those in which the State performed below the all-State average and are weakest among their measures relative to all reporting States. These measures highlight some of the opportunities for improvement.

Note: The best result for each measure can be either the highest or lowest value. The direction representing best is noted in the "Best" column.

Measure Short Name	Measure Long Name	Best
Pneumonia vaccine ever – high-risk, age 18-64	Percent of high-risk persons age 18-64 who ever received a pneumococcal vaccination	highest
Home health care – plus urgent care	Percent of home health care patients who needed urgent, unplanned medical care	lowest
Home health care – hospitalization	Percent of home health care patients who had to be admitted to the hospital	lowest
Home health care – home after Home health care	Percent of home health care patients who stay home after home health care ends	highest
Home health care – improved oral drug management	Percent of home health care patients who get better at taking their medicines correctly (by mouth)	highest
Home health care – improved bathing	Percent of home health care patients who get better at bathing	highest

States' specific performances on each of these measures are available in the All-State

Data Table for All Measures page on the State Snapshots Web site:
<http://statesnapshots.ahrq.gov/snaps07/>.

2007 National Healthcare Quality Report

Ranking on Selected Measures

The following ranking shows how well this State is performing among all the States on 15 important measures of health care quality from the 2007 National Healthcare Quality Report. These measures were selected to represent a broad range of many common diseases.

Measure ¹	Definition	All-State Average ²	State Rate	State Rank
Cancer				
Breast cancer deaths	Breast cancer deaths per 100,000 female population per year	24.4	24.7	34
Colorectal cancer deaths	Colorectal cancer deaths per 100,000 population per year	17.8	16.9	18
Diabetes				
Diabetes flu shots	Percent of noninstitutionalized high-risk adults ages 18-64 with diabetes who had an influenza immunization in the past year	36.3	45.2	9
End stage renal disease				
Dialysis and good urea reduction - Medicare	Percent of Medicare hemodialysis patients with urea reduction ratio 65 percent or higher	92.8	95.1	6
Heart disease				
Heart attack - beta blocker at discharge	Percent of heart attack patients with a beta-blocker prescribed at discharge, all payers	95.3	96.0	20
Heart attack - ACEI or ARB at discharge	Percent of heart attack patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or an angiotensin receptor blocker at discharge, all payers	83.9	81.9	38
Maternal and child health				
Prenatal care	Percent of pregnant women receiving prenatal care in first trimester	83.8	87.2	8
Children fully vaccinated	Percent of children age 19-35 months who received all recommended vaccines (4:3:1:3:3)	81.8	86.1	4
Mental health				
Suicide deaths	Suicide deaths per 100,000 population	10.4	8.1	6
Respiratory diseases				
Pneumonia vaccine ever - age 65 plus	Percent of adults age 65 and over who ever received a pneumococcal vaccination	66.0	68.6	12
Nursing home and home health care				
Nursing home long-stay residents - physically restrained	Percent of long-stay nursing home residents who were physically restrained	4.5	4.1	21
Nursing home long-stay residents - low-risk with pressure sores	Percent of low-risk long-stay nursing home residents who have pressure sores	2.2	2.0	14
Home health care - improved mobility	Percent of home health care patients who get better at walking or moving around	38.6	36.0	41
Getting appointments for care				
Always got appointment for illness/injury - adults on Medicare managed care	Percent of adults age 18 and over who reported they always got an appointment for illness/injury as soon as they wanted in last 12 months, Medicare managed care	74.7	82.2	5

Connecticut State Snapshot 2007

Measure ¹	Definition	All-State Average ²	State Rate	State Rank
Patient experience of care				
Always had good communication with providers - adults on Medicare managed care	Percent of adults age 18 and over with an ambulatory visit in the last 12 months and whose health providers always listened carefully, explained things clearly, showed respect for what they had to say, and spent enough time with them, Medicare managed care	69.4	73.3	5

¹ Further details on measure specifications are available in the NHQR Measure Specifications Appendix: <http://www.ahrq.gov/qual/nhqr06/measurespec/index.html>.

² These all-State averages are consistently calculated across all measures and differ slightly from those in the National Healthcare Quality Report. For more information, see the Methods section.

Focus on Diabetes

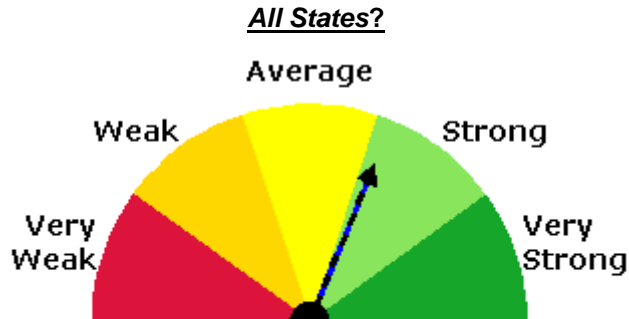
The Focus on Diabetes section of the NHQR State Snapshots provides indepth information on quality, disparities, costs, and potential savings from quality improvement for diabetes. Diabetes is increasingly affecting residents of every State, and State health policymakers want to understand these issues more completely.

Take a closer look at Connecticut's performance in the treatment of patients with diabetes across these areas:

- Quality of Diabetes Care - Processes of Care
- Quality of Diabetes Care - Outcomes of Care
- Disparities in Diabetes Treatment - By Income
- Disparities in Diabetes Treatment - By Race/Ethnicity
- Lives and Expenses
- Excess Costs of Diabetes

Quality of Diabetes Care Processes-of-Care

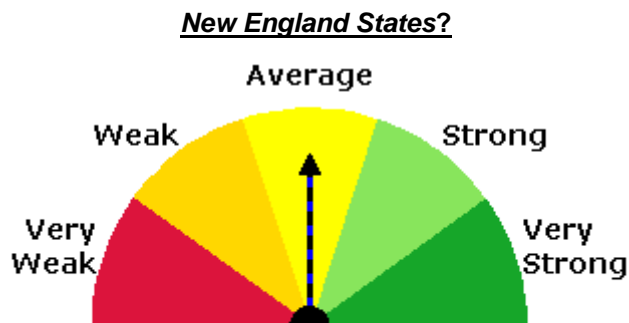
What Is the Diabetes Process-of-Care Quality Performance Compared to



Performance Meter:
Diabetes Care Process Measures

Compared to all States, for the most recent data year, the performance for Connecticut for diabetes care process measures is in the strong range. For the baseline year, performance is in the strong range.

What Is the Diabetes Process-of-Care Quality Performance Compared to



Performance Meter:
Diabetes Care Process Measures

Compared to the New England States, for the most recent data year, the performance for Connecticut for diabetes care process measures is in the average range. For the baseline year, performance is in the average range.

Legend

- = Most Recent Data Year
- = Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Diabetes Process-of-Care

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Diabetes Process-of-Care
CT	62.50

Best Performing States	Meter Score for Diabetes Process-of-Care
NH	87.50
MN	75.00
SD	75.00
CT	62.50
DE	62.50
IA	62.50
NC	62.50
PA	62.50
VT	62.50
WA	62.50

Percentile Range Across States	Meter Score for Diabetes Process-of-Care
75th Percentile	62.50
50th Percentile	50.00
25th Percentile	37.50

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Diabetes Process-of-Care Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average =The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	1	0	20	0
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	3	4	119	18
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	0	0	29	0
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	0	0	36	6
Total number of measures for the State (excluding measures that are N/A)	4	4	168	18

Connecticut State Snapshot 2007

For “Diabetes Process-of-Care Quality,” measures for which Connecticut's rate is “better than,” “average,” and “worse than” the all-State and regional averages

Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Diabetes	Diabetes eye exams	69.8	76.2	Better than Average	Average	78.8	0.1%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a retinal eye examination in the past year	1.22b
Diabetes	Diabetes flu shots	36.3	45.4	Average	Average	45.2	4.2%	Improved	2005	2001	BRFSS	Percent of noninstitutionalized high-risk adults ages 18-64 with diabetes who had an influenza immunization in the past year	1.24b
Diabetes	Diabetes foot exams	72.8	78.2	Average	Average	72.9	-0.8%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a foot examination in the past year	1.23b
Diabetes	Diabetes hemoglobin A1c tests	85.6	86.5	Average	Average	83.7	-0.6%	Unchanged	2005	2001	BRFSS	Percent of adults age 40 and over with diabetes who had a hemoglobin A1c measurement at least once in the past year	1.20b

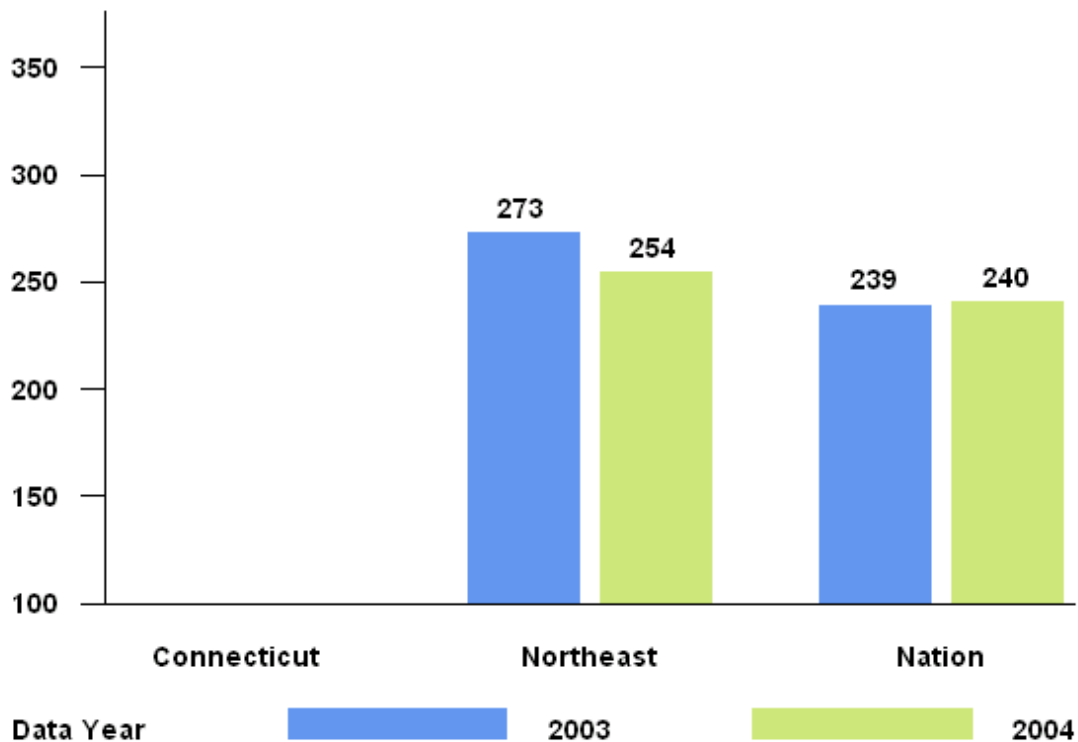
¹ These all-State averages are calculated consistently across all measures and differ slightly from the national averages in the National Healthcare Quality Report. For more information, see the Methods section.
² State performance is for the most recent data year compared to all States.
³ State performance is for the most recent data year compared to the region.
⁴ The sign on entries under the column "Average Annual Change of State Rate" indicates whether the measure has risen or fallen since the baseline year. Because "+" or "-" can represent an improvement or a worsening depending on how the measure is constructed, the column "Direction of Change of State Rate" helps the user know what the change means.
⁵ For additional information about data sources/acronyms, refer to this NHQR appendix: <http://www.ahrq.gov/qual/nhqr06/datasources/>.
⁶ For other States' rates, look for the table noted in this column in the NHQR appendices: <http://www.ahrq.gov/qual/nhqr07/index.html>.

Quality of Diabetes Care Outcomes of Care

How Do Diabetes Care Outcomes in Connecticut Compare to New England States and All States?

The State's performance on diabetes care outcomes is assessed through inpatient admissions, some portion of which might be avoidable with better access to excellent ambulatory care in the State. When the State's number of admissions is higher than the Nation's, reductions in avoidable hospitalizations should be feasible. These measures are from the **most recent two data years** of the Healthcare Cost and Utilization Project (HCUP).

Hospitalizations for Complications Related to Diabetes per 100,000 People in Connecticut, 2003 and 2004.¹



¹Four diabetes complications-related admission measures are combined: Lower Extremity Amputations, Uncontrolled, Long-Term Complications, and Short-Term Complications.

Specific Quality Measures and Metrics that Constitute the Hospitalizations for Complications Related to Diabetes per 100,000 People, 2004 and 2003

State	Diabetes hospitalizations per 100,000 population ¹		Lower extremity amputations among patients with diabetes per 100,000 population, age 18 years and older ²		Admissions for uncontrolled diabetes without complication per 100,000 population, age 18 years and older ³		Admissions for diabetes with long-term complications per 100,000 population, age 18 years and older ⁴		Admissions for diabetes with short-term complications per 100,000 population, age 18 years and older ⁴	
	Adjusted Rate		Adjusted Rate		Adjusted Rate		Adjusted Rate		Adjusted Rate	
	2004 Estimate	2003 Estimate	2004 Estimate	2003 Estimate	2004 Estimate	2003 Estimate	2004 Estimate	2003 Estimate	2004 Estimate	2003 Estimate
Total U.S.	240.5	239.0	38.3	38.5	22.0	22.0	124.9	120.7	55.2	56.0
Midwest	234.1	219.0	34.3	33.9	23.4	23.4	122.1	109.8	54.3	52.9
Northeast	254.4	272.9	41.1	43.2	23.6	23.6	137.2	143.2	52.4	56.0
South	274.5	263.5	44.0	43.3	27.6	27.6	137.4	128.4	65.5	63.8
West	178.1	188.1	30.6	30.9	10.1	10.1	95.4	98.8	42.0	46.5
Arizona	205.7	195.6	29.3	26.7	12.1	12.1	114.4	108.0	50.0	50.0
Arkansas	257.8	No Data	32.7	No Data	35.1	35.1	115.9	No Data	74.0	No Data
California	202.2	196.3	33.4	31.5	12.6	12.6	113.4	106.3	42.8	44.0
Colorado	144.9	140.0	22.8	19.8	5.1	5.1	73.0	69.6	43.9	44.9
Florida	224.8	217.0	33.2	31.8	26.1	26.1	111.6	105.0	53.9	52.7
Georgia	277.0	270.2	47.8	45.8	25.2	25.2	131.6	128.1	72.4	70.4
Hawaii	178.3	177.7	40.4	36.9	6.7	6.7	93.0	96.2	38.1	36.6
Illinois	241.1	239.8	33.3	33.7	33.1	33.1	125.0	120.9	49.7	49.0
Iowa	151.6	154.3	23.8	23.7	10.4	10.4	78.9	78.6	38.6	39.9
Kansas	219.2	210.7	25.2	25.9	29.6	29.6	115.5	106.1	48.8	53.2
Kentucky	261.1	270.1	36.6	36.7	29.7	29.7	127.8	130.8	67.0	69.1
Maryland	219.9	218.5	38.0	38.7	18.2	18.2	111.8	104.7	51.8	55.4
Massachusetts	196.5	191.5	37.1	34.6	8.0	8.0	109.1	105.7	42.2	42.1
Michigan	220.1	212.8	33.3	32.6	13.6	13.6	113.1	106.1	60.0	60.2
Minnesota	154.4	158.9	21.0	21.1	9.4	9.4	90.3	91.9	33.7	35.8
Missouri	250.5	234.0	39.5	38.2	21.2	21.2	125.9	117.0	63.9	57.6
Nebraska	144.1	143.1	22.3	23.1	8.7	8.7	75.4	69.3	37.6	38.1
Nevada	200.3	185.8	23.0	22.5	10.8	10.8	98.3	90.5	68.3	62.7
New Hampshire	161.7	157.4	27.9	30.4	6.0	6.0	81.2	80.4	46.5	39.4
New Jersey	261.7	258.5	36.8	37.6	29.1	29.1	141.8	139.7	54.1	51.0
New York	282.9	268.1	40.8	38.8	38.1	38.1	151.3	140.8	52.8	50.9
North Carolina	260.6	263.5	45.5	47.5	22.7	22.7	128.9	125.2	63.4	66.6
Ohio	242.8	234.2	38.7	39.4	19.0	19.0	121.5	113.1	63.6	61.6
Oregon	142.5	136.5	23.1	22.2	5.5	5.5	71.2	70.2	42.7	37.8
Rhode Island	195.8	195.5	31.5	31.6	12.9	12.9	102.6	104.5	48.8	47.4
South Carolina	295.6	303.7	49.2	51.9	25.9	25.9	147.9	150.5	72.5	71.5
Tennessee	287.5	278.9	39.9	42.8	30.6	30.6	139.3	131.0	77.6	74.6
Texas	276.9	283.9	49.8	51.1	24.8	24.8	147.7	150.5	54.5	55.1
Utah	128.0	136.7	18.5	18.9	4.1	4.1	68.6	70.3	36.9	43.3
Vermont	115.9	117.3	22.9	22.6	2.7	2.7	55.5	61.2	34.9	30.1
Virginia	233.2	224.3	40.1	39.6	14.6	14.6	123.6	114.4	54.9	55.7
Washington	133.5	136.9	24.1	23.9	5.9	5.9	66.2	66.9	37.3	40.2
West Virginia	295.8	286.2	38.0	34.4	31.0	31.0	147.4	145.8	79.4	77.7
Wisconsin	171.8	173.8	31.3	31.2	8.8	8.8	89.1	88.1	42.6	43.1

¹ Sum of four measures.

² Excluding trauma, obstetric admissions, and transfers from other institutions.

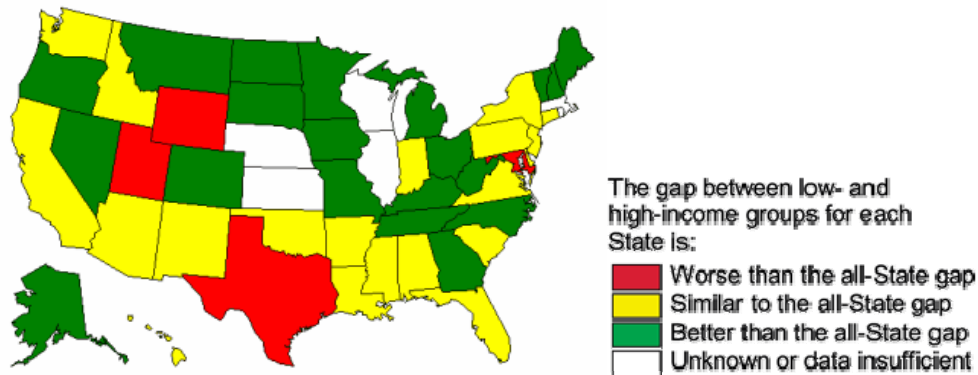
³ Excluding obstetric and neonatal admissions and transfers from other institutions.

⁴ Excluding obstetric admissions and transfers from other institutions.

Disparities in Treatment By Income

The map below shows whether the gap in the rate of HbA1c testing among people with diabetes with low income compared to high income within a State is worse than, similar to, or better than the gap that exists across all States with data.

For 2004-2006, the gap in HbA1c testing for people with diabetes and low income (under \$15,000) compared to high income (\$50,000 or more).



HbA1c monitoring uses a blood test that indicates to a health care provider how well a patient's diabetes has been controlled. It is an important test that helps providers monitor and guide patients to minimize and avoid serious complications. In the map above:

- **Worse than the all-State gap** means the gap in HbA1c testing between people with diabetes at low-income levels and people with diabetes at high-income levels is worse than the gap between these groups across all States with data.
- **Similar to the all-State gap** means the gap in HbA1c testing between people with diabetes at low-income levels and people with diabetes at high-income levels is similar to the gap between these groups across all States with data.
- **Better than the all-State gap** means the gap in HbA1c testing between people with diabetes at low-income levels and people with diabetes at high-income levels is better than the gap between these groups across all States with data.
- **Unknown/data insufficient** means a measure for the State could not be made.

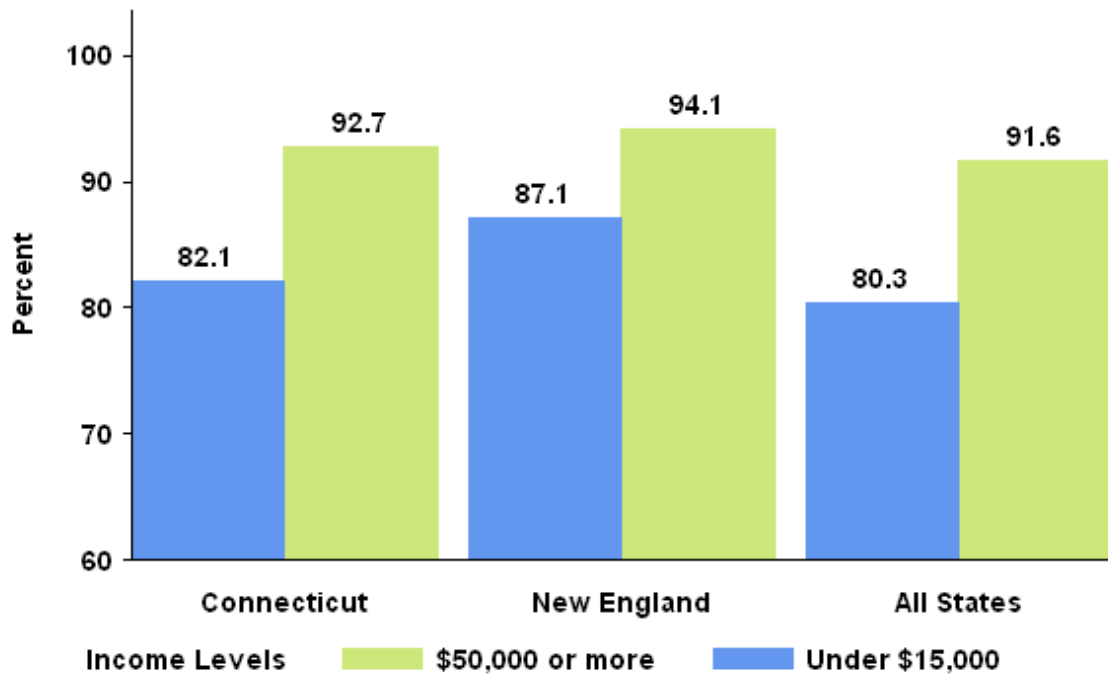
The gap is worse than the all-State gap in the following States: Maryland, Texas, Utah, and Wyoming. The gap is similar to the all-State gap in the following States: Alabama, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Hawaii, Idaho, Indiana, Louisiana, Mississippi, New Jersey, New Mexico, New York, Oklahoma, Pennsylvania, South Carolina, Virginia, and Washington. The gap is better than the all-State gap in the following States: Alaska, Colorado, District of Columbia, Georgia, Iowa, Kentucky, Maine, Michigan, Minnesota, Missouri, Montana, Nevada, New Hampshire, North Carolina, North Dakota, Ohio, Oregon, South Dakota, Tennessee, Vermont, and West Virginia. There is insufficient data for these States: Illinois, Kansas, Massachusetts, Nebraska, Rhode Island, and Wisconsin.

These categories are based on comparisons of the relative rates of HbA1c testing for people with diabetes within the two income groups in each State relative to the all-State rates for those income groups for the period 2004–2006. Data are from the Behavioral Risk Factor Surveillance System. For more information, see the Methods section.

The chart on the next page shows the rate at which HbA1c monitoring was done for people who are in low- or high-income groups within the State, the region, and all States.

Disparities in Treatment By Income

Percent of People in Connecticut With Diabetes Who Had an HbA1c Test, by Income, 2004 to 2006.



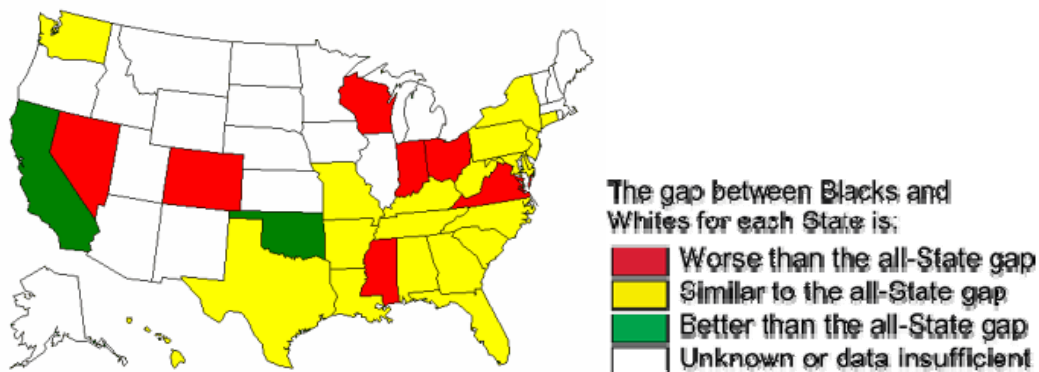
The bar chart represents the percent of people with diabetes who had an HbA1c test in the previous 12 months for the period 2004–2006. Data are from the Behavioral Risk Factor Surveillance System. For more information, see the Methods section.

Disparities in Treatment By Race/Ethnicity

HbA1c Testing for Blacks, Hispanics, and Whites

For a few States, racial/ethnic groups also can be evaluated for HbA1c monitoring. When sufficient data are available, the maps below show whether the gap in the rate of HbA1c testing among different racial groups and Whites within a State is worse than, similar to, or better than the gap that exists across all States with data. The bar chart shows the actual percentage of people with diabetes in racial and ethnic groups who receive HbA1c monitoring in the State (if available), in the region, and in all States.

For 2004-2006, the gap in HbA1c testing for people with diabetes for non-Hispanic Blacks compared to non-Hispanic Whites.



HbA1c monitoring uses a blood test that indicates to a health care provider how well a patient's diabetes has been controlled. It is an important test that helps providers monitor and guide patients to minimize and avoid serious complications. In the map above:

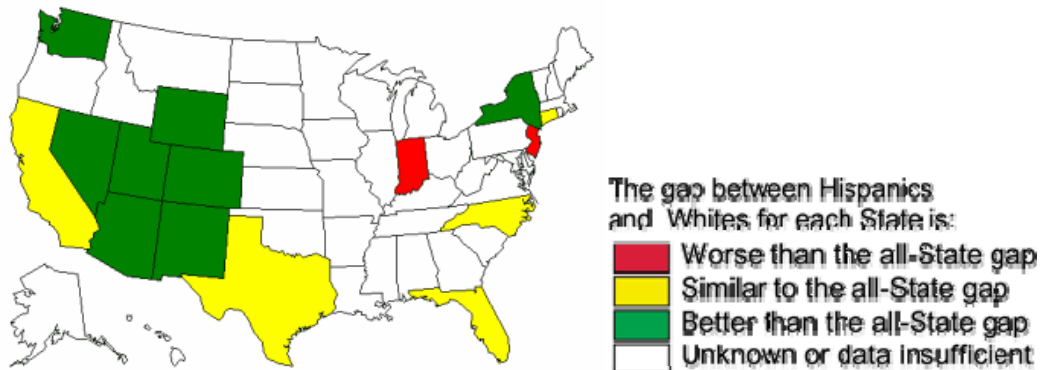
- **Worse than the all-State gap** means the gap in HbA1c testing between non-Hispanic Black people with diabetes and non-Hispanic White people with diabetes is worse than the gap between these groups across all States with data.
- **Similar to the all-State gap** means the gap in HbA1c testing between non-Hispanic Black people with diabetes and non-Hispanic White people with diabetes is similar to the gap between these groups across all States with data.
- **Better than the all-State gap** means the gap in HbA1c testing between non-Hispanic Black people with diabetes and non-Hispanic White people with diabetes is better than the gap between these groups across all States with data.
- **Unknown/data insufficient** means a measure for the State could not be made.

The gap is worse than the all-State gap in the following States: Colorado, Indiana, Mississippi, Nevada, Ohio, Virginia, and Wisconsin. The gap is similar to the all-State gap in the following States: Alabama, Arkansas, Connecticut, Delaware, Florida, Georgia, Hawaii, Kentucky, Louisiana, Maryland, Missouri, New Jersey, New York, North Carolina, Pennsylvania, South Carolina, Tennessee, Texas, Washington, and West Virginia. The gap is better than the all-State gap in the following States: California, and Oklahoma. There is insufficient data for these States: Alaska, Arizona, District of Columbia, Idaho, Illinois, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Montana, Nebraska, New Hampshire, New Mexico, North Dakota, Oregon, Rhode Island, South Dakota, Utah, Vermont, and Wyoming.

These categories are based on comparisons of the relative rates of HbA1c testing for people with diabetes within the two race/ethnicity groups in each State relative to the all-State rates for those race/ethnicity groups, for the period 2004–2006. Data are from the Behavioral Risk Factor Surveillance System. For more information, see the Methods section.

Disparities in Treatment By Race/Ethnicity HbA1c Testing for Blacks, Hispanics, and Whites

For 2004-2006, the gap in HbA1c testing for people with diabetes for Hispanics compared to non-Hispanic Whites.



HbA1c monitoring uses a blood test that indicates to a health care provider how well a patient's diabetes has been controlled. It is an important test that helps providers monitor and guide patients to minimize and avoid serious complications. In the map above:

- **Worse than the all-State gap** means the gap in HbA1c testing between Hispanic people with diabetes and non-Hispanic White people with diabetes is worse than the gap between these groups across all States with data.
- **Similar to the all-State gap** means the gap in HbA1c testing between Hispanic people with diabetes and non-Hispanic White people with diabetes is similar to the gap between these groups across all States with data.
- **Better than the all-State gap** means the gap in HbA1c testing between Hispanic people with diabetes and non-Hispanic White people with diabetes is better than the gap between these groups across all States with data.
- **Unknown/data insufficient** means a measure for the State could not be made.

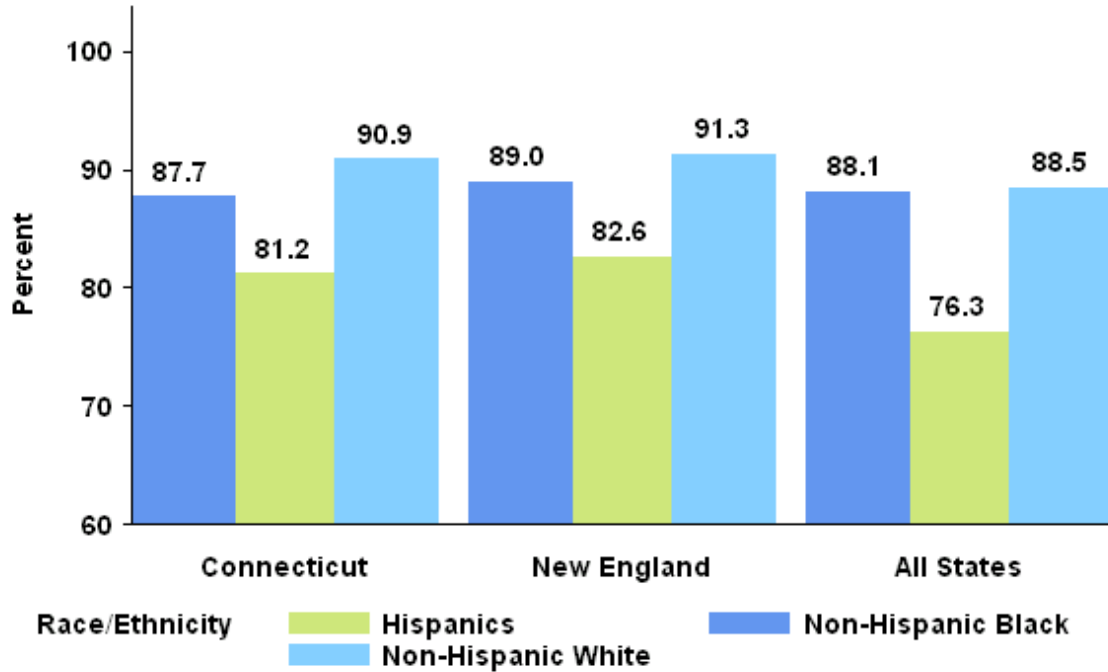
The gap is worse than the all-State gap in the following States: Indiana, and New Jersey. The gap is similar to the all-State gap in the following States: California, Connecticut, Florida, North Carolina, and Texas. The gap is better than the all-State gap in the following States: Arizona, Colorado, Nevada, New Mexico, New York, Utah, Washington, and Wyoming. There is insufficient data for these States: Alabama, Alaska, Arkansas, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Virginia, West Virginia, and Wisconsin.

These categories are based on comparisons of the relative rates of HbA1c testing for people with diabetes within the two race/ethnicity groups in each State relative to the all-State rates for those race/ethnicity groups, for the period 2004–2006. Data are from the Behavioral Risk Factor Surveillance System. For more information, see the Methods section.

The chart on the next page shows the actual rates of HbA1c monitoring for people who are non-Hispanic Black, Hispanic, or non-Hispanic White within the State, the region, and all States. Any missing bars reflect insufficient data for a group within the State.

Disparities in Treatment By Race/Ethnicity HbA1c Testing for Blacks, Hispanics, and Whites

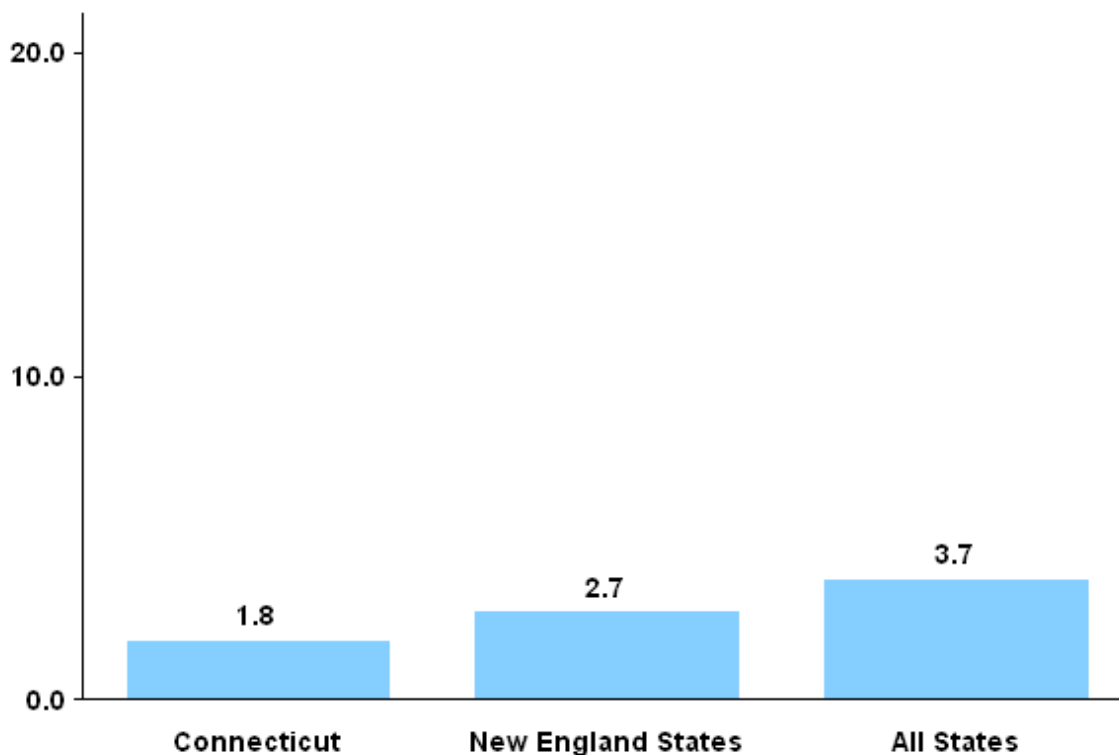
Percent of People in Connecticut With Diabetes Who Had an HbA1c Test, by Race/Ethnicity, 2004 to 2006.



The bar chart represents the percent of people with diabetes who had an HbA1c test in the previous 12 months for the period 2004–2006. Data are from the Behavioral Risk Factor Surveillance System. For more information, see the Methods section.

Focus on Diabetes Lives and Expenses

2006 Estimated Share (%) of Health Expenditures on State Government Employees That Relates to Diabetes Care, Compared to New England States and All States



States are significant purchasers of health care. An estimated 4,400 Connecticut government employees and their dependents likely had diabetes (diagnosed and undiagnosed) in 2006, and Connecticut is estimated to have spent \$16,010,000, or 1.8%, of State government employee health dollars on care for people diagnosed with diabetes.

These percentages:

- Are rough estimates of the share of expenses attributed to diabetes care and are based on the Diabetes Cost Calculator and State health care expenditures on State government employees and dependents.
- Are missing for the State when data were unreliable.

Focus on Diabetes

Excess Costs

2006 Excess Costs Associated with Diabetes for State Government Employees

HbA1c is a marker of blood glucose levels and is used as an indicator of the quality of diabetes care. Diabetes quality improvement programs have produced reductions in HbA1c **an average of 0.5%** across a population of participants. The **best results, reductions of 1.0%**, occur when intensive disease management programs coordinate assessment, treatment, and referral with primary care.

Average Results

If Connecticut's employees' and dependents' HbA1c levels were reduced by 0.5%, then spending on diabetes care of State government employees might be reduced by about \$400,000 per year. In addition, excess costs due to lost productivity among employees with diabetes could be reduced by \$4,900,000 a year.

Best Results

If Connecticut's employees' and dependents' HbA1c levels were reduced by 1.0%, then spending on diabetes care of State government employees might be reduced by about \$700,000 per year. In addition, excess costs due to lost productivity among employees with diabetes could be reduced by \$9,000,000 a year.

Note—These savings:

- May not be realized for years.
- Do not include the cost of quality improvement programs that would be needed to achieve a 0.5% or 1.0% reduction, respectively. Depending on intensity, a diabetes disease management program costs between \$20 and \$60 per participant per month.
- Are most likely for a State that has not yet instituted a quality improvement or disease management program for its State government employees.

Other things to consider:

- While a quality improvement or disease management program should reduce the use of the most expensive services (e.g., emergency rooms and inpatient stays), doctor visits and prescription drug costs would probably increase. The calculation above does account for such changes.
- Serious consequences of diabetes—risk of heart attack, stroke, and amputations—can be reduced with excellent blood glucose control. The calculation above may not fully account for long-term savings associated with avoiding these serious complications.
- States with higher rates of emergency room use and inpatient stays are more likely to reduce diabetes care costs with a quality improvement or disease management program. Other factors to consider include patient education on how to maintain blood glucose control, patient adherence, and access to care.
- Quality improvement programs should be designed to deal with all problems associated with diabetes (including potential heart attack and stroke):
 - Test and control HbA1c levels

- Conduct physical exams for retina and feet
- Test and control blood pressure
- Test and control cholesterol
- Vaccinate for influenza
- For more information on diabetes quality of care and how States can establish and lead a quality improvement program on diabetes care statewide, go to Diabetes Care Quality Improvement: A Resource Guide for State Action:
<http://www.ahrq.gov/QUAL/diabqualoc.htm>.

Methods—The calculations above are based on:

- A review of the clinical literature demonstrating the effects of diabetes quality improvement programs on average HbA1c levels (Shojania et al., 2004).
- A review of health services research showing that lower HbA1c levels are associated with lower costs of diabetes care (Gilmer et al., 2005).
- A calculator developed for AHRQ that incorporates those potential outcomes, possible cost savings, national HbA1c levels, and characteristics of Connecticut's government employees.

Focus on Healthy People 2010

State Performance on Measures Reported in the NHQR

Healthy People 2010 (<http://www.healthypeople.gov/>) is a set of health goals intended to increase life expectancy, improve quality of life, and eliminate health disparities throughout the Nation. Launched by the U.S. Department of Health and Human Services in 2000, the goals provide Federal, State, and local government agencies and nongovernmental organizations with a framework for assessing progress in a comprehensive set of focus areas. Twenty-four Healthy People 2010 measures, sorted by focus area, are shown in the following table; for each measure, the Healthy People 2010 target rate is compared to the most recent State rate and the baseline State rate.

Measure	HP 2010 Target	Most Recent		Baseline		Definition
		State Rate	Data Year	State Rate	Data Year	
Access to Quality Health Services						
Smoking cessation advice	72.0	69.8	2005	62.3	2001	Percent of current smokers age 18 and over who reported receiving advice to quit smoking
Cancer						
All cancer deaths	158.6	181.0	2004	191.0	1999	Cancer deaths per 100,000 population per year
Lung cancer deaths	43.3	49.8	2004	48.8	1999	Lung cancer deaths per 100,000 population per year
Breast cancer deaths	21.3	24.7	2004	25.5	1999	Breast cancer deaths per 100,000 female population per year
Colorectal cancer deaths	13.7	16.9	2004	20.7	1999	Colorectal cancer deaths per 100,000 population per year
Prostate cancer deaths	28.2	25.4	2004	28.8	1999	Cancer deaths per 100,000 male population per year for prostate cancer
Pap tests	90.0	No Data	2005	85.7	2000	Percent of women age 18 and over who reported they had a Pap smear within the past 3 years
Fecal occult blood tests	33.0	No Data	2005	38.4	2001	Percent of men and women age 50 and over who reported they had a fecal occult blood test within the past 2 years
Sigmoidoscopy or colonoscopy	50.0	No Data	2005	53.7	2001	Percent of men and women age 50 and over who reported they ever received a flexible sigmoidoscopy or colonoscopy
Mammograms	70.0	No Data	2005	84.5	2000	Percent of women age 40 and over who report they had a mammogram within the past 2 years
Chronic Kidney Disease						
Dialysis and on kidney transplant list	25.0	11.7	2003	9.7	1999	Percent of dialysis patients registered on the waiting list for transplantation
Renal failure and kidney transplant	30.5	18.0	2001	22.5	1994	Persons receiving a kidney transplant within 3 years of date of renal failure
Heart Disease and Stroke						
Blood cholesterol testing	80.0	77.9	2005	78.5	2001	Percent of adults age 18 and over who had their blood cholesterol checked within the preceding 5 years
HIV						
HIV deaths	0.7	5.1	2004	5.8	1999	HIV-infection deaths per 100,000 population
Immunization and Infectious Diseases						
Children fully vaccinated	80.0	86.1	2005	81.6	2000	Percent of children age 19-35 months who received all recommended vaccines (4:3:1:3:3)
Flu vaccine in past 12 months - age 65 and over	90.0	70.4	2005	69.4	2001	Percent of persons age 65 and over who received an influenza vaccination in the past 12 months
Pneumonia vaccine ever - age 65 plus	90.0	68.6	2005	63.8	2001	Percent of adults age 65 and over who ever received a pneumococcal vaccination
Flu vaccine in past 12 months - high-risk, age 18-64	60.0	23.6	2005	No Data	2001	Percent of high-risk persons age 18-64 who received an influenza vaccination in the past 12 months
Pneumonia vaccine ever - high-risk, age 18-64	60.0	15.8	2005	No Data	2001	Percent of high-risk persons age 18-64 who ever received a pneumococcal vaccination
Maternal, Infant, and Child Health						
Infant deaths - all births	4.5	5.4	2004	7.0	1998	Infant deaths per 1,000 live births
Maternal deaths	4.3	No Data	2004	No Data	1999	Maternal deaths per 100,000 live births
Prenatal care	90.0	87.2	2004	88.0	1998	Percent of pregnant women receiving prenatal care in first trimester
Low-weight births	5.0	7.8	2004	7.8	1998	Percent of liveborn infants with low birth weight (less than 2,500 grams)
Mental Health and Mental Illness						
Suicide deaths	4.8	8.1	2004	7.9	1999	Suicide deaths per 100,000 population

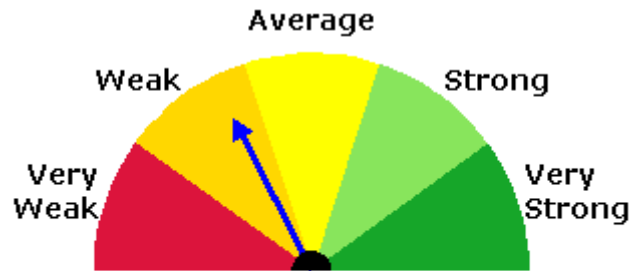
Focus on Clinical Preventive Services

The Clinical Preventive Services summary measure represents compliance with selected recommendations of the U.S. Preventive Services Task Force and the CDC's Advisory Committee on Immunization Practice. These two expert bodies use the best research evidence available to make recommendations on preventive services for people without symptoms of disease. Such services include immunizations, tests to screen for the presence of diseases, and behavioral counseling (such as programs that encourage smokers to quit). Most preventive services are provided in primary care ambulatory clinical settings.

Focus on Clinical Preventive Services

What Is the Clinical Preventive Services Quality Performance Compared to

All States?

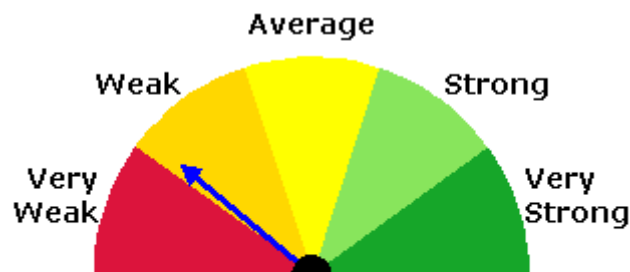


Performance Meter:
Clinical Preventive Services

Compared to all States, for the most recent data year, the performance for Connecticut for clinical preventive services measures is in the weak range. Performance for the baseline year is not available because of insufficient data.

What Is the Clinical Preventive Services Quality Performance Compared to

New England States?



Performance Meter:
Clinical Preventive Services

Compared to the New England States, for the most recent data year, the performance for Connecticut for clinical preventive services measures is in the weak range. Performance for the baseline year is not available because of insufficient data.

Legend

 = Most Recent Data Year

 = Baseline Year

(Baseline year may vary across measures)

How to read a meter: The performance meter has five categories: very weak, weak, average, strong, and very strong. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year. A missing arrow or performance meter means there were insufficient data to create the summary measure for this State.

Best Performing States Across All Measures in Clinical Preventive Services

To see how close to best performance your State is, in the tables below:

- Find the rate for your State in the first row.
- Compare to the rates for the **Best Performing States**, listed below yours.

Your State	Meter Score for Clinical Preventive Services
CT	35.00

Best Performing States	Meter Score for Clinical Preventive Services
MN	94.44
RI	83.33
NH	80.00
WI	80.00
HI	77.78
SD	77.78

Percentile Range Across States	Meter Score for Clinical Preventive Services
75th Percentile	65.38
50th Percentile	45.00
25th Percentile	27.27

The scores above are for the most recent year of data. For more information on scoring, see the Methods section.

Clinical Preventive Services Quality Measures and Metrics Compared to All States and New England States

State Performance Ratings

Rating	Number of Measures for State in Summary Measure Compared to All-State Average	Number of Measures for State in Summary Measure Compared to Regional Average	Number of Measures for All States in Summary Measure	Number of Measures for Region in Summary Measure
Better than Average = The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.	2	0	126	9
Average = The State rate on an NHQR measure is not statistically different from the all-State/regional average.	3	4	224	38
Worse than Average = The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.	5	5	164	7
N/A = An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.	4	5	200	30
Total number of measures for the State (excluding measures that are N/A)	10	9	514	54

Connecticut State Snapshot 2007

For "Clinical Preventive Services Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
¹ These all-State averages are calculated consistently across all measures and differ slightly from the national averages in the National Healthcare Quality Report. For more information, see the Methods section. ² State performance is for the most recent data year compared to all States. ³ State performance is for the most recent data year compared to the region. ⁴ The sign on entries under the column "Average Annual Change of State Rate" indicates whether the measure has risen or fallen since the baseline year. Because "+" or "-" can represent an improvement or a worsening depending on how the measure is constructed, the column "Direction of Change of State Rate" helps the user know what the change means. ⁵ For additional information about data sources/acronyms, refer to this NHQR appendix: http://www.ahrq.gov/qual/nhqr06/datasources/ . ⁶ For other States' rates, look for the table noted in this column in the NHQR appendices: http://www.ahrq.gov/qual/nhqr07/index.html .													
Heart disease	Blood cholesterol testing	72.6	77.5	Better than Average	Average	77.9	-0.2%	Unchanged	2005	2001	BRFSS	Percent of adults age 18 and over who had their blood cholesterol checked within the preceding 5 years	1.40
Heart disease	Smoking cessation advice	68.4	72.1	Average	NA	69.8	2.9%	Improved	2005	2001	BRFSS	Percent of current smokers age 18 and over who reported receiving advice to quit smoking	1.41b
Nursing home and home health care	Nursing home long-stay residents – given flu vaccine	89.0	88.3	Worse than Average	Worse than Average	84.7	No Data	No Data	2006	No Data	MDS	Percent of long-stay nursing home residents given influenza vaccination during the flu season	1.129
Nursing home and home health care	Nursing home long-stay residents – given pneumococcal vaccine	83.5	79.9	Worse than Average	Worse than Average	74.3	No Data	No Data	2006	No Data	MDS	Percent of long-stay nursing home residents who were assessed and given pneumococcal vaccination	1.131
Nursing home and home health care	Nursing home short-stay residents – given flu vaccine	75.1	73.9	Worse than Average	Worse than Average	68.9	No Data	No Data	2006	No Data	MDS	Percent of short-stay nursing home residents given influenza vaccination during the flu season	1.130
Nursing home and home health care	Nursing home short-stay residents – given pneumococcal vaccine	71.5	69.3	Worse than Average	Worse than Average	62.1	No Data	No Data	2006	No Data	MDS	Percent of short-stay nursing home residents who were assessed and given pneumococcal vaccination	1.132

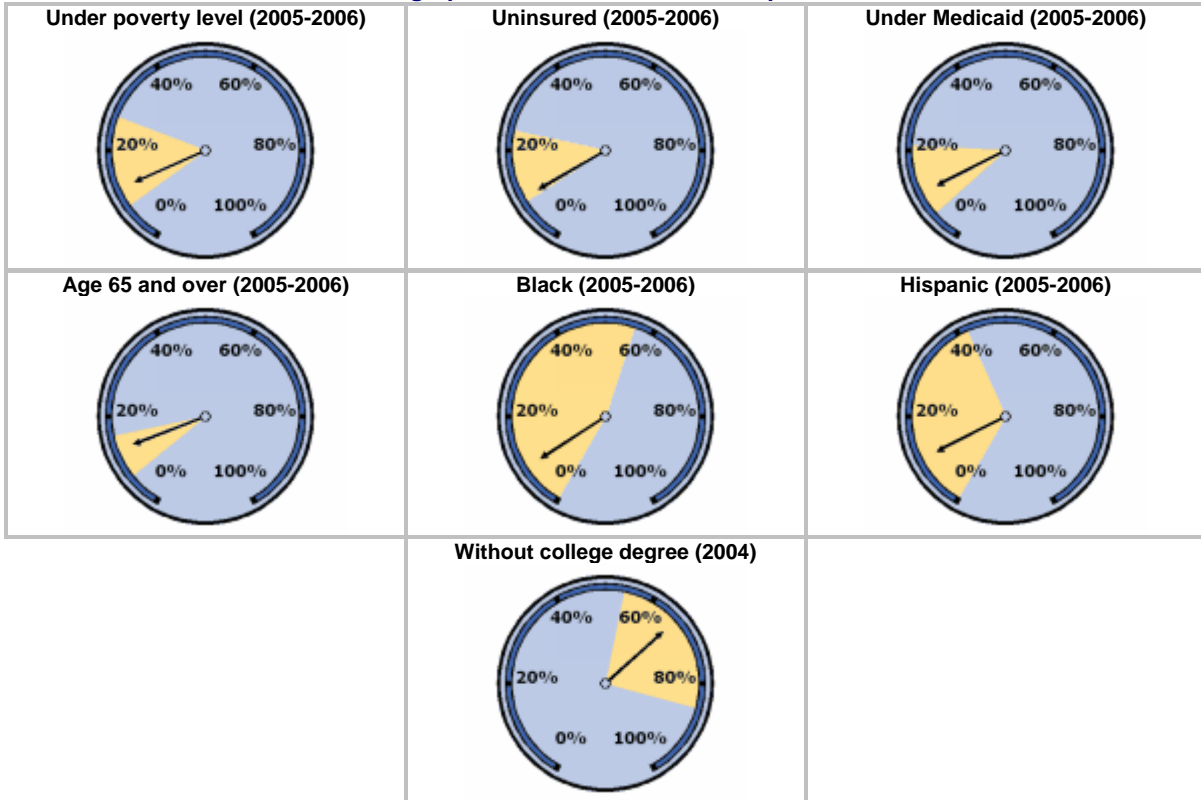
Connecticut State Snapshot 2007

For "Clinical Preventive Services Quality," measures for which Connecticut's rate is "better than," "average," and "worse than" the all-State and regional averages													
Quality Dimension	Short Measure Name	All-State Average Benchmark ¹	Regional Average Benchmark	State Performance Compared to All-State Average ²	State Performance Compared to Regional Average ³	State Rate	Average Annual Change of State Rate ⁴	Direction of Change of State Rate	Most Recent Data Year	Base-line Year	Data Source ⁵	Full NHQR Measure Title	NHQR Table Number ⁶
Respiratory diseases	Flu vaccine in past 12 months – age 65 and over	66.5	68.4	Better than Average	Average	70.4	0.4%	Unchanged	2005	2001	BRFSS	Percent of persons age 65 and over who received an influenza vaccination in the past 12 months	1.97b
Respiratory diseases	Flu vaccine in past 12 months – high-risk, age 18-64	23.9	25.7	Average	Average	23.6	No Data	No Data	2005	2001	BRFSS	Percent of high-risk persons age 18-64 who received an influenza vaccination in the past 12 months	1.96b
Respiratory diseases	Pneumonia vaccine ever – age 65 plus	66.0	67.3	Average	Average	68.6	1.8%	Improved	2005	2001	BRFSS	Percent of adults age 65 and over who ever received a pneumococcal vaccination	1.100b
Respiratory diseases	Pneumonia vaccine ever – high-risk, age 18-64	20.1	19.1	Worse than Average	Worse than Average	15.8	No Data	No Data	2005	2001	BRFSS	Percent of high-risk persons age 18-64 who ever received a pneumococcal vaccination	1.99b

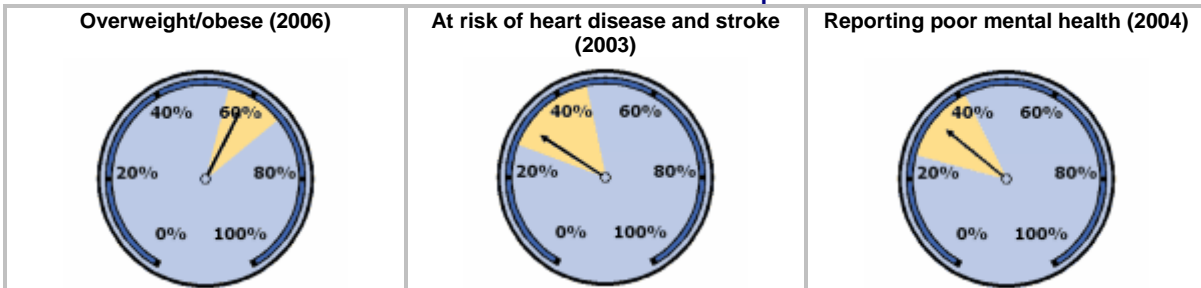
State Contextual Factors National Comparison

State dials of contextual factors related to demographics, health status, and resources are displayed on this page as an aid to interpreting State performance meters. The orange wedge of the dial represents the spread of values across all the reporting States; the black arrow (on top of the orange wedge) represents the State's value. The edge of the orange with the lowest value represents the State with the lowest value. The edge of the orange with the highest value represents the State with the highest value.

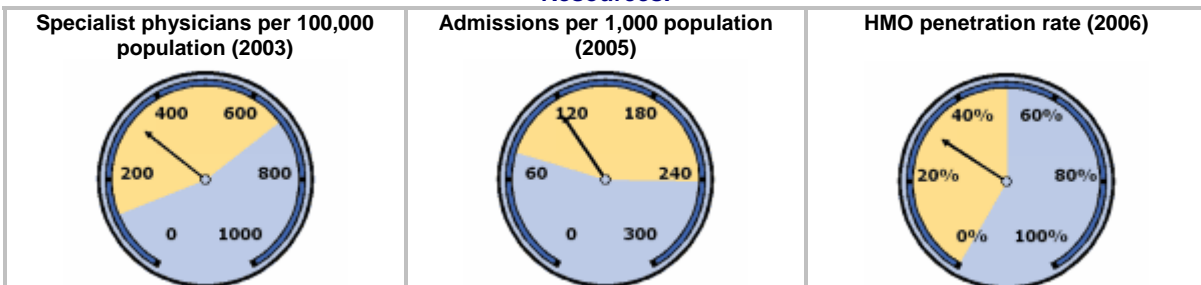
Demographics — Percent of State Population:



Health Status — Percent of State Population:



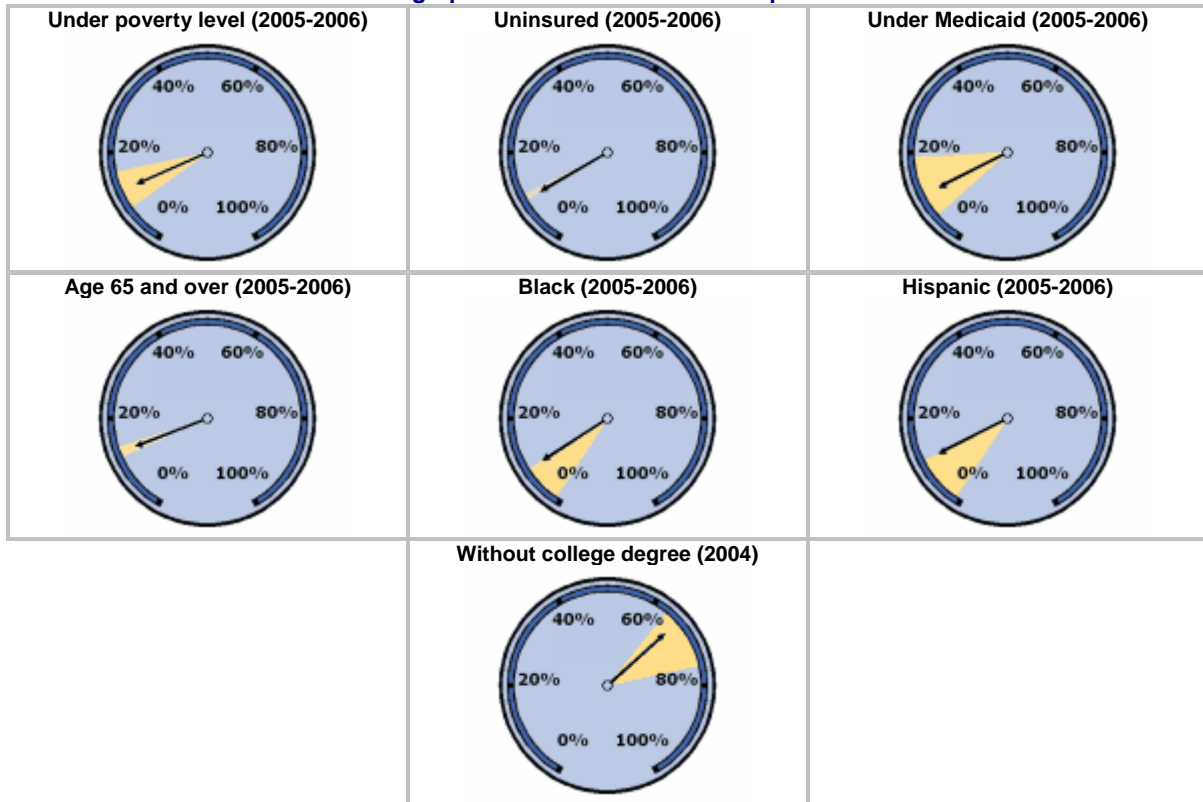
Resources:



State Contextual Factors Regional Comparison

State dials of contextual factors related to demographics, health status, and resources are displayed on this page as an aid to interpreting State performance meters. The orange wedge of the dial represents the spread of values across all the reporting States; the black arrow (on top of the orange wedge) represents the State's value. The edge of the orange with the lowest value represents the State with the lowest value. The edge of the orange with the highest value represents the State with the highest value.

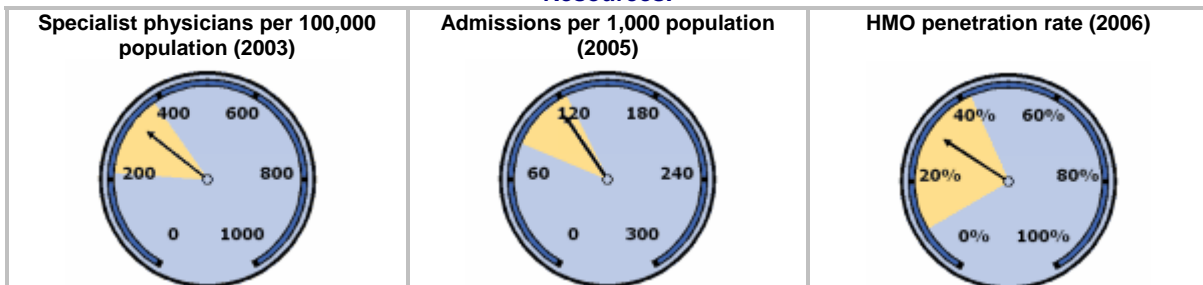
Demographics — Percent of State Population:



Health Status — Percent of State Population:



Resources:



Contextual Factors Measures and Metrics Compared to All States and New England States

The following table shows the State's percent or rate for each contextual factor compared to all States and the region. The contextual factors, categorized by demographics (seven factors), health status (three factors), and resources (three factors) may aid in interpretation of the State performance meters. The contextual factors might have a cause, effect, or other indirect association with the results in the performance meter.

Contextual Factor	State Percent or Rate	All-State		Regional	
		Minimum	Maximum	Minimum	Maximum
Demographics — Percent of State Population:					
Under poverty level (2005-2006)	12	8	27	8	16
Uninsured (2005-2006)	10	9	24	10	11
Under Medicaid (2005-2006)	11	6	21	6	19
Age 65 and over (2005-2006)	13	7	16	12	14
Black (2005-2006)	9	0	56	1	9
Hispanic (2005-2006)	11	0	42	1	11
Without college degree (2004)	66	54	85	63	76
Health Status — Percent of State Population:					
Overweight/obese (2006)	59	55	67	56	61
At risk of heart disease and stroke (2003)	31	27	46	31	37
Reporting poor mental health (2004)	33	25	41	33	35
Resources:					
Specialist physicians per 100,000 population (2003)	328	127	673	214	384
Admissions per 1,000 population (2005)	116	77	241	83	124
HMO penetration rate (2006)	31	0	50	10	42

Interpretation of Results

The State Snapshots are produced annually by the Agency for Healthcare Research and Quality. They provide State-specific health care quality information, including strengths, weaknesses, and opportunities for improvement. The goal is to help State officials and their public- and private-sector partners better understand health care quality and disparities in their State. This section presents additional information for users interested in the basis of the data and performance measures used in the State Snapshots. It also discusses issues to consider in evaluating the utility and appropriateness of health care data.

Overview

Health care performance measures and public health data are valuable decisionmaking aids for State agency staff. Yet interpreting performance information in the right context can sometimes be challenging when creating a performance improvement plan.

Ensuring that performance information is credible and meaningful is essential for State agencies to succeed in engaging all the necessary stakeholders—physicians and other health care providers, hospitals, nursing homes, health plans, and the public health system—to improve quality. Understanding the detail behind the statistics can help States consider systematic ways to examine State data when planning and developing quality improvement initiatives.

This section presents additional information on issues to consider when evaluating data for a quality improvement program, including:

- Examination of data sources
- Types of performance measures
- Data attributes that affect usefulness, such as the population under study, data adjustment, and timeliness of data
- Other factors that may affect performance rates, including underlying disparities in care, interventions targeted at the right point of care, and socioeconomic and environmental factors that affect the health of the State's population
- Issues in choosing the best measures to estimate the potential for quality improvement, such as the relationship between measures and outcomes of interest, summary versus individual measures, appropriate targets for improvement, and resource use and populations affected

The information in this section can be applied to the State Snapshots, as well as to other State data to identify areas where supplemental information is needed.

Examination of Data Sources

A successful quality improvement initiative should be built on robust data systems, such as those used to create the State Snapshots. Before embarking on any effort to improve health care, staff will need to understand the strengths and limitations of the data, as well as the need to supplement these data with other available information.

Data Considerations

Ensuring the credibility of data is critical to any quality improvement program, particularly when multiple stakeholders are involved. Before State policymakers can implement changes based on problems identified in the data, stakeholders usually have questions about the data that may include the following:

- What is the source of the information? Is it reliable?
- Is any information missing?
- When was the information collected? How have factors that might affect performance changed since the data were collected?
- What adjustments have been made to address uneven distribution of disease prevalence, high-risk patients, or other factors that may distort performance reports?
- Is other information available for the State (e.g., data collected internally or from other sources) that can supplement, update, or validate the data?
- Is the condition being measured important and, if so, can actions be identified and taken to improve performance?

Agency staff will need to be able to respond to these and similar questions in order to gain support from other stakeholders in the quality improvement process.

Data Source Inventory Examples

Described below are several sources of State-level data available to States. Additional sources States may consider include Medicaid health provider reimbursement claims, State employee health benefits claims, and data from regional health information organizations.

Agency for Healthcare Research and Quality – Healthcare Cost and Utilization Project (HCUP). The HCUP family of health care databases and related software tools and products includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information starting in 1988. These databases enable research on a broad range of issues, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes at national, State, and local market levels. For more information, go to <http://www.hcup-us.ahrq.gov/>.

Centers for Disease Control and Prevention (CDC) – Behavioral Risk Factor Surveillance System (BRFSS). The world's largest, ongoing telephone health survey system, the Behavioral Risk Factor Surveillance System has been tracking health conditions and risk behaviors in the United States yearly since 1984. BRFSS provides State-specific information about issues including asthma, diabetes, health care access, alcohol use, hypertension, obesity, cancer screening, nutrition and physical activity, tobacco use, and more. For more information, go to <http://www.cdc.gov/brfss/>.

CDC National Center for Health Statistics (NCHS) – State and Local Area Integrated Telephone Survey (SLAITS). SLAITS collects health care data at State and local levels to supplement national data collection efforts. One SLAITS survey is the National Asthma Survey, which examines the various predictors that relate to better control of asthma and helps to characterize the content of care and health care experiences of people with asthma. More information on SLAITS is available at <http://www.cdc.gov/nchs/slaits.htm>. For a list of other NCHS surveys on additional clinical topics and health care delivery systems, go to <http://www.cdc.gov/nchs/express.htm>.

National Vital Statistics System (NVSS) and State vital statistics registries. NCHS collects and disseminates the Nation's official vital statistics through contracts between NCHS and vital registration systems operated in 50 States, 2 cities (New York City and Washington, DC), and 5 trust territories. These jurisdictions are legally responsible for maintaining registries of vital events, including births, deaths, marriages, divorces, and fetal deaths. For more information on NVSS, go to <http://www.cdc.gov/nchs/nvss.htm>. For State vital statistics, go to <http://www.cdc.gov/nchs/about/major/nativity/sites.htm>.

Bureau of the Census – population and household data. The U.S. Bureau of the Census has tracked the Nation's population since the first decennial census in 1790. Data can be accessed across a variety of demographic, socioeconomic, and other dimensions. These include age, insurance, disability, income, occupation, voting and registration, school enrollment, migration, and language use. For more information, go to <http://www.census.gov/population/www/index.html>.

Health Resources and Services Administration – Area Resource File. The Area Resource File facilitates analysis of health care access at the county level. The database contains more than 7,000 variables for each U.S. county. Records include geographic codes and classifications, health professions supply and detailed demographics, health facility numbers and types, hospital utilization, population characteristics, economic data, and health professions training resources. For more information, go to <http://bhpr.hrsa.gov/healthworkforce/data/arf.htm>.

State disease registries. Many States have created disease registries to document the names of individuals with a specific illness and to track disease outcomes in order to provide information on incidence and prevalence of various diseases. Many registries can be accessed through the State's health department. CDC provides a list of information networks and other sources, including links to State health departments. For more information, go to <http://www.cdc.gov/other.htm>.

State hospital discharge data. Several States maintain a statewide uniform system of records on hospital discharges. These records can assist hospitals and health care organizations and agencies with financial planning and monitoring of patient services and costs. They can also be used for monitoring disease and injury rates through ongoing collection and interpretation of data and for studies of specific diseases. (State discharge data are also included in the HCUP (<http://www.hcup-us.ahrq.gov/>) database.)

National Committee for Quality Assurance – Health Plan Employer Data and Information Set (HEDIS®). HEDIS® measures performance on 71 specifically defined measures across 8 domains of health care. Used by more than 90 percent of U.S. health plans to measure performance, HEDIS® facilitates plan-to-plan comparisons. For more information, go to <http://web.ncqa.org/tabid/59/Default.aspx>.

Kaiser Family Foundation – statehealthfacts.org. A project of the Henry J. Kaiser Family Foundation, statehealthfacts.org is designed to provide free, up-to-date, and easy-to-use State health data on more than 500 topics. For more information, go to <http://statehealthfacts.org/>.

Types of Measures

Several types of measures—process, outcome, and context—are reflected in the State Snapshots. Taken together, the measures provide pieces of a puzzle depicting the health of the population, the system's readiness to care for patients, the quality of care given by providers, and the context or environment in which the system operates.

Using various types of measures provides a broader and more complete picture of performance. Choice of measures is important to any quality improvement initiative. Of prime concern is choosing measures that are valid and important indicators of performance for the health care condition or problem being addressed.

Process Measures

Process measures examine whether a certain process was carried out. In health care, a variety of functions are performed because the scientific evidence shows that these processes result in better outcomes. Many process measures have been developed to evaluate the use of evidence-based practices. However, many processes contribute to achieving a certain result (outcome), so it is often difficult to attribute a good outcome to a single process.

For example, an immunization rate is a process measure indicating the proportion of individuals who were immunized. Immunization rate (process) correlates closely with the absence of vaccine-preventable disease (outcome).

Other process measures are important but not as directly linked to outcomes. For example, process measures that are, in large part, under the control of the physician for diabetes care include HbA1c measures, rates of eye exams, and rates of foot exams. The physician can carry out the exams, but other factors, such as access to care, contribute to how much improvement can be made in the results. Many processes, including patient adherence to the appropriate regimen, must occur before reductions in diabetes complications (outcome) will occur. Therefore, process measures shown to lead to better outcomes are more indirect for diabetes care than for immunizations.

Examples of process measures in the State Snapshots include providing pneumonia vaccinations to the elderly and prescribing aspirin to heart attack patients when they are discharged from the hospital.

Outcome Measures

Outcome measures examine an end point of care. Outcomes may include death, cost of care, satisfaction, or absence of disease.

For chronic conditions, outcomes are often measured as absence of complications of the chronic disease (such as no heart attack for people with heart disease) or an end result (such as the survival rate for dialysis patients).

When the outcome desired is something that does not happen, it can be difficult to measure. The length of time between some outcomes and events in the system that might influence them is another measurement challenge. In these cases, longer periods of measurement are necessary, because, for example, a heart attack could occur at any time in a person's life. Also, outcome measures may not provide as much focused information about what went wrong in the system and possibly contributed to a bad outcome. For example, it is difficult to know whether a diabetes-related death resulted from a failure to prevent, a failure to diagnose, or a failure of the patient and clinical staff to manage the condition.

Outcome measures in the State Snapshots include infant mortality rates, cancer deaths, and survey results related to getting appointments for care. Trends in these measures generally indicate that the system may be improving or deteriorating, but the reasons are usually more difficult to discern.

Summary Versus Individual Measures

Users of the State Snapshots will often observe multiple measures related to a single topic. A State may perform well on one measure and poorly on another similar measure.

In home health care, for example, measures are included that relate to pressure sores, weight loss, bathing, mental clarity, and other aspects of care and patient status. Many States score well on some of the measures in this set but poorly on others. In many cases it is useful to consider related measures as a group, rather than individually. Examining “summary” measures—a single score that results from combining multiple measures—may be more informative if there is interest in a broader view of a particular dimension of quality or clinical area that is represented by a set of related measures.

Contextual Factors

Contextual factors provide information on the environments in which State health care systems operate. These factors may have a direct or indirect influence on the State's measures of health care quality. Examples of contextual factors include the characteristics of State populations, availability of health care resources, and ways systems are organized and operated. More specifically, contextual factors can include availability of insurance or access to services, measures of staffing, and aging or disease prevalence of the population.

Access to services is a critical consideration for a State seeking to improve the health care status of its residents. For example, if a high percentage of the State's population does not have health insurance, a high percentage of the State's population might not use preventive services. Other contextual factors include the prevalence of a particular condition or risk factor, such as the portion of the population at risk of heart disease. The State should also consider measures that assess capacities of the health care system to handle increased volume resulting from a quality improvement effort.

The 2007 State Snapshots include “dials” that represent 13 separate contextual factors. The dials can be accessed from the left navigation bar (see “Focus on Contextual Factors”) or from the performance meter pages. The same set of factors is linked to each meter, although different factors may be more or less relevant to the interpretation of each specific performance meter. The contextual factors include seven demographic factors, three health status factors, and three health care resource factors.

Attributes of Data

To use data to guide quality improvement projects, it is important to understand certain underlying aspects of the data. Several factors must be considered to ensure that differences observed in the data reflect actual performance differences, rather than differences in capturing data or in the underlying health of the population under study.

Denominator Population

In today's health information technology environment, performance measurement is limited by the data collection systems and approaches available. The State Snapshots offer a wide variety of measures, collected from a variety of data sources. Each, however, reflects a population of patients, such as hospitalized patients, older adults covered by Medicare, or a sample interviewed by the source collecting the data. The people being measured make up the “denominator” population.

Knowing who is in the population is vital in order to understand comparisons. For example, when comparing a health plan's breast cancer screening rate with a public health department's screening rate, it is important to acknowledge the differences in their populations. The health plan covers a known, insured group of women, while the health department may serve as a public safety net that is accountable for an entire community, many of whom may lack insurance.

For a quality improvement strategy to achieve its goal, policymakers must determine whether the population for which they have data is the population they want to reach.

Adjustments to Data

Sometimes data need to be assessed to determine whether factors such as age or gender affect the results. For example, the prevalence of disease increases as the population ages, as does the risk of falls and nursing home admissions. It is important for a State to evaluate measures to determine whether they are reported according to age, gender, and disease prevalence, if needed.

Another example involves hospitalization rates, which are affected by the prevalence of disease in a community. When there are more people with asthma in a community, that community is likely to experience more hospitalizations for asthma. However, many hospitalization rates are reported relative to the total population in a community because the rate of asthma among the population may not be known. In these cases, it is important to understand the limits of the measures.

Cancer deaths will follow a similar pattern. If a State has a high rate of colorectal cancer deaths, for example, analysts would need to understand how the measure is calculated. The calculations would provide insight into whether the problem is an unusually high rate of cancer or greater cancer mortality (possibly due to gaps in treatment quality).

In addition, it is important to understand what adjustments may be needed to produce valid outcome measures. Although outcome measures are the ultimate measure of quality, they must account for differences in patient characteristics. Statistical adjustments should take into account patient-specific variables that are beyond the control of the clinician, hospital, or nursing home.

Timeliness of Data

Data collection can be time consuming and cumbersome. Data sources include surveys, health care reimbursement claims, and data submitted by health care institutions. There is usually a time lag between data collection and analysis and reporting. Even the most timely data at the State level are often a year old. (Health care institutions can often examine their own data every quarter, or more frequently, depending on the capabilities of their information systems.)

A State engaged in a quality improvement program should consider whether more recent data are available. If not, they should examine the likelihood that the reported data are still a valid reflection of the current status of the population. For example, an immunization campaign based on childhood immunization rates from 5 years ago would ignore potential results from an education and immunization campaign by health plans implemented in the past 3 years.

Other Factors Affecting Performance Rates

It is important for users of performance measures to understand how those measures fit within the context of the larger health care system and what other factors may affect performance.

Health Care Disparities

Sometimes a performance measure may mask important disparities in health care. For example, State-level data may show that the overall rates of prenatal care in the State are very good. However, a State interested in reducing health care disparities might further examine the data by race, ethnicity, income, and geographic location to determine whether any specific subgroup has a disparate rate of insufficient prenatal care. This would be the group to target with a quality improvement strategy.

Levels of Care

Health care takes place at a variety of levels:

- **Individuals** who make choices about healthy lifestyles
- **Communities** that make choices about public health services such as air, water, and food safety
- **Systems** that provide services in a variety of settings, including clinics, private offices, general and specialty hospitals, nursing homes, and patients' homes and workplaces

When using measures for a quality improvement campaign, it is important to define the appropriate outcome and target the right level to achieve the intended result. For example, an effective strategy for a program aimed at increasing rates of HbA1c testing among patients with diabetes depends on engaging both patients and clinicians. Patients need to seek care and comply with care regimens to effectively manage their condition, and clinicians need to offer the test and educate the patient. For the quality improvement strategy to make a difference, it must be implemented at the appropriate levels for the desired outcome.

Socioeconomic and Environmental Context

State leaders should understand the socioeconomic and other environmental factors that may affect the health of the State's population. In addition to individual patient characteristics, each State has a different health care infrastructure and set of contextual factors over which policymakers may or may not have control. Examples of these factors include:

- Managed care penetration
- Smoking rates
- Health care coverage (that is, rates of privately insured, Medicaid, Medicare, uninsured)
- Health status by disease or condition, such as rates of obesity, asthma, and other chronic conditions
- Air and water quality levels
- Proportions of urban versus rural residents
- Education levels of the overall State population or subgroups

Many of these factors may affect performance rates in the State Snapshots and should be considered as the State develops a quality improvement strategy.

To aid this assessment, the State Snapshots provide contextual factors that may be related to each State's performance. These factors include demographics, health status, and health care resources. States may need to use the State Snapshots together with information on these environmental factors to determine whether additional data are needed to support the quality improvement effort.

Estimating Potential for Improvement

Many of the measures reported in the State Snapshots reflect a variety of perspectives on the same or similar and related problems. Examination of the entire measure set will help to identify measures that stand alone or are part of a group of measures linked to a particular area of care.

For example, a standalone measure such as the percentage of nursing home residents who need help with daily activities may not provide a great deal of insight into quality of care in the nursing home setting. However, the entire set of nursing home measures taken together may give policymakers much broader insight into the severity of illness or condition of the population residing in nursing homes in the State. The measures can also indicate the overall effectiveness of nursing homes in meeting their residents' needs.

Important issues for States considering using measures in different ways to understand the extent of a health problem and the potential for improvement are discussed below.

Relationship Between Measure and Outcome

Some measures more directly identify potential steps for improvement than others. For example, if health plans perform poorly on a measure of beta-blocker administration after a heart attack, the suggested improvement is to increase physician prescribing rates for beta blockers. However, poor performance indicated by other measures, such as suicide rates, is a more complex challenge. A variety of factors and approaches might contribute to a successful quality improvement strategy.

Appropriate Targets for Improvement

For any quality improvement effort, it is important to set reasonable goals. For example, a quality improvement initiative focused on reducing the occurrence of a particular disease or condition is likely to have an impact on preventable cases only. Depending on the condition of interest, some cases may continue to occur, regardless of any quality improvement initiative. Thus, “perfect performance” may not be achievable. The “best possible rate” is probably just lower than the current rate.

It is important to understand what percentage of cases is preventable and to set goals that take into consideration realistic estimates of the number of preventable cases. Once States have identified measures and acquired relevant data, analysts must develop estimates that gauge State performance.

Benchmarks

Benchmarks are external markers or values against which States can measure performance. The benchmark can be based on the national average or best performers. How a State fares depends on where the State estimate falls compared with the benchmark. The National Healthcare Quality Report (NHQR) provides a set of national and State estimates for quality measures that can be used as benchmarks for quality improvements.

Several types of metrics or benchmarks can be used for assessing a State. From more to less stringent, they include:

- The **theoretic limit** of 100 percent achievement (or 0 percent occurrence for avoidable events), which is an ideal but often impractical or even impossible goal.
- A **best-in-class estimate** of the top State or top tier of States that shows what has been achieved by top performers (e.g., the top 10 percent of States is often used.)
- A **national consensus-based goal**, such as Healthy People 2010, set by a consensus of experts; these goals may be set more or less stringently than other benchmarks.
- A **national average** over all States, which shows the norm of practice nationwide but, being an average estimate, represents a less ambitious goal than the best-in-class estimate.
- A **regional average**, which a State can use to compare itself to a group of other States in a region; States within a region often face similar contextual challenges. As a goal, a regional average may be less aggressive than the best-in-class goal.
- An **individual State rate**, which itself can be used as a baseline against which to evaluate State-level interventions and progress over time within the State or to offer as a norm for local community or provider comparisons.

Some of these benchmarks can be found in the NHQR—the national and regional averages. The State Snapshots include individual estimates of the top performing States. A best-in-class average can be calculated from the individual State estimates shown in the data tables. Healthy People 2010 benchmarks are also provided for applicable measures via the Web site.

Conclusion: Getting Started on Quality Improvement

Getting started on quality improvement is not an easy task. One strategy a State may find helpful is to identify other States with populations similar to those targeted for a quality improvement effort. For example, a State seeking to improve rates of pneumonia vaccination for people discharged from hospitals may want to model its efforts on those of a State that has previously implemented an improvement program in this area and demonstrated success.

In many cases, the greatest value in comparison may lie in identifying States that have started from relatively low performance and made incremental improvements. The State with the greatest improvements may have the most to contribute in demonstrating to other States how to encourage delivery system change that improves quality of care.

Methods

Last Updated: February 28, 2008

All-State Snapshot Measures

The State Snapshot measures are measures with State-level estimates selected from the *2007 National Healthcare Quality Report* (NHQR). For more information about individual measures used, refer to the 2007 NHQR Data Tables Appendix (<http://www.ahrq.gov/qual/qdr07.htm>).

State Snapshot Summary Measures

The following methods were used to develop summary measures from the 2007 NHQR for various focus areas. Each summary measure combines multiple NHQR measures in a way that accounts for how a State performed on each measure within a year: better than average, average, or worse than average. The method encompasses three sequential decisions:

1. Defining the Content of the summary measure, that is, deciding which NHQR measures to include.
2. Classifying State performance into better than average, average, or worse than average on each NHQR measure in the summary measure.
3. Scoring State performance (meter score) on each NHQR measure and on multiple NHQR measures into a summary measure. Data were available for 2 years in the NHQR: baseline and most recent data year. Both years were used to create performance scores.

Each of these decision points is discussed separately below.

1. Defining the Content

All NHQR measures that had State-level estimates available within the 2007 NHQR Data Tables Appendix (<http://www.ahrq.gov/qual/qdr07.htm>) were grouped into summary measures. These included an overall health care quality measure and 12 other summary measures within three broad areas: type of care (three summary measures), setting of care (four summary measures), and care by clinical area (five summary measures). In addition, one summary measure was defined to track clinical preventive services. NHQR measures were assigned to each of these areas on the following basis:

- **Type-of-care** summary measures track consumer aims (staying healthy, getting better, living with illness) with provider roles (preventing sickness, treating acute disease, and managing chronic illness) in maintaining health. The three summary measures are:
 - Preventive care: Measures that assess whether health care providers deliver specific services that prevent disease and detect it early.
 - Acute care: Measures that assess how well health care providers deliver specific services known to cure disease or speed recovery.

- Chronic care: Measures that assess how well health care providers monitor and manage patients with incurable conditions so that the patients can live better lives.
- **Setting-of-care** summary measures track the quality of care delivered in different care settings. They are:
 - Hospital care: Measures that assess the quality of care provided to patients with specific health problems when they are treated in the hospital.
 - Ambulatory care: Measures that assess the quality of care provided to patients with specific conditions when they are treated in doctors' offices, clinics, and other sites of walk-in care.
 - Nursing home care: Measures that assess the quality of care provided to residents of nursing homes.
 - Home health care: Measures that assess the quality of care that is given by home health agencies to clients who receive care at home from a health care professional.
- **Care-by-clinical-area** summary measures track the quality of care delivered for specific types of conditions. These measures include prevention, process, and outcome measures covered under care types and settings referenced above but reorganized by clinical area. They are:
 - Cancer care: Measures that assess the quality of care provided to patients with cancer. These measures address cancer screening rates (seven measures) and cancer mortality rates (seven measures).
 - Diabetes care: Measures that assess the quality of care provided to patients with diabetes. These measures address prevention (one measure), processes of care (four measures), and outcomes of care (three avoidable hospitalizations).
 - Heart disease care: Measures that assess the quality of care provided to patients with heart disease, including heart attack (also called acute myocardial infarction, or AMI) and heart failure. These measures address prevention (three measures), processes of hospital inpatient care (nine measures), and outcomes of ambulatory care (one avoidable hospitalization).
 - Maternal and child health care: Measures that assess the quality of care provided to pregnant women and to children. These measures address prevention (two measures) and outcomes of care (seven measures).
 - Respiratory disease care: Measures that assess the quality of care provided to patients with asthma or pneumonia and to those at risk of influenza. These measures address prevention (six measures), processes of care (four measures), and outcomes of care (four measures).

- The **Clinical Preventive Services** summary measure represents compliance with selected recommendations of the U.S. Preventive Services Task Force and the CDC's Advisory Committee on Immunization Practice. These two expert bodies use the best research evidence available to make recommendations on preventive services for people without symptoms of disease. Such services include immunizations, tests to screen for the presence of diseases, and behavioral counseling (such as programs that encourage smokers to quit). Most preventive services are provided in primary care ambulatory clinical settings.

A complete list of the NHQR measures considered, and the summary measures to which they were assigned, is included in Appendix I.

2. Classifying State Performance

Each NHQR measure in a State for which data were available in a year was classified twice: once reflecting its regional performance and once reflecting its national performance. The States assigned to each of the nine regions are listed in Appendix II; they are based on the nine U.S. Census Divisions.

The same approach was used below to classify each State's NHQR measures across all States (national performance) and across just those States within its region (regional performance).

Calculating the all-State and regional averages. For the all-State (national) and regional averages, we used estimates from all States that had available data for the measure. A State was excluded from the all-State or regional average if any of the following three conditions existed:

- The State estimate was unavailable.
- The standard error of the State estimate was unavailable.
- The relative standard error (RSE) of the estimate was greater than or equal to 30 percent ($RSE \geq 30\%$).

The RSE is calculated by dividing the standard error by the estimate. Thus, to be included in the all-State average, the standard error of a State estimate had to be less than 30 percent of the State estimate.

Instead of a typical State average from estimates weighted by the number of observations available for a State, the all-State and regional averages are from estimates weighted by the inverse of their variances, which approximates the count of observations. The differences between averages using these two methods are very small. We use the average weighted by the inverse of the variance (or a precision-weighted average) because the NHQR data tables do not include the number of observations for many of the NHQR measures.

Assigning categories. For each NHQR measure within a State, three categories were created. These categories distinguished better-than-average, average, and worse-than-average results for each NHQR measure for each State compared to the Nation and the State's region, by data year. All measures were translated into a worst-to-best metric so that measures for which "higher" represents a better result could be combined accurately with measures for which "lower" represents a better result.

To determine where each State estimate fits within the better-than-average, average, and worse-than-average categories, we applied statistical tests to each State's NHQR measures. To ensure that statistical tests gave reasonable results, we carried out the test for a State estimate only when the estimate for an NHQR measure had an RSE below 30 percent. This criterion was not applied in the tables of the NHQR. We applied it here because we were explicitly comparing States and needed more stringent criteria for statistical reliability across the items of comparison (States).

The statistical criteria used are noted in the table below.

Category	Statistical Criteria
Better-than-average	The State rate on an NHQR measure is better than the all-State/regional average and is statistically different from the all-State/regional average.
Average	The State rate on an NHQR measure is not statistically different from the all-State/regional average.
Worse-than-average	The State rate on an NHQR measure is worse than the all-State/regional average and is statistically different from the all-State/regional average.
N/A	An estimate or standard error was not available for a State measure or the relative standard error is greater than or equal to 30 percent.

3. Scoring State Performance (Meter Score)

Within each of the 14 particular summary measures, each State received two sets of performance meter scores per data year—one set for national performance (n) and one set for regional performance(r), as follows:

- 1 point for each NHQR measure that was better than average.
- 0.5 point for each NHQR measure that was average.
- 0 points for each NHQR measure that was worse than average.

Let A = number of better-than-average NHQR measures in the summary.

B = number of average NHQR measures in the summary.

C = number of worse-than-average NHQR measures in the summary.

Depending on the comparison (national or regional), the meter score was calculated using NHQR measures taken either from all States (for comparisons to the entire Nation) or from States within the region (for comparisons to the State's region). The total number of points assigned in either comparison was divided by the total number of NHQR measures available within the respective State ($A + B + C$). Thus, the two equations were:

$$\text{National meter score} = \frac{((A_n * 1) + (B_n * 0.5) + (C_n * 0)) * 100}{A + B + C}$$

$$\text{Regional meter score} = \frac{((A_r * 1) + (B_r * 0.5) + (C_r * 0)) * 100}{A + B + C}$$

where A_n , B_n , and C_n indicate the comparisons to the Nation and A_r , B_r , and C_r indicate the comparisons to the region.

The result of these equations will always be: $0 < \text{meter score} < 100$, equal to 0 if all NHQR measures are worse than average and equal to 100 if all NHQR measures are better than average. Scores between 0 and 100 will represent the mix of measures that are worse than average, average, and better than average. Higher scores represent better performance because the score increases with the number of measures that are average and increases more rapidly with the number of measures that are better than average. These scores are the basis for the performance meter "needles," which represent the score from 0 to 100 on a 180-degree semicircle for visual presentation. The two needles represent two different years—the most recent year of data available (a solid needle) and a baseline year (a dashed needle).

After the meter score is calculated for a summary measure, the score is assigned to one of five categories as follows for visual discrimination on the 180-degree semicircle:

- Very Weak: $0 \leq \text{score} < 20$
- Weak: $20 \leq \text{score} < 40$
- Average: $40 \leq \text{score} < 60$
- Strong: $60 \leq \text{score} < 80$
- Very Strong: $80 \leq \text{score} \leq 100$

All meters show a solid needle for the most recent year of available data if there are a minimum number of measures reported for the composite. The minimum is set to five measures for national comparisons and set to three for the regional comparisons. The baseline year is represented as a dashed needle when the baseline has more than two-thirds of the measures available in the most recent year. This formula is applied to ensure similar comparisons between the baseline and most recent year. The text below the meter will indicate when there is insufficient data.

Best Performing States Table

Because comparison to the average does not represent the best that a State can achieve, a table has been added to the 2007 NHQR State Snapshots for each summary measure to allow States to compare their score on each summary measure to the top five States in the Nation, plus ties.

This score is the same as the meter score described above. Each table simply lists the meter score for the State of interest and the meter scores individually for the five States with the highest scores. No statistical test is applied to this comparison. It simply shows how far from the best performers the State of interest is in the context of the meter scoring.

In addition, these tables include selected percentiles (75th, 50th, 25th) for the meter scores for all States available. Each represents the meter score cutoff for that percentage of States. For example, the score for the 75th percentile is the score for which 25 percent of the States were higher and 75 percent of the States were lower. This gives a view of the spread of scores for each summary measure.

State Snapshot Strongest (Weakest) Measures

The strongest (weakest) measures for a State are based on two criteria related to all States:

- First, the measures were selected that were better (worse) than average compared to all States with data.
- Second, among those better-than-average (worse-than-average) measures for each State, the measure that ranked the highest (lowest) among the States with data were selected in turn until at least five measures were identified.

The ranking for this purpose was the ordinal rank from 1 to 51 across the States and the District of Columbia, when all jurisdictions collected the measure. When fewer jurisdictions collected a measure, the ordinal rank was inflated to a relative position as if all 51 had collected the data. For example, if 25 States collected percent of women receiving mammograms, then their ordinal rank would range from 1 to 25. To get a rank comparable to all 51 jurisdictions, the ordinal rank would be multiplied by 2.04 ($2.04 = 51/25$) to obtain an adjusted relative rank from 2.04 to 51.

When the fifth strongest (weakest) measure was tied in rank with additional measures beyond it, all of those measures were included in the strongest (weakest) list. For example, if the fifth measure was ranked 2 and the next three measures on the list were also ranked 2, then eight strong measures would be listed for the State.

State Snapshot Focus on Diabetes

The Focus on Diabetes section of the NHQR State Snapshots provides information on quality, disparities, costs, and potential savings from quality improvement for diabetes care. Diabetes increasingly affects residents of every State, and State health policymakers should understand these issues more completely. The measures and methods used to develop the Focus on Diabetes estimates for the 2007 NHQR State Snapshots are described below.

1. Quality-of-Care Performance Measures

The summary measure for the quality of diabetes processes of care is created and scored in the same manner as the summary measures described in Scoring State Performance (Meter Score) above. The summary measure for diabetes outcomes of care is created differently to show the actual number of hospitalizations for diabetes. This was done because it is useful for States to be able to ascertain the number of hospitalizations related to diabetes to determine the potential for cost savings.

The four diabetes process measures are from the Behavioral Risk Factor Surveillance System (BRFSS), which collects data on health behaviors in most States. These include measures of appropriate care for people with diabetes: hemoglobin A1c (HbA1c) testing, eye exams, foot exams, and flu shots. When data are not available for all of these measures for a State, that State is not reported. When data are available for only 1 year, that year of data is reported for that State.

The four diabetes outcome measures are from AHRQ's Healthcare Cost and Utilization Project (HCUP). These are measures of avoidable hospital admissions for long-term diabetes complications, short-term diabetes complications, uncontrolled diabetes without complications, and amputations related to diabetes.¹ More information on HCUP, the participating statewide data sources, and the use of HCUP data in the NHQR can be found in the HCUP Methods Series Report #2007-06 (available at http://www.hcup-us.ahrq.gov/reports/2007_06.pdf).

These four diabetes outcome measures report the number of hospital admissions for different levels of diabetes severity, with each measure defined per 100,000 people in the State. Because the denominators of these outcomes are the same, the numerators can be added to determine the total number of diabetes admissions per 100,000 people in the State. The diabetes outcomes bar chart shows the total number of diabetes admissions per 100,000 people in the State, in the region, and in the Nation. The national estimate is labeled "Nation" rather than "All States" because it is a weighted national estimate that accounts for missing States. ("All-State" estimates are estimates that include States with available data.) The regional estimate is based on the four U.S. Census Regions instead of the nine U.S. Census Divisions due to the lack of sufficient State estimates within each U.S. Census Division. States included within each U.S. Census Region are listed in Appendix II.

2. Disparities in Treatment

Data. The Disparities in Treatment section presents the percentage of adults with diabetes who had an HbA1c measurement in the past year based on data from the Diabetes Supplement to the Behavioral Risk Factor Surveillance System (BRFSS).² The BRFSS is a household survey that, as noted above, collects data on health behaviors, including diabetes care, in most States. BRFSS data are limited in several ways:

- They are self-reported and reflect the perceptions of respondents. For example, respondents may not know about HbA1c testing or may have difficulty recalling whether they had an HbA1c test.

- A few States (Illinois, Mississippi, and Oregon) did not collect the Diabetes Supplement to BRFSS; thus, disparities data for them cannot be reported.
- Some jurisdictions did not report data for one or more data years.
- Small samples, which are typical in BRFSS, result in higher variance and poorer reliability of estimates. To improve the estimates, BRFSS data were pooled together for 3 years for this analysis.
- Some States do not have sufficient sample sizes for comparisons of subpopulations, such as by race/ethnicity. Estimates based on a cell size of less than 30 or with relative standard errors greater than 30 percent of the estimate were not used.

Racial/ethnic comparisons. In the Disparities in Treatment section, three racial/ethnic categories from BRFSS are presented:

- Non-Hispanic Black
- Hispanic
- Non-Hispanic White

Other racial/ethnic categories are not included due to small sample sizes. That is, some States either do not have many people with specific racial/ethnic heritage or did not collect large enough samples of minority groups to support analyses.

Maps of gaps in HbA1c testing. The maps visually summarize the comparison of two subpopulations across two geographic areas in terms of relative rates of HbA1c testing. That is, non-Hispanic Blacks are compared to non-Hispanic Whites, Hispanics are compared to non-Hispanic Whites, and low-income groups are compared to high-income groups within a State. Then those relative rates are compared to the same relative rates across all States with data. The result is a ratio of a ratio that represents the gap within the State in treatment between two subpopulations relative to the gap for all States with data.

For the maps, the State's gap is presented in terms of three groups and an unknown category. Assignment to the groups depends on the relative size of the gap and the relative direction of the gap between the group of interest (e.g., non-Hispanic Blacks versus non-Hispanic Whites in the State) and the comparison group (e.g., non-Hispanic Blacks versus non-Hispanic Whites in all States). To capture size and directional effects, the ratio of ratios can be assessed for whether it is substantially below, near, or substantially above 1.0. The cutoff used was below and above 5 percent. Thus, the three categories are defined as follows:

- Worse than the all-State gap: a State's relative rate is more than 5 percentage points lower than the all-State relative rate.
- Similar to the all-State gap: a State's relative rate is equal to or within 5 percentage points of the all-State relative rate (that is, within 5 points above 1.0 or 5 points below 1.0).
- Better than the all-State gap: a State's relative rate is more than 5 percentage points higher than the all-State relative rate.

Bar chart of racial/ethnic HbA1c testing rates. The bar chart shows the percentage of adults with diabetes who had a hemoglobin A1c measurement in the past year for three geographic areas. The bars represent the percentages for the State, for the region (i.e., one of nine Census Divisions) in which the State is located, and for all States with data. The data are from BRFSS. (Go to Data for a description of the BRFSS and the jurisdictions missing this information.)

Region (Census Division) or State peer-group average. The calculation of the average for each State's peer group uses the individual responses for all people in the reporting States in the relevant Census Division. (Select Appendix II for list of Census Divisions.)

All-State average. The calculation of the all-State average uses the individual responses for all the people in all reporting States.

3. Diabetes Costs

The Focus on Diabetes section provides information about the potential impact on State government health care costs of implementing diabetes interventions. This section presents estimates of the burden to State governments of diabetes among State employees and their dependents. It also presents the excess costs incurred by State governments if their employees are not in a disease management program or intensive intervention for improving their diabetes care. States are significant purchasers of health care, providing health care not only to State government employees but also to poor people and people with disabilities. The focus on State government employees is possible because AHRQ has sponsored work to synthesize and translate research findings into information that can aid the decisions of employers, including State government employers.

These estimates were developed with the Employers' Diabetes Costs Calculator (<http://statesnapshots.ahrq.gov/snaps07/download/EmployersDiabetesCostsCalculator.pdf>), a tool developed from research on diabetes care, its costs, and the effectiveness of disease management. The tool was developed by The Lewin Group for AHRQ to aid employers' decisions on quality improvement related to diabetes care for their employees. The calculator provides public and private employers a rough estimate of their health care costs associated with diabetes and of the excess costs associated with poor control of blood glucose. The result reflects the potential savings that might be realized from a carefully designed disease management program or other type of quality improvement program for diabetes care. AHRQ staff and external experts have reviewed the calculator, but additional reviews and further refinements may occur. The estimates in the 2007 NHQR State Snapshots are revisions of estimates that appeared in the 2006 and 2005 State Snapshots. The revised estimates use more recent data and better methods and should be used in place of the previous State-level estimates.

Three steps are needed to estimate diabetes costs:

1. Determine the number of covered lives of State government employees and their dependents and the number of covered lives with diabetes.
2. Estimate health care expenditures associated with diabetes care.
3. Estimate excess costs associated with poor control of blood glucose.

Calculations for each of these steps are detailed in the following paragraphs.

Step 1: Determine Number of Covered Lives With Diabetes

This step involves calculating the following:

1. Number of covered lives of State government employees and their dependents by age, gender, and race/ethnicity estimated by State based on multiple data sources.
2. Diabetes prevalence by age, gender, and race/ethnicity based on national diabetes prevalence rates for these subgroups.

State government employees and their dependents. Several data sources were used to estimate the number of State government employees by race/ethnicity, gender, and age because this information is not readily available from one source. First, the number of State government employees was taken from the Bureau of Labor Statistics, 2004 Quarterly Census of Employment and Wages (QCEW).³ To determine the number of State government employees by age, the age distribution of the employed population in the State was estimated from the Bureau of Labor Statistics Current Population Survey (CPS) averaged over 3 years, 2003-2005, and then applied to the QCEW data.⁴ Then, in order to determine race/ethnicity and gender distribution, two main sources were used: the U.S. Census Equal Employment Opportunity (EEO) Data Tool and U.S. Census State population estimates.

The EEO database provided race/ethnicity data for State government employees in cities with a minimum population of 100,000.⁵ The distribution of these employees by race/ethnicity was applied to all State government workers to obtain statewide counts of employees by race/ethnicity. When EEO data were missing for the State, the race/ethnicity distribution was taken from the Census data for the State's entire population.⁶ This was done for Alabama, Alaska, Florida, Illinois, Indiana, Kansas, Kentucky, Maryland, Michigan, Missouri, Nevada, New Jersey, New Mexico, New York, Tennessee, and Washington. For Hawaii, approximately 20 percent of the State's population was missing when Census race categories in the EEO data tool were used because the tool did not include the mixed race category. To account for people of mixed race, Claritas race data were used.⁷ The race/ethnicity distribution was assumed to be the same for males and females.

The race/ethnicity and gender distributions were then applied to the estimated number of State government employees by age to produce the number of State government employees by age, gender, and race/ethnicity for each State.

To estimate the number of State government employees who have dependents covered by their health insurance, the model estimates employees who select family coverage and have children. Estimates of the percentage of employees who select family coverage were based on AHRQ's Medical Expenditure Panel Survey (MEPS) data.⁸ The number of children per employee who selects family coverage was based on State averages from the U.S. Census Bureau.⁹

Number of covered lives with diabetes. To estimate covered lives with diabetes, the national diabetes prevalence rate was applied to the number of covered lives by State, described above. These prevalence rates were calculated using the 2005 files of the National Health Interview Survey (NHIS), with prevalence rates stratified by age, gender, and race/ethnicity.¹⁰ Because NHIS data are based on self-reported diabetes prevalence, another step is needed to account for the number of people with undiagnosed diabetes. The total prevalence estimate is multiplied by 1.42, the factor suggested by the 2005 CDC statistic that for every 100 people diagnosed with diabetes, approximately 42 people with diabetes have not yet been diagnosed (see the National Diabetes Fact Sheet: http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2005.pdf).

Step 2: Estimate Health Care Expenditures Associated With Diabetes Care

Estimates of average, per capita health care expenditures for privately insured people with and without diabetes were calculated by combining information from the following:

- The Lewin Group's Health Benefits Simulation Model (HBSM).¹¹
- Medical Expenditure Panel Survey data and information from a major insurance company to produce diabetes-attributed costs by age group.
- Estimates of the prevalence of diabetes for different age groups based on an analysis of the 2005 National Health Interview Survey.
- Medical Care Component of the Consumer Price Index to update the estimates to current year dollars.
- The Council for Community and Economic Research's¹² Cost of Living Index that provides a cross-State comparison of health care costs.
- Wage data for 2005 from the Bureau of Labor Statistics to estimate indirect costs of lost productivity.

A review of the literature identified no current estimates of health care costs for people with and without diabetes for the privately insured population. Consequently, cost estimates in the Employers' Diabetes Cost Calculator were calculated using the following steps:

1. Annual medical expenditures (excluding nursing home expenses) in the 2004 MEPS were calculated for each privately insured person.
2. For each person, diagnosis codes were used to identify whether the person had diabetes during the year and whether he or she had a health encounter for each of the major comorbidities associated with diabetes (see list of diagnosis codes in Hogan et al., 2003).

3. For each age group, two regression models were estimated, with annual medical expenditures as the dependent variable. These models attempt to define a boundary around the cost of diabetes observed in individuals who have other health problems that may or may not be associated with diabetes. In the first model, the only explanatory variable was the indicator of diabetes. The result, which does not control for other conditions, is an upper bound on the annual additional cost of diabetes compared to people without diabetes. In the second model, the explanatory variables also included the indicator variables for each comorbidity group to isolate the cost of diabetes while holding constant the cost associated with other serious comorbidities. This result, which overcontrols for the comorbidities associated with diabetes, was considered a lower bound on the annual additional cost of diabetes.
4. The annual costs estimated from the two models were averaged to produce an estimate of diabetes-attributed annual cost.

Estimates of the share of employee health care expenditures that was spent on diabetes care were made by comparing diabetes cost estimates for State employees and dependents to the State budget spent on all health care for State employees and dependents. The budget figures were obtained from the National Association of State Budget Officers.¹³ For three jurisdictions (Alaska, District of Columbia, and New Mexico), the share estimates looked unreasonable and were omitted. The budget estimates for those three jurisdictions may not be as complete as for other States.

Step 3: Estimate Excess Costs Associated With Poor Control of Blood Glucose

The distribution of HbA1c levels for diabetic employees and their dependents was estimated by fitting the employer population to the distribution of HbA1c levels in the CDC National Health and Nutrition Examination Survey data for 2001-2002.¹⁴ The distribution is based on the reported HbA1c levels of respondents who either (1) have been told by their physician that they have diabetes and had HbA1c levels greater than 6, *or* (2) have not been told by their physician that they have diabetes or have been told that they are borderline diabetic and had HbA1c levels greater than 7.

Costs were estimated by assessing the impact of two hypothetical interventions. One assumes that a population's HbA1c levels can be reduced by 0.48 percentage point, on average. Another assumes that the reduction can reach 1.09 percentage points, on average. Evidence suggests that carefully designed diabetes care quality improvement programs can achieve a 0.48-point average reduction. Intensive disease management programs can achieve a 1.09-point average reduction. Both reductions imply improved glycemic control of the population.¹⁵ Improved glycemic control results in fewer complications for people with diabetes over time.^{16 17}

Differences in cost associated with an assumed improvement in HbA1c levels were based on the findings of another study. That study observed inpatient and outpatient health care charges of patients with diabetes in a large commercial health plan for 3 years. The researchers analyzed the difference in health care costs for patients who started the study period at different HbA1c levels.¹⁸ That study did not reevaluate the HbA1c levels of the study subjects at the end of the 3 years. Thus, the estimates of lower costs associated with better glycemic control assume that changes in HbA1c levels lead to fewer complications, which result in lower costs.

These assumptions were applied to State employee and dependent populations so that estimates of the cost impact of reducing their HbA1c levels by either 0.48 percentage point or 1.09 percentage points represent the difference in health care costs for States' employee populations. Their distribution of HbA1c levels was based on national HbA1c distributions for people with diabetes and a distribution of HbA1c levels in which everyone has shifted down either by 0.48 percentage point or 1.09 percentage points. The State Snapshots Web site (<http://statesnapshots.ahrq.gov/snaps07/>) rounds the percentage point reductions to 0.5 and 1.0, respectively, and rounds all dollar estimates to the nearest \$100,000 to denote the precision that the estimates are likely to provide.

In addition to estimates of health care cost savings, estimates were made of the cost impact of gains in productivity resulting from a population's reduced HbA1c levels. The findings of a study examining the impact of HbA1c levels on rates of absenteeism and productive capacity¹⁹ were used to estimate the change in these rates. The estimates were based on downward shifts of either 0.48 percentage point or 1.09 percentage points in the distribution of State employee and dependent populations' HbA1c levels. The changes were then applied to median hourly wage data from the BLS to produce estimates of cost savings from gains in productivity under both conditions. The State Snapshots Web site (<http://statesnapshots.ahrq.gov/snaps07/>) rounds the percentage point reductions (to 0.5 and 1.0, respectively) and rounds all dollar estimates to the nearest \$100,000 to denote the precision that the estimates are likely to provide.

For more detail on these calculations, go to Employers' Diabetes Costs Calculator:
<http://statesnapshots.ahrq.gov/snaps07/download/EmployersDiabetesCostsCalculator.pdf>.

State Snapshot Focus on Healthy People 2010

The Focus on Healthy People 2010 section compiles a table of 24 measures that reflect U.S. health goals and that are reported by States. These health goals are intended to increase life expectancy, improve quality of life, and eliminate health disparities throughout the Nation. Launched by the Department of Health and Human Services in 2000, the goals provide Federal, State, and local government agencies and nongovernmental organizations with a framework for assessing progress in a comprehensive set of eight focus areas:

- Access to Quality Health Services
- Cancer
- Chronic Kidney Disease
- Heart Disease and Stroke
- HIV

- Immunization and Infectious Diseases
- Maternal, Infant, and Child Health
- Mental Health and Mental Illness

The table, sorted by focus area, displays the Healthy People 2010 target rate, the most recent State rate and data year, and the baseline State rate and data year. Measure definitions are also provided.

State Snapshot Ranking Table

To enable simple direct comparisons of States on some health care quality measures underlying the summary measures, States were ranked from 1 to 51 on a select set of 15 measures from the NHQR for which all States reported. These measures include core measures for the most common diseases reported in the NHQR. Core measures represent the most important and scientifically credible measures of health care quality for the Nation. They were selected by the Department of Health and Human Services Interagency Workgroup for the NHQR. Many of the core measures selected by that workgroup did not have State-level data. The other measures in the core areas were selected to round out the group of 15 reported in the State Snapshots.

State Snapshot Contextual Factors

The context of the State's environment is shown in a series of dials. Seven dials relate to State demographics, three relate to health status, and three relate to health care resources. These factors provide a backdrop to the State's health care quality and may aid in interpreting the State's performance meters. These contextual factors might have a cause, effect, or other indirect association with the results shown in the performance meter. For example, if a high percentage of the State's population is without health insurance, a high percentage of the State's population might not use preventive services.

The dials show the State's rate for the factor and the range of rates across all reporting States. An orange wedge on each dial shows the spread of values for all reporting States (or reporting States in the region), ranging from the State with the lowest to the State with the highest value. The arrow (on top of the orange portion) represents the State's percent or rate of the factor.

Data sources for the contextual factor dials follow:

- The Kaiser Family Foundation (KFF) (see <http://www.statehealthfacts.org>). The KFF compiles data from:
 - Interstudy Competitive Edge, Part II: Managed Care Industry Report, 2007
 - Current Population Survey, U.S. Census, 2005, 2006, and 2007
 - Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, 2004 and 2006
 - Annual Survey, American Hospital Association, 2005
- Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, February 2005

- State Profiles, Reforming the Health Care System, 2005, by AARP Public Policy Institute

Appendix I: 2007 NHQR Measures, by 2007 State Snapshot Summary Measure Assignment

This appendix lists the NHQR measures included in the 13 summary measures, excluding the overall summary measure. The overall summary includes all measures in the tables below (except for those in the excluded table) reported by a State. Individual measures may appear in multiple groupings. The list of measures is organized by:

Types of Care

- Preventive care
- Acute care
- Chronic care

Settings of Care

- Hospital care
- Ambulatory care
- Nursing home care
- Home health care

Care by Clinical Area

- Cancer
- Diabetes
- Heart Disease
- Maternal and Child Health
- Respiratory Diseases

Clinical Preventive Services

Types of Care: Preventive Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.100b	Pneumonia vaccine ever - age 65 plus	Percent of adults age 65 and over who ever received a pneumococcal vaccination
Table 1.105b	Pneumonia - flu vaccination screening in hospital, age 50 and over	Percent of pneumonia patients, age 50 years and over, discharged during October-February, who were screened for influenza vaccination and, if indicated, were vaccinated prior to discharge, all payers
Table 1.106b	Pneumonia - pneumococcal vaccination screening in hospital	Percent of pneumonia patients, age 65 and over, who were screened for pneumococcal vaccination and, if indicated, were vaccinated prior to discharge, all payers
Table 1.129	Nursing home long-stay residents - given flu vaccine	Percent of long-stay nursing home residents given influenza vaccination during the flu season

Types of Care: Preventive Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.130	Nursing home short-stay residents - given flu vaccine	Percent of short-stay nursing home residents given influenza vaccination during the flu season
Table 1.131	Nursing home long-stay residents - given pneumococcal vaccine	Percent of long-stay nursing home residents who were assessed and given pneumococcal vaccination
Table 1.132	Nursing home short-stay residents - given pneumococcal vaccine	Percent of short-stay nursing home residents who were assessed and given pneumococcal vaccination
Table 1.1b	Mammograms	Percent of women age 40 and over who report they had a mammogram within the past 2 years
Table 1.24b	Diabetes flu shots	Percent of noninstitutionalized high-risk adults ages 18-64 with diabetes who had an influenza immunization in the past year
Table 1.2b	Breast cancer diagnosed at advanced stage	Female breast cancer incidence per 100,000 for women age 40 and over diagnosed at advanced stage (regional and distant SEER summary stage)
Table 1.3b	Pap tests	Percent of women age 18 and over who reported they had a Pap smear within the past 3 years
Table 1.40	Blood cholesterol testing	Percent of adults age 18 and over who had their blood cholesterol checked within the preceding 5 years
Table 1.41b	Smoking cessation advice	Percent of current smokers age 18 and over who reported receiving advice to quit smoking
Table 1.48b	Heart attack - smoking cessation counseling in hospital	Percent of heart attack patients given smoking cessation counseling while hospitalized, all payers
Table 1.4b	Cervical cancer diagnosed at advanced stage	Cervical cancer incidence per 100,000 women age 20 and over diagnosed at advanced stage
Table 1.6b	Sigmoidoscopy or colonoscopy	Percent of men and women age 50 and over who reported they ever received a flexible sigmoidoscopy or colonoscopy
Table 1.72b	Prenatal care	Percent of pregnant women receiving prenatal care in first trimester
Table 1.73c	Low-weight births	Percent of liveborn infants with low birth weight (less than 2,500 grams)
Table 1.73d	Very low-weight births	Percent of live-born infants with very low birth weight (less than 1,500 grams)
Table 1.74e	Infant deaths - all births	Infant deaths per 1,000 live births
Table 1.74f	Infant deaths - very low birth weight	Infant deaths per 1,000 live births, birthweight < 1,500 grams
Table 1.74g	Infant deaths - low birth weight	Infant deaths per 1,000 live births, birthweight 1,500-2,499 grams
Table 1.74h	Infant deaths - without low birth weight	Infant deaths per 1,000 live births, birthweight > 2,499 grams
Table 1.75b	Maternal deaths	Maternal deaths per 100,000 live births

Types of Care: Preventive Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.76b	Children fully vaccinated	Percent of children age 19-35 months who received all recommended vaccines (4:3:1:3:3)
Table 1.7b	Fecal occult blood tests	Percent of men and women age 50 and over who reported they had a fecal occult blood test within the past 2 years
Table 1.8b	Colorectal cancer diagnosed at advanced stage	Colorectal cancer incidence per 100,000 men and women age 50 and over diagnosed at advanced stage (regional and distant SEER summary stage)
Table 1.96b	Flu vaccine in past 12 months - high-risk, age 18-64	Percent of high-risk persons age 18-64 who received an influenza vaccination in the past 12 months
Table 1.97b	Flu vaccine in past 12 months - age 65 and over	Percent of persons age 65 and over who received an influenza vaccination in the past 12 months
Table 1.98b	Avoidable hospitalizations - influenza	Immunization-preventable influenza admissions (excluding transfers from other institutions) per 100,000 population, age 65 and over
Table 1.99b	Pneumonia vaccine ever - high-risk, age 18-64	Percent of high-risk persons age 18-64 who ever received a pneumococcal vaccination
Table 2.5b	Inpatient surgery - appropriate antibiotic timing	Percent of adult surgery patients who received appropriate timing of antibiotics, all payers
Table 2.6b	Inpatient surgery - antibiotics within 1 hour	Percent of adult surgery patients who received prophylactic antibiotics within 1 hour prior to surgical incision, all payers
Table 2.7b	Inpatient surgery - antibiotics stopped within 24 hours	Percent of adult surgery patients who had prophylactic antibiotics discontinued within 24 hours after surgery end time, all payers

Types of Care: Acute Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.101b	Pneumonia - recommended hospital care received	Percent of pneumonia patients who received recommended hospital care, ^a all payers
Table 1.102b	Pneumonia - blood cultures before antibiotics in hospital	Percent of pneumonia patients who had blood cultures collected before antibiotics were administered in hospital, all payers
Table 1.103b	Pneumonia - antibiotics within 4 hours in hospital	Percent of pneumonia patients who received the first dose of antibiotics within 4 hours of arrival at the hospital, all payers
Table 1.104b	Pneumonia - recommended antibiotics within 24 hours of admission	Percent of immunocompetent pneumonia patients who received recommended empirical antibiotic regimen during the first 24 hours, all payers
Table 1.107b	Pneumonia deaths in hospital	Deaths per 1,000 admissions with pneumonia as principal diagnosis (excluding obstetric and neonatal admissions and transfers to another hospital), age 18 and over

Types of Care: Acute Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.125b	Nursing home short-stay residents - with moderate to severe pain	Percent of short-stay nursing home residents who had moderate to severe pain
Table 1.126b	Nursing home short-stay residents - with delirium	Percent of short-stay nursing home residents with delirium
Table 1.127b	Nursing home short-stay residents - with pressure sores	Percent of short-stay nursing home residents with pressure sores
Table 1.143b	Hospice care - appropriate pain medication dosage	Percent of hospice patients who received the right amount of medicine for pain management
Table 1.144b	Hospice care - patients' wishes followed	Percent of hospice patients who received care consistent with patient's wishes
Table 1.42b	Heart attack - recommended care in hospital	Percent of heart attack patients who received recommended hospital care, all payers
Table 1.43b	Heart attack - aspirin at admission	Percent of heart attack patients administered aspirin within 24 hours of admission, all payers
Table 1.44b	Heart attack - aspirin at discharge	Percent of heart attack patients with aspirin prescribed at discharge, all payers
Table 1.45b	Heart attack - beta blocker at admission	Percent of heart attack patients administered a beta-blocker within 24 hours of admission, all payers
Table 1.46b	Heart attack - beta blocker at discharge	Percent of heart attack patients with a beta-blocker prescribed at discharge, all payers
Table 1.47b	Heart attack - ACEI or ARB at discharge	Percent of heart attack patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or an angiotensin receptor blocker at discharge, all payers
Table 1.52b	Heart failure - evaluation of ejection fraction test in hospital	Percent of heart failure patients having evaluation of left ventricular ejection fraction in hospital, all payers
Table 1.57b	Abdominal aortic aneurysm repair deaths in hospital	Deaths per 1,000 admissions with abdominal aortic aneurysm (AAA) repair (excluding obstetric and neonatal admissions and transfers to another hospital), age 18 and over
Table 1.58b	Coronary artery bypass graft deaths in hospital	Deaths per 1,000 admissions with coronary artery bypass graft (excluding obstetric and neonatal admissions and transfers to another hospital), age 40 and over
Table 1.59b	Angioplasty deaths in hospital	Deaths per 1,000 adult admissions age 40 and over with percutaneous transluminal coronary angioplasties (PTCA) (excluding obstetric and neonatal admissions and transfers to another hospital)
Table 1.60b	Heart attack deaths in hospital	Deaths per 1,000 admissions for heart attack as principal diagnosis (excluding transfers to another hospital), age 18 and over
Table 1.61b	Congestive heart failure deaths in hospital	Deaths per 1,000 admissions with congestive heart failure as principal diagnosis (excluding obstetric and neonatal admissions and transfers to another hospital), age 18 and over
Table 1.77b	Admissions for pediatric gastroenteritis	Admissions for pediatric gastroenteritis (excluding patients with gastrointestinal abnormalities or bacterial gastroenteritis, and transfers from other institutions) per 100,000 population, ages 4 months to 17 years

Types of Care: Acute Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.91b	Suicide deaths	Suicide deaths per 100,000 population
Table 3.6c	Always got routine appointments - adults on Medicaid	Percent of adults age 18 and over who reported in the last 6 months that they always got an appointment for routine care as soon as they wanted, Medicaid
Table 3.6d	Always got routine appointments - adults on Medicare managed care	Percent of adults age 18 and over who reported making an appointment for routine health care in the last 12 months and who always got an appointment as soon as they wanted, Medicare managed care
Table 3.7c	Always got routine appointments - children on Medicaid	Children under age 18 who reported in the last 6 months they always got an appointment for routine care as soon as they wanted, Medicaid
Table 3.8c	Always got appointment for illness/injury - adults on Medicaid	Percent of adults age 18 and over who reported that they always got appointment for illness/injury as soon as they wanted, Medicaid
Table 3.8d	Always got appointment for illness/injury - adults on Medicare managed care	Percent of adults age 18 and over who reported they always got an appointment for illness/injury as soon as they wanted in last 12 months, Medicare managed care
Table 3.9c	Always got appointment for illness/injury - children on Medicaid	Percent of children under age 18 who always got appointment for illness/injury as soon as they wanted, Medicaid
Table 4.1c	Always had good communication with providers - adults on Medicaid	Percent of adults age 18 and over with an ambulatory visit whose health providers always listened carefully, explained things clearly, showed respect for what they had to say, and spent enough time with them, Medicaid
Table 4.1d	Always had good communication with providers - adults on Medicare managed care	Percent of adults age 18 and over with an ambulatory visit in the last 12 months and whose health providers always listened carefully, explained things clearly, showed respect for what they had to say, and spent enough time with them, Medicare managed care
Table 4.2c	Always had good communication with providers - children on Medicaid	Percent of children under age 18 with an ambulatory visit in the last 6 months and whose health providers always listened carefully, explained things clearly, showed respect for what their parents had to say, and spent enough time with them, Medicaid
Table 4.6d	Providers always explained clearly - child on Medicaid	Percent of children under age 18 with an ambulatory visit in the last 6 months and whose health providers always explained things clearly to them (child), Medicaid
Table 5.1c	Best rating for care - adults on Medicaid	Percent of adults age 18 and over with an ambulatory visit in the last 6 months and giving a best rating for health care received, Medicaid
Table 5.1d	Best rating for care - adults on Medicare managed care	Percent of adults age 18 and over with an ambulatory visit in the last 12 months and giving a best rating for health care received, Medicare managed care
Table 5.2c	Best rating for care - children on Medicaid	Percent of children under age 18 with an ambulatory visit in the last 6 months and their parents giving a best rating for health care received, Medicaid

Types of Care: Acute Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table PDI15	Hospital admissions for short-term complications of diabetes age 6-17	Admissions for diabetes with short-term complications (excluding transfers from other institutions) per 100,000 population, age 6 years to 17 years
Table PSI02	Deaths per 1,000 admissions in low-mortality DRGs	Deaths per 1,000 admissions in low mortality DRGs, age 18 years and over or obstetric admissions
Table PSI06	Iatrogenic pneumothorax per 1,000 discharges	Iatrogenic pneumothorax per 1,000 discharges (excluding obstetrical admissions and patients with trauma, thoracic surgery, lung or pleural biopsy, or cardiac surgery), age 18 years and over
Table PSI07	Selected infections due to medical care per 1,000 discharges	Selected infections due to medical care per 1,000 medical and surgical discharges (excluding immunocompromised and cancer patients, stays under 2 days, and admissions specifically for such infections), age 18 years and over or obstetric admissions
Table PSI13	Postoperative septicemia per 1,000 elective surgical discharges of 4 or more days.	Postoperative sepsis per 1,000 elective-surgery discharges with an operating room procedure (excluding patients admitted for infection; patients with cancer or immunocompromised states, obstetric conditions, stays under 4 days, and admissions specifically for sepsis), age 18 years and over
Table PSI14	Postoperative abdominal wound dehiscence per 1,000 discharges	Reclosure of postoperative abdominal wound dehiscence per 1,000 abdominopelvic-surgery discharges (excluding immunocompromised patients, stays under 2 days, and obstetric conditions), age 18 years and over
Table PSI17	Birth trauma injury to neonate per 1,000 selected live births	Birth trauma - injury to neonate per 1,000 live births (excluding preterm and osteogenesis imperfecta births)
Table PSI18	Obstetric trauma per 1,000 instrument-assisted deliveries	Obstetric trauma with 3rd or 4th degree lacerations per 1,000 instrument-assisted vaginal deliveries
Table PSI19	Obstetric trauma per 1,000 vaginal deliveries without instrument assistance	Obstetric trauma with 3rd or 4th degree lacerations per 1,000 vaginal deliveries without instrument assistance
Table PSI20	Obstetric trauma per 1,000 Cesarean deliveries	Obstetric trauma with 3rd or 4th degree lacerations per 1,000 Cesarean deliveries

Types of Care: Chronic Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.10b	Prostate cancer deaths	Cancer deaths per 100,000 male population per year for prostate cancer
Table 1.110b	Asthma admissions for children	Pediatric asthma admissions (excluding patients with cystic fibrosis or anomalies of the respiratory system and transfers from other institutions) per 100,000 population, ages 2-17
Table 1.111b	Asthma admissions for adults	Asthma admissions (excluding patients with cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions) per 100,000 population, age 18 and over
Table 1.112b	Asthma admissions for seniors	Asthma admissions (excluding patients with cystic fibrosis or anomalies of the respiratory system, obstetric admissions and transfers from other institutions) per 100,000 population, age 65 and over

Types of Care: Chronic Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.114b	Nursing home long-stay residents - with increased need for help	Percent of long-stay nursing home residents whose need for help with daily activities has increased
Table 1.115b	Nursing home long-stay residents - with moderate to severe pain	Percent of long-stay nursing home residents who have moderate to severe pain
Table 1.116b	Nursing home long-stay residents - physically restrained	Percent of long-stay nursing home residents who were physically restrained
Table 1.117b	Nursing home long-stay residents - bed/chair bound	Percent of long-stay nursing home residents who spent most of their time in bed or in a chair
Table 1.118b	Nursing home long-stay residents - with declining mobility	Percent of long-stay nursing home residents whose ability to move about got worse
Table 1.119b	Nursing home long-stay residents - with urinary tract infections	Percent of long-stay nursing home residents with a urinary tract infection
Table 1.11b	Breast cancer deaths	Breast cancer deaths per 100,000 female population per year
Table 1.120b	Nursing home long-stay residents - more depressed or anxious	Percent of long-stay nursing home residents who are more depressed or anxious
Table 1.121b	Nursing home long-stay residents - high-risk with pressure sores	Percent of high-risk long-stay nursing home residents who have pressure sores
Table 1.122b	Nursing home long-stay residents - low-risk with pressure sores	Percent of low-risk long-stay nursing home residents who have pressure sores
Table 1.123b	Nursing home long-stay residents - low-risk with incontinence	Percent of low-risk long-stay nursing home residents who lose control of their bowels or bladder
Table 1.124b	Nursing home long-stay residents - with urinary catheter left in	Percent of long-stay nursing home residents who have/had a catheter inserted and left in their bladder
Table 1.128b	Nursing home long-stay residents - with too much weight loss	Percent of long-stay nursing home residents who lose too much weight
Table 1.12b	Lung cancer deaths	Lung cancer deaths per 100,000 population per year
Table 1.133b	Home health care - improved oral drug management	Percent of home health care patients who get better at taking their medicines correctly (by mouth)
Table 1.134b	Home health care - improved bathing	Percent of home health care patients who get better at bathing

Types of Care: Chronic Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.135b	Home health care - improved transferring	Percent of home health care patients who get better at getting in and out of bed
Table 1.136b	Home health care - improved mobility	Percent of home health care patients who get better at walking or moving around
Table 1.137b	Home health care - improved pain management when mobile	Percent of home health care patients who have less pain when moving around
Table 1.138b	Home health care - improved breathing	Percent of home health care patients who have less shortness of breath
Table 1.139b	Home health care - incontinence	Percent of home health care patients who have less urinary incontinence
Table 1.13b	Colorectal cancer deaths	Colorectal cancer deaths per 100,000 population per year
Table 1.140b	Home health care - hospitalization	Percent of home health care patients who had to be admitted to the hospital
Table 1.141b	Home health care - plus urgent care	Percent of home health care patients who needed urgent, unplanned medical care
Table 1.142b	Home health care - home after Home health care	Percent of home health care patients who stay home after home health care ends
Table 1.20b	Diabetes hemoglobin A1c tests	Percent of adults age 40 and over with diabetes who had a hemoglobin A1c measurement at least once in the past year
Table 1.22b	Diabetes eye exams	Percent of adults age 40 and over with diabetes who had a retinal eye examination in the past year
Table 1.23b	Diabetes foot exams	Percent of adults age 40 and over with diabetes who had a foot examination in the past year
Table 1.24b	Diabetes flu shots	Percent of noninstitutionalized high-risk adults ages 18-64 with diabetes who had an influenza immunization in the past year
Table 1.29b	Avoidable hospitalizations - diabetes, uncomplicated	Admissions for uncontrolled diabetes without complication (excluding obstetric and neonatal admissions and transfers from other institutions) per 100,000 population, age 18 and over
Table 1.30c	Avoidable hospitalizations - diabetes, short-term complications	Admissions for diabetes with short-term complications (excluding obstetric admissions and transfers from other institutions) per 100,000 population, age 18 and over
Table 1.31b	Avoidable hospitalizations - diabetes, long-term complications	Admissions for diabetes with long-term complications (excluding obstetric admissions and transfers from other institutions) per 100,000 population, age 18 and over
Table 1.33b	Dialysis and on kidney transplant list	Percent of dialysis patients registered on the waiting list for transplantation
Table 1.34b	Renal failure and kidney transplant	Persons receiving a kidney transplant within 3 years of date of renal failure
Table 1.35b	Dialysis and good urea reduction - Medicare	Percent of Medicare hemodialysis patients with urea reduction ratio 65 percent or higher

Types of Care: Chronic Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.36b	Dialysis and good hematocrit - Medicare	Percent of Medicare hemodialysis patients with hematocrit 33 or greater
Table 1.37	Dialysis and survival - Medicare	Survival rate for Medicare dialysis patients
Table 1.51b	Heart failure - recommended hospital care received	Percent of heart failure patients who received recommended hospital care, all payers
Table 1.53b	Heart failure - ACEI/ARB at discharge	Percent of heart failure patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or angiotensin receptor blocker at discharge, all payers
Table 1.55b	Avoidable hospitalizations - heart failure	Admissions for congestive heart failure (excluding patients with cardiac procedures, obstetric and neonatal conditions, and transfers from other institutions) per 100,000 population, age 18 and over
Table 1.66b	HIV deaths	HIV-infection deaths per 100,000 population
Table 1.9b	All cancer deaths	Cancer deaths per 100,000 population per year

Settings of Care: Hospital Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.101b	Pneumonia - recommended hospital care received	Percent of pneumonia patients who received recommended hospital care, ^a all payers
Table 1.102b	Pneumonia - blood cultures before antibiotics in hospital	Percent of pneumonia patients who had blood cultures collected before antibiotics were administered in hospital, all payers
Table 1.103b	Pneumonia - antibiotics within 4 hours in hospital	Percent of pneumonia patients who received the first dose of antibiotics within 4 hours of arrival at the hospital, all payers
Table 1.104b	Pneumonia - recommended antibiotics within 24 hours of admission	Percent of immunocompetent pneumonia patients who received recommended empirical antibiotic regimen during the first 24 hours, all payers
Table 1.105b	Pneumonia - flu vaccination screening in hospital, age 50 and over	Percent of pneumonia patients, age 50 years and over, discharged during October-February, who were screened for influenza vaccination and, if indicated, were vaccinated prior to discharge, all payers
Table 1.106b	Pneumonia - pneumococcal vaccination screening in hospital	Percent of pneumonia patients, age 65 and over, who were screened for pneumococcal vaccination and, if indicated, were vaccinated prior to discharge, all payers
Table 1.107b	Pneumonia deaths in hospital	Deaths per 1,000 admissions with pneumonia as principal diagnosis (excluding obstetric and neonatal admissions and transfers to another hospital), age 18 and over
Table 1.42b	Heart attack - recommended care in hospital	Percent of heart attack patients who received recommended hospital care, all payers

Settings of Care: Hospital Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.43b	Heart attack - aspirin at admission	Percent of heart attack patients administered aspirin within 24 hours of admission, all payers
Table 1.44b	Heart attack - aspirin at discharge	Percent of heart attack patients with aspirin prescribed at discharge, all payers
Table 1.45b	Heart attack - beta blocker at admission	Percent of heart attack patients administered a beta-blocker within 24 hours of admission, all payers
Table 1.46b	Heart attack - beta blocker at discharge	Percent of heart attack patients with a beta-blocker prescribed at discharge, all payers
Table 1.47b	Heart attack - ACEI or ARB at discharge	Percent of heart attack patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or an angiotensin receptor blocker at discharge, all payers
Table 1.48b	Heart attack - smoking cessation counseling in hospital	Percent of heart attack patients given smoking cessation counseling while hospitalized, all payers
Table 1.51b	Heart failure - recommended hospital care received	Percent of heart failure patients who received recommended hospital care, all payers
Table 1.52b	Heart failure - evaluation of ejection fraction test in hospital	Percent of heart failure patients having evaluation of left ventricular ejection fraction in hospital, all payers
Table 1.53b	Heart failure - ACEI/ARB at discharge	Percent of heart failure patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or angiotensin receptor blocker at discharge, all payers
Table 1.57b	Abdominal aortic aneurysm repair deaths in hospital	Deaths per 1,000 admissions with abdominal aortic aneurysm (AAA) repair (excluding obstetric and neonatal admissions and transfers to another hospital), age 18 and over
Table 1.58b	Coronary artery bypass graft deaths in hospital	Deaths per 1,000 admissions with coronary artery bypass graft (excluding obstetric and neonatal admissions and transfers to another hospital), age 40 and over
Table 1.59b	Angioplasty deaths in hospital	Deaths per 1,000 adult admissions age 40 and over with percutaneous transluminal coronary angioplasties (PTCA) (excluding obstetric and neonatal admissions and transfers to another hospital)
Table 1.60b	Heart attack deaths in hospital	Deaths per 1,000 admissions for heart attack as principal diagnosis (excluding transfers to another hospital), age 18 and over
Table 1.61b	Congestive heart failure deaths in hospital	Deaths per 1,000 admissions with congestive heart failure as principal diagnosis (excluding obstetric and neonatal admissions and transfers to another hospital), age 18 and over
Table 2.5b	Inpatient surgery - appropriate antibiotic timing	Percent of adult surgery patients who received appropriate timing of antibiotics, all payers
Table 2.6b	Inpatient surgery - antibiotics within 1 hour	Percent of adult surgery patients who received prophylactic antibiotics within 1 hour prior to surgical incision, all payers
Table 2.7b	Inpatient surgery - antibiotics stopped within 24 hours	Percent of adult surgery patients who had prophylactic antibiotics discontinued within 24 hours after surgery end time, all payers
Table PSI02	Deaths per 1,000 admissions in low-mortality DRGs	Deaths per 1,000 admissions in low mortality DRGs, age 18 years and over or obstetric admissions

Settings of Care: Hospital Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table PSI06	Iatrogenic pneumothorax per 1,000 discharges	Iatrogenic pneumothorax per 1,000 discharges (excluding obstetrical admissions and patients with trauma, thoracic surgery, lung or pleural biopsy, or cardiac surgery), age 18 years and over
Table PSI07	Selected infections due to medical care per 1,000 discharges	Selected infections due to medical care per 1,000 medical and surgical discharges (excluding immunocompromised and cancer patients, stays under 2 days, and admissions specifically for such infections), age 18 years and over or obstetric admissions
Table PSI13	Postoperative septicemia per 1,000 elective surgical discharges of 4 or more days.	Postoperative sepsis per 1,000 elective-surgery discharges with an operating room procedure (excluding patients admitted for infection; patients with cancer or immunocompromised states, obstetric conditions, stays under 4 days, and admissions specifically for sepsis), age 18 years and over
Table PSI14	Postoperative abdominal wound dehiscence per 1,000 discharges	Reclosure of postoperative abdominal wound dehiscence per 1,000 abdominopelvic-surgery discharges (excluding immunocompromised patients, stays under 2 days, and obstetric conditions), age 18 years and over
Table PSI17	Birth trauma injury to neonate per 1,000 selected live births	Birth trauma - injury to neonate per 1,000 live births (excluding preterm and osteogenesis imperfecta births)
Table PSI18	Obstetric trauma per 1,000 instrument-assisted deliveries	Obstetric trauma with 3rd or 4th degree lacerations per 1,000 instrument-assisted vaginal deliveries
Table PSI19	Obstetric trauma per 1,000 vaginal deliveries without instrument assistance	Obstetric trauma with 3rd or 4th degree lacerations per 1,000 vaginal deliveries without instrument assistance
Table PSI20	Obstetric trauma per 1,000 Cesarean deliveries	Obstetric trauma with 3rd or 4th degree lacerations per 1,000 Cesarean deliveries

Settings of Care: Ambulatory Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.100b	Pneumonia vaccine ever - age 65 plus	Percent of adults age 65 and over who ever received a pneumococcal vaccination
Table 1.110b	Asthma admissions for children	Pediatric asthma admissions (excluding patients with cystic fibrosis or anomalies of the respiratory system and transfers from other institutions) per 100,000 population, ages 2-17
Table 1.111b	Asthma admissions for adults	Asthma admissions (excluding patients with cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions) per 100,000 population, age 18 and over
Table 1.112b	Asthma admissions for seniors	Asthma admissions (excluding patients with cystic fibrosis or anomalies of the respiratory system, obstetric admissions and transfers from other institutions) per 100,000 population, age 65 and over
Table 1.1b	Mammograms	Percent of women age 40 and over who report they had a mammogram within the past 2 years
Table 1.20b	Diabetes hemoglobin A1c tests	Percent of adults age 40 and over with diabetes who had a hemoglobin A1c measurement at least once in the past year
Table 1.22b	Diabetes eye exams	Percent of adults age 40 and over with diabetes who had a retinal eye examination in the past year

Settings of Care: Ambulatory Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.23b	Diabetes foot exams	Percent of adults age 40 and over with diabetes who had a foot examination in the past year
Table 1.24b	Diabetes flu shots	Percent of noninstitutionalized high-risk adults ages 18-64 with diabetes who had an influenza immunization in the past year
Table 1.29b	Avoidable hospitalizations - diabetes, uncomplicated	Admissions for uncontrolled diabetes without complication (excluding obstetric and neonatal admissions and transfers from other institutions) per 100,000 population, age 18 and over
Table 1.2b	Breast cancer diagnosed at advanced stage	Female breast cancer incidence per 100,000 for women age 40 and over diagnosed at advanced stage (regional and distant SEER summary stage)
Table 1.30c	Avoidable hospitalizations - diabetes, short-term complications	Admissions for diabetes with short-term complications (excluding obstetric admissions and transfers from other institutions) per 100,000 population, age 18 and over
Table 1.31b	Avoidable hospitalizations - diabetes, long-term complications	Admissions for diabetes with long-term complications (excluding obstetric admissions and transfers from other institutions) per 100,000 population, age 18 and over
Table 1.33b	Dialysis and on kidney transplant list	Percent of dialysis patients registered on the waiting list for transplantation
Table 1.35b	Dialysis and good urea reduction - Medicare	Percent of Medicare hemodialysis patients with urea reduction ratio 65 percent or higher
Table 1.36b	Dialysis and good hematocrit - Medicare	Percent of Medicare hemodialysis patients with hematocrit 33 or greater
Table 1.37	Dialysis and survival - Medicare	Survival rate for Medicare dialysis patients
Table 1.3b	Pap tests	Percent of women age 18 and over who reported they had a Pap smear within the past 3 years
Table 1.40	Blood cholesterol testing	Percent of adults age 18 and over who had their blood cholesterol checked within the preceding 5 years
Table 1.41b	Smoking cessation advice	Percent of current smokers age 18 and over who reported receiving advice to quit smoking
Table 1.4b	Cervical cancer diagnosed at advanced stage	Cervical cancer incidence per 100,000 women age 20 and over diagnosed at advanced stage
Table 1.55b	Avoidable hospitalizations - heart failure	Admissions for congestive heart failure (excluding patients with cardiac procedures, obstetric and neonatal conditions, and transfers from other institutions) per 100,000 population, age 18 and over
Table 1.6b	Sigmoidoscopy or colonoscopy	Percent of men and women age 50 and over who reported they ever received a flexible sigmoidoscopy or colonoscopy
Table 1.72b	Prenatal care	Percent of pregnant women receiving prenatal care in first trimester
Table 1.73c	Low-weight births	Percent of liveborn infants with low birth weight (less than 2,500 grams)
Table 1.73d	Very low-weight births	Percent of live-born infants with very low birth weight (less than 1,500 grams)
Table 1.74e	Infant deaths - all births	Infant deaths per 1,000 live births

Settings of Care: Ambulatory Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.74f	Infant deaths - very low birth weight	Infant deaths per 1,000 live births, birthweight < 1,500 grams
Table 1.74g	Infant deaths - low birth weight	Infant deaths per 1,000 live births, birthweight 1,500-2,499 grams
Table 1.74h	Infant deaths - without low birth weight	Infant deaths per 1,000 live births, birthweight > 2,499 grams
Table 1.75b	Maternal deaths	Maternal deaths per 100,000 live births
Table 1.76b	Children fully vaccinated	Percent of children age 19-35 months who received all recommended vaccines (4:3:1:3:3)
Table 1.77b	Admissions for pediatric gastroenteritis	Admissions for pediatric gastroenteritis (excluding patients with gastrointestinal abnormalities or bacterial gastroenteritis, and transfers from other institutions) per 100,000 population, ages 4 months to 17 years
Table 1.7b	Fecal occult blood tests	Percent of men and women age 50 and over who reported they had a fecal occult blood test within the past 2 years
Table 1.8b	Colorectal cancer diagnosed at advanced stage	Colorectal cancer incidence per 100,000 men and women age 50 and over diagnosed at advanced stage (regional and distant SEER summary stage)
Table 1.91b	Suicide deaths	Suicide deaths per 100,000 population
Table 1.96b	Flu vaccine in past 12 months - high-risk, age 18-64	Percent of high-risk persons age 18-64 who received an influenza vaccination in the past 12 months
Table 1.97b	Flu vaccine in past 12 months - age 65 and over	Percent of persons age 65 and over who received an influenza vaccination in the past 12 months
Table 1.98b	Avoidable hospitalizations - influenza	Immunization-preventable influenza admissions (excluding transfers from other institutions) per 100,000 population, age 65 and over
Table 1.99b	Pneumonia vaccine ever - high-risk, age 18-64	Percent of high-risk persons age 18-64 who ever received a pneumococcal vaccination
Table 3.6c	Always got routine appointments - adults on Medicaid	Percent of adults age 18 and over who reported in the last 6 months that they always got an appointment for routine care as soon as they wanted, Medicaid
Table 3.6d	Always got routine appointments - adults on Medicare managed care	Percent of adults age 18 and over who reported making an appointment for routine health care in the last 12 months and who always got an appointment as soon as they wanted, Medicare managed care
Table 3.7c	Always got routine appointments - children on Medicaid	Children under age 18 who reported in the last 6 months they always got an appointment for routine care as soon as they wanted, Medicaid
Table 3.8c	Always got appointment for illness/injury - adults on Medicaid	Percent of adults age 18 and over who reported that they always got appointment for illness/injury as soon as they wanted, Medicaid
Table 3.8d	Always got appointment for illness/injury - adults on Medicare managed care	Percent of adults age 18 and over who reported they always got an appointment for illness/injury as soon as they wanted in last 12 months, Medicare managed care

Settings of Care: Ambulatory Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 3.9c	Always got appointment for illness/injury - children on Medicaid	Percent of children under age 18 who always got appointment for illness/injury as soon as they wanted, Medicaid
Table 4.1c	Always had good communication with providers - adults on Medicaid	Percent of adults age 18 and over with an ambulatory visit whose health providers always listened carefully, explained things clearly, showed respect for what they had to say, and spent enough time with them, Medicaid
Table 4.1d	Always had good communication with providers - adults on Medicare managed care	Percent of adults age 18 and over with an ambulatory visit in the last 12 months and whose health providers always listened carefully, explained things clearly, showed respect for what they had to say, and spent enough time with them, Medicare managed care
Table 4.2c	Always had good communication with providers - children on Medicaid	Percent of children under age 18 with an ambulatory visit in the last 6 months and whose health providers always listened carefully, explained things clearly, showed respect for what their parents had to say, and spent enough time with them, Medicaid
Table 4.6d	Providers always explained clearly - child on Medicaid	Percent of children under age 18 with an ambulatory visit in the last 6 months and whose health providers always explained things clearly to them (child), Medicaid
Table 5.1c	Best rating for care - adults on Medicaid	Percent of adults age 18 and over with an ambulatory visit in the last 6 months and giving a best rating for health care received, Medicaid
Table 5.1d	Best rating for care - adults on Medicare managed care	Percent of adults age 18 and over with an ambulatory visit in the last 12 months and giving a best rating for health care received, Medicare managed care
Table 5.2c	Best rating for care - children on Medicaid	Percent of children under age 18 with an ambulatory visit in the last 6 months and their parents giving a best rating for health care received, Medicaid
Table PDI15	Hospital admissions for short-term complications of diabetes age 6-17	Admissions for diabetes with short-term complications (excluding transfers from other institutions) per 100,000 population, age 6 years to 17 years

Settings of Care: Nursing Home Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.114b	Nursing home long-stay residents - with increased need for help	Percent of long-stay nursing home residents whose need for help with daily activities has increased
Table 1.115b	Nursing home long-stay residents - with moderate to severe pain	Percent of long-stay nursing home residents who have moderate to severe pain
Table 1.116b	Nursing home long-stay residents - physically restrained	Percent of long-stay nursing home residents who were physically restrained
Table 1.117b	Nursing home long-stay residents - bed/chair bound	Percent of long-stay nursing home residents who spent most of their time in bed or in a chair

Settings of Care: Nursing Home Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.118b	Nursing home long-stay residents - with declining mobility	Percent of long-stay nursing home residents whose ability to move about got worse
Table 1.119b	Nursing home long-stay residents - with urinary tract infections	Percent of long-stay nursing home residents with a urinary tract infection
Table 1.120b	Nursing home long-stay residents - more depressed or anxious	Percent of long-stay nursing home residents who are more depressed or anxious
Table 1.121b	Nursing home long-stay residents - high-risk with pressure sores	Percent of high-risk long-stay nursing home residents who have pressure sores
Table 1.122b	Nursing home long-stay residents - low-risk with pressure sores	Percent of low-risk long-stay nursing home residents who have pressure sores
Table 1.123b	Nursing home long-stay residents - low-risk with incontinence	Percent of low-risk long-stay nursing home residents who lose control of their bowels or bladder
Table 1.124b	Nursing home long-stay residents - with urinary catheter left in	Percent of long-stay nursing home residents who have/had a catheter inserted and left in their bladder
Table 1.125b	Nursing home short-stay residents - with moderate to severe pain	Percent of short-stay nursing home residents who had moderate to severe pain
Table 1.126b	Nursing home short-stay residents - with delirium	Percent of short-stay nursing home residents with delirium
Table 1.127b	Nursing home short-stay residents - with pressure sores	Percent of short-stay nursing home residents with pressure sores
Table 1.128b	Nursing home long-stay residents - with too much weight loss	Percent of long-stay nursing home residents who lose too much weight
Table 1.129	Nursing home long-stay residents - given flu vaccine	Percent of long-stay nursing home residents given influenza vaccination during the flu season
Table 1.130	Nursing home short-stay residents - given flu vaccine	Percent of short-stay nursing home residents given influenza vaccination during the flu season
Table 1.131	Nursing home long-stay residents - given pneumococcal vaccine	Percent of long-stay nursing home residents who were assessed and given pneumococcal vaccination

Settings of Care: Nursing Home Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.132	Nursing home short-stay residents - given pneumococcal vaccine	Percent of short-stay nursing home residents who were assessed and given pneumococcal vaccination

Settings of Care: Home Health Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.133b	Home health care - improved oral drug management	Percent of home health care patients who get better at taking their medicines correctly (by mouth)
Table 1.134b	Home health care - improved bathing	Percent of home health care patients who get better at bathing
Table 1.135b	Home health care - improved transferring	Percent of home health care patients who get better at getting in and out of bed
Table 1.136b	Home health care - improved mobility	Percent of home health care patients who get better at walking or moving around
Table 1.137b	Home health care - improved pain management when mobile	Percent of home health care patients who have less pain when moving around
Table 1.138b	Home health care - improved breathing	Percent of home health care patients who have less shortness of breath
Table 1.139b	Home health care - incontinence	Percent of home health care patients who have less urinary incontinence
Table 1.140b	Home health care - hospitalization	Percent of home health care patients who had to be admitted to the hospital
Table 1.141b	Home health care - plus urgent care	Percent of home health care patients who needed urgent, unplanned medical care
Table 1.142b	Home health care - home after Home health care	Percent of home health care patients who stay home after home health care ends

Care by Clinical Area: Cancer Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.10b	Prostate cancer deaths	Cancer deaths per 100,000 male population per year for prostate cancer
Table 1.11b	Breast cancer deaths	Breast cancer deaths per 100,000 female population per year
Table 1.12b	Lung cancer deaths	Lung cancer deaths per 100,000 population per year
Table 1.13b	Colorectal cancer deaths	Colorectal cancer deaths per 100,000 population per year
Table 1.1b	Mammograms	Percent of women age 40 and over who report they had a mammogram within the past 2 years

Care by Clinical Area: Cancer Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.2b	Breast cancer diagnosed at advanced stage	Female breast cancer incidence per 100,000 for women age 40 and over diagnosed at advanced stage (regional and distant SEER summary stage)
Table 1.3b	Pap tests	Percent of women age 18 and over who reported they had a Pap smear within the past 3 years
Table 1.41b	Smoking cessation advice	Percent of current smokers age 18 and over who reported receiving advice to quit smoking
Table 1.4b	Cervical cancer diagnosed at advanced stage	Cervical cancer incidence per 100,000 women age 20 and over diagnosed at advanced stage
Table 1.6b	Sigmoidoscopy or colonoscopy	Percent of men and women age 50 and over who reported they ever received a flexible sigmoidoscopy or colonoscopy
Table 1.7b	Fecal occult blood tests	Percent of men and women age 50 and over who reported they had a fecal occult blood test within the past 2 years
Table 1.8b	Colorectal cancer diagnosed at advanced stage	Colorectal cancer incidence per 100,000 men and women age 50 and over diagnosed at advanced stage (regional and distant SEER summary stage)
Table 1.9b	All cancer deaths	Cancer deaths per 100,000 population per year

Care by Clinical Area: Diabetes Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.20b	Diabetes hemoglobin A1c tests	Percent of adults age 40 and over with diabetes who had a hemoglobin A1c measurement at least once in the past year
Table 1.22b	Diabetes eye exams	Percent of adults age 40 and over with diabetes who had a retinal eye examination in the past year
Table 1.23b	Diabetes foot exams	Percent of adults age 40 and over with diabetes who had a foot examination in the past year
Table 1.24b	Diabetes flu shots	Percent of noninstitutionalized high-risk adults ages 18-64 with diabetes who had an influenza immunization in the past year
Table 1.29b	Avoidable hospitalizations - diabetes, uncomplicated	Admissions for uncontrolled diabetes without complication (excluding obstetric and neonatal admissions and transfers from other institutions) per 100,000 population, age 18 and over
Table 1.30c	Avoidable hospitalizations - diabetes, short-term complications	Admissions for diabetes with short-term complications (excluding obstetric admissions and transfers from other institutions) per 100,000 population, age 18 and over
Table 1.31b	Avoidable hospitalizations - diabetes, long-term complications	Admissions for diabetes with long-term complications (excluding obstetric admissions and transfers from other institutions) per 100,000 population, age 18 and over
Table PDI15	Hospital admissions for short-term complications of diabetes age 6-17	Admissions for diabetes with short-term complications (excluding transfers from other institutions) per 100,000 population, age 6 years to 17 years

Care by Clinical Area: Heart Disease Care Measures

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NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.40	Blood cholesterol testing	Percent of adults age 18 and over who had their blood cholesterol checked within the preceding 5 years
Table 1.41b	Smoking cessation advice	Percent of current smokers age 18 and over who reported receiving advice to quit smoking
Table 1.42b	Heart attack - recommended care in hospital	Percent of heart attack patients who received recommended hospital care, all payers
Table 1.43b	Heart attack - aspirin at admission	Percent of heart attack patients administered aspirin within 24 hours of admission, all payers
Table 1.44b	Heart attack - aspirin at discharge	Percent of heart attack patients with aspirin prescribed at discharge, all payers
Table 1.45b	Heart attack - beta blocker at admission	Percent of heart attack patients administered a beta-blocker within 24 hours of admission, all payers
Table 1.46b	Heart attack - beta blocker at discharge	Percent of heart attack patients with a beta-blocker prescribed at discharge, all payers
Table 1.47b	Heart attack - ACEI or ARB at discharge	Percent of heart attack patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or an angiotensin receptor blocker at discharge, all payers
Table 1.48b	Heart attack - smoking cessation counseling in hospital	Percent of heart attack patients given smoking cessation counseling while hospitalized, all payers
Table 1.51b	Heart failure - recommended hospital care received	Percent of heart failure patients who received recommended hospital care, all payers
Table 1.52b	Heart failure - evaluation of ejection fraction test in hospital	Percent of heart failure patients having evaluation of left ventricular ejection fraction in hospital, all payers
Table 1.53b	Heart failure - ACEI/ARB at discharge	Percent of heart failure patients with left ventricular systolic dysfunction prescribed an ACE inhibitor or angiotensin receptor blocker at discharge, all payers
Table 1.55b	Avoidable hospitalizations - heart failure	Admissions for congestive heart failure (excluding patients with cardiac procedures, obstetric and neonatal conditions, and transfers from other institutions) per 100,000 population, age 18 and over
Table 1.57b	Abdominal aortic aneurysm repair deaths in hospital	Deaths per 1,000 admissions with abdominal aortic aneurysm (AAA) repair (excluding obstetric and neonatal admissions and transfers to another hospital), age 18 and over
Table 1.58b	Coronary artery bypass graft deaths in hospital	Deaths per 1,000 admissions with coronary artery bypass graft (excluding obstetric and neonatal admissions and transfers to another hospital), age 40 and over
Table 1.59b	Angioplasty deaths in hospital	Deaths per 1,000 adult admissions age 40 and over with percutaneous transluminal coronary angioplasties (PTCA) (excluding obstetric and neonatal admissions and transfers to another hospital)
Table 1.60b	Heart attack deaths in hospital	Deaths per 1,000 admissions for heart attack as principal diagnosis (excluding transfers to another hospital), age 18 and over
Table 1.61b	Congestive heart failure deaths in hospital	Deaths per 1,000 admissions with congestive heart failure as principal diagnosis (excluding obstetric and neonatal admissions and transfers to another hospital), age 18 and over

Care by Clinical Area: Maternal and Child Health Care Measures

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NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.72b	Prenatal care	Percent of pregnant women receiving prenatal care in first trimester
Table 1.73c	Low-weight births	Percent of liveborn infants with low birth weight (less than 2,500 grams)
Table 1.73d	Very low-weight births	Percent of live-born infants with very low birth weight (less than 1,500 grams)
Table 1.74e	Infant deaths - all births	Infant deaths per 1,000 live births
Table 1.74f	Infant deaths - very low birth weight	Infant deaths per 1,000 live births, birthweight < 1,500 grams
Table 1.74g	Infant deaths - low birth weight	Infant deaths per 1,000 live births, birthweight 1,500-2,499 grams
Table 1.74h	Infant deaths - without low birth weight	Infant deaths per 1,000 live births, birthweight > 2,499 grams
Table 1.75b	Maternal deaths	Maternal deaths per 100,000 live births
Table 1.76b	Children fully vaccinated	Percent of children age 19-35 months who received all recommended vaccines (4:3:1:3:3)
Table 1.77b	Admissions for pediatric gastroenteritis	Admissions for pediatric gastroenteritis (excluding patients with gastrointestinal abnormalities or bacterial gastroenteritis, and transfers from other institutions) per 100,000 population, ages 4 months to 17 years
Table 3.7c	Always got routine appointments - children on Medicaid	Children under age 18 who reported in the last 6 months they always got an appointment for routine care as soon as they wanted, Medicaid
Table 3.9c	Always got appointment for illness/injury - children on Medicaid	Percent of children under age 18 who always got appointment for illness/injury as soon as they wanted, Medicaid
Table 4.2c	Always had good communication with providers - children on Medicaid	Percent of children under age 18 with an ambulatory visit in the last 6 months and whose health providers always listened carefully, explained things clearly, showed respect for what their parents had to say, and spent enough time with them, Medicaid
Table 4.6d	Providers always explained clearly - child on Medicaid	Percent of children under age 18 with an ambulatory visit in the last 6 months and whose health providers always explained things clearly to them (child), Medicaid
Table 5.2c	Best rating for care - children on Medicaid	Percent of children under age 18 with an ambulatory visit in the last 6 months and their parents giving a best rating for health care received, Medicaid
Table PS117	Birth trauma injury to neonate per 1,000 selected live births	Birth trauma - injury to neonate per 1,000 live births (excluding preterm and osteogenesis imperfecta births)
Table PS118	Obstetric trauma per 1,000 instrument-assisted deliveries	Obstetric trauma with 3rd or 4th degree lacerations per 1,000 instrument-assisted vaginal deliveries
Table PS119	Obstetric trauma per 1,000 vaginal deliveries without instrument assistance	Obstetric trauma with 3rd or 4th degree lacerations per 1,000 vaginal deliveries without instrument assistance
Table PS120	Obstetric trauma per 1,000 Cesarean deliveries	Obstetric trauma with 3rd or 4th degree lacerations per 1,000 Cesarean deliveries

Care by Clinical Area: Respiratory Diseases Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.100b	Pneumonia vaccine ever - age 65 plus	Percent of adults age 65 and over who ever received a pneumococcal vaccination
Table 1.101b	Pneumonia - recommended hospital care received	Percent of pneumonia patients who received recommended hospital care, ^a all payers
Table 1.102b	Pneumonia - blood cultures before antibiotics in hospital	Percent of pneumonia patients who had blood cultures collected before antibiotics were administered in hospital, all payers
Table 1.103b	Pneumonia - antibiotics within 4 hours in hospital	Percent of pneumonia patients who received the first dose of antibiotics within 4 hours of arrival at the hospital, all payers
Table 1.104b	Pneumonia - recommended antibiotics within 24 hours of admission	Percent of immunocompetent pneumonia patients who received recommended empirical antibiotic regimen during the first 24 hours, all payers
Table 1.105b	Pneumonia - flu vaccination screening in hospital, age 50 and over	Percent of pneumonia patients, age 50 years and over, discharged during October-February, who were screened for influenza vaccination and, if indicated, were vaccinated prior to discharge, all payers
Table 1.106b	Pneumonia - pneumococcal vaccination screening in hospital	Percent of pneumonia patients, age 65 and over, who were screened for pneumococcal vaccination and, if indicated, were vaccinated prior to discharge, all payers
Table 1.107b	Pneumonia deaths in hospital	Deaths per 1,000 admissions with pneumonia as principal diagnosis (excluding obstetric and neonatal admissions and transfers to another hospital), age 18 and over
Table 1.110b	Asthma admissions for children	Pediatric asthma admissions (excluding patients with cystic fibrosis or anomalies of the respiratory system and transfers from other institutions) per 100,000 population, ages 2-17
Table 1.111b	Asthma admissions for adults	Asthma admissions (excluding patients with cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions) per 100,000 population, age 18 and over
Table 1.112b	Asthma admissions for seniors	Asthma admissions (excluding patients with cystic fibrosis or anomalies of the respiratory system, obstetric admissions and transfers from other institutions) per 100,000 population, age 65 and over
Table 1.129	Nursing home long-stay residents - given flu vaccine	Percent of long-stay nursing home residents given influenza vaccination during the flu season
Table 1.130	Nursing home short-stay residents - given flu vaccine	Percent of short-stay nursing home residents given influenza vaccination during the flu season
Table 1.131	Nursing home long-stay residents - given pneumococcal vaccine	Percent of long-stay nursing home residents who were assessed and given pneumococcal vaccination

Care by Clinical Area: Respiratory Diseases Care Measures		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.132	Nursing home short-stay residents - given pneumococcal vaccine	Percent of short-stay nursing home residents who were assessed and given pneumococcal vaccination
Table 1.41b	Smoking cessation advice	Percent of current smokers age 18 and over who reported receiving advice to quit smoking
Table 1.96b	Flu vaccine in past 12 months - high-risk, age 18-64	Percent of high-risk persons age 18-64 who received an influenza vaccination in the past 12 months
Table 1.97b	Flu vaccine in past 12 months - age 65 and over	Percent of persons age 65 and over who received an influenza vaccination in the past 12 months
Table 1.98b	Avoidable hospitalizations - influenza	Immunization-preventable influenza admissions (excluding transfers from other institutions) per 100,000 population, age 65 and over
Table 1.99b	Pneumonia vaccine ever - high-risk, age 18-64	Percent of high-risk persons age 18-64 who ever received a pneumococcal vaccination

Clinical Preventive Services		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.100b	Pneumonia vaccine ever - age 65 plus	Percent of adults age 65 and over who ever received a pneumococcal vaccination
Table 1.129	Nursing home long-stay residents - given flu vaccine	Percent of long-stay nursing home residents given influenza vaccination during the flu season
Table 1.130	Nursing home short-stay residents - given flu vaccine	Percent of short-stay nursing home residents given influenza vaccination during the flu season
Table 1.131	Nursing home long-stay residents - given pneumococcal vaccine	Percent of long-stay nursing home residents who were assessed and given pneumococcal vaccination
Table 1.132	Nursing home short-stay residents - given pneumococcal vaccine	Percent of short-stay nursing home residents who were assessed and given pneumococcal vaccination
Table 1.1b	Mammograms	Percent of women age 40 and over who report they had a mammogram within the past 2 years
Table 1.3b	Pap tests	Percent of women age 18 and over who reported they had a Pap smear within the past 3 years
Table 1.40	Blood cholesterol testing	Percent of adults age 18 and over who had their blood cholesterol checked within the preceding 5 years
Table 1.41b	Smoking cessation advice	Percent of current smokers age 18 and over who reported receiving advice to quit smoking
Table 1.6b	Sigmoidoscopy or colonoscopy	Percent of men and women age 50 and over who reported they ever received a flexible sigmoidoscopy or colonoscopy

Clinical Preventive Services		
NHQR Table	Short Measure Title	Full NHQR Measure Title
Table 1.7b	Fecal occult blood tests	Percent of men and women age 50 and over who reported they had a fecal occult blood test within the past 2 years
Table 1.96b	Flu vaccine in past 12 months - high-risk, age 18-64	Percent of high-risk persons age 18-64 who received an influenza vaccination in the past 12 months
Table 1.97b	Flu vaccine in past 12 months - age 65 and over	Percent of persons age 65 and over who received an influenza vaccination in the past 12 months
Table 1.99b	Pneumonia vaccine ever - high-risk, age 18-64	Percent of high-risk persons age 18-64 who ever received a pneumococcal vaccination

Appendix II: U.S. Census Region and Division Definitions Used in the 2007 State Snapshots								
Region I: Northeast (includes Divisions 1-2)		Region II: Midwest (includes Divisions 3-4)		Region III: South (includes Divisions 5-7)			Region IV: West (includes Divisions 8-9)	
Division 1	Division 2	Division 3	Division 4	Division 5	Division 6	Division 7	Division 8	Division 9
New England	Middle Atlantic	East North Central	West North Central	South Atlantic	East South Central	West South Central	Mountain	Pacific
<i>6 States</i>	<i>3 States</i>	<i>5 States</i>	<i>7 States</i>	<i>9 States</i>	<i>4 States</i>	<i>4 States</i>	<i>8 States</i>	<i>5 States</i>
Connecticut	New Jersey	Illinois	Iowa	Delaware	Alabama	Arkansas	Arizona	Alaska
Maine	New York	Indiana	Kansas	Washington, D.C.	Kentucky	Louisiana	Colorado	California
Massachusetts	Pennsylvania	Michigan	Minnesota	Florida	Mississippi	Oklahoma	Idaho	Hawaii
New Hampshire		Ohio	Missouri	Georgia	Tennessee	Texas	Montana	Oregon
Rhode Island		Wisconsin	Nebraska	Maryland			Nevada	Washington
Vermont			North Dakota	North Carolina			New Mexico	
			South Dakota	South Carolina			Utah	
				Virginia			Wyoming	
				West Virginia				

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Endnotes

¹ Amputations related to diabetes, which are included here, are not included in the NHQR by State; national rates in the NHQR are estimated from another data set, the National Hospital Discharge Survey.

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⁵ U.S. Census Bureau. Census 2000 EEO Data Tool. Available at: <http://www.census.gov/eo2000/index.html>.

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⁷ Claritas, Inc. 2001 Demographic Data and the Claritas Update: Demographics Methodology. San Diego, Claritas: 2001.

⁸ More information on data from the Medical Expenditure Panel Survey is available at:

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¹¹ The Health Benefits Simulation Model (HBSM) is a microsimulation model of the U.S. health care system. HBSM is based upon a representative sample of households in the United States, which includes information on the economic and demographic characteristics of these individuals as well as their utilization and expenditures for health care. The HBSM household data are based on AHRQ's 1999 through 2001 MEPS, which were used together with the March 2004 Current Population Survey. The data were adjusted to show the amount of health spending by type of service and source of payment as estimated by the Office of the Actuary of the Centers for Medicare & Medicaid Services (CMS) and various agencies. More information on the HBSM data and methods are available in Sheils J, Haught R. Covering America: cost and coverage analysis of ten proposals to expand health insurance coverage. Appendix A: Health Benefits Simulation Model (HBSM): uniform methodology and assumptions. October 1, 2003. Available at: <http://www.rwjf.org/files/research/costCoverageMethodology.pdf>.

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