

## Health in Rhode Island: A Long Term Vision Evaluation Framework

Measure	Measure Definition	Priority	Baseline Year	Baseline State Ranking	Baseline Value	Benchmark*
<b>Commonwealth Fund Scorecard of State Health System Performance</b>						
<i>Overall Ranking</i>	State ranking based on evaluation of 47 performance indicators grouped into four dimensions (Access and Affordability; Prevention and Treatment; Avoidable Hospital Use and Cost; and Healthy Lives)		2018	11	na	na
<i>Access and Affordability</i>	Composite of 7 indicators; rates of insurance coverage for children and adults, as well as individuals' out-of-pocket expenses for health insurance and medical care, cost-related barriers to receiving care, and receipt of dental care		2018	4	na	na
<i>Prevention and Treatment</i>	Composite of 15 indications; Includes measures of receipt of preventive care and needed mental health care, as well as measures of quality in ambulatory, hospital, post acute, and long-term care settings		2018	11	na	na
<i>Avoidable Hospital Use and Cost</i>	Composite of 13 indicators; Including several measures reported separately for distinct age groups): includes indicators of hospital and emergency department use that might be reduced with timely and effective care and follow-up care, as well as estimates of per-person spending among Medicare beneficiaries and working-age adults with employer-sponsored insurance		2018	27	na	na
<i>Healthy Lives</i>	Composite of 12 indicators; Includes measures of premature death, health status, health risk behaviors including smoking and obesity, and tooth loss		2018	18	na	na
<b>Health Behaviors</b>						
<i>Excessive Drinking</i>	Percentage of adults who reported either binge drinking (having four or more [women] or five or more [men] drinks on one occasion in the past 30 days) or chronic drinking (having eight or more [women] or 15 or more [men] drinks per week).	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2018	31	18.6%	15.8%
<i>Obese/overweight children</i>	Percentage of children ages 10–17 who are overweight or obese (BMI $\geq$ 85th percentile).	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2017	30	31.0%	25.0%
<i>Physical inactivity</i>	Percentage of adults who reported doing no physical activity or exercise other than their regular job in the past 30 days.	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2018	33	25.3%	21.0%
<i>Obese/overweight adults</i>	Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight.	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2017	22	31.0%	27.2%
<i>Smoking status</i>	Percentage of adults who are smokers (reported smoking at least 100 cigarettes in their lifetime and currently smoke every or some days).	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2017	13	15.0%	14.3%
<b>Access and Affordability</b>						
<i>Total employee out of pocket health insurance contributions as a share of median income</i>	Employees' average contributions to their employer-sponsored health insurance premiums and deductible costs as a percent of state median household incomes for the under-65 population in each state. Use a weighted average of single and family premium contributions compared with single and family median household incomes.	Priority 4: Reduce wasteful spending in order to redirect those resources to social determinants and improve affordability.	2018	35	12.0%	10.0%
<i>Medicaid community based expenditures</i>	Percent of Medicaid long term services and support expenditures that are community based vs. institutionally based.	Priority 1: Provide the most appropriate care for people in the most appropriate setting.	2018	-	33%	-
<i>Healthcare access</i>	Percentage of adults who reported not seeking medical care due to cost	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2017	18	12.0%	10.0%
<i>Number of mental health providers</i>	Number of psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, providers that treat alcohol and other drug abuse as well as advanced practice nurses specializing in mental health care per 100,000 population	Priority 3: Improve behavioral health outcomes by focusing on access to care, coordination of care, and prevention.	2018	6	409.5	373.3

<i>Adults who are uninsured</i>	Percent of adults ages 19–64 without health insurance coverage.	Priority 5: Ensure sustainability, accountability, and oversight of this vision, and maintain progress in key areas where Rhode Island performs well.	2017	4	6%	7%
<i>Children who are uninsured</i>	Percent of children ages 0–18 without health insurance coverage.	Priority 5: Ensure sustainability, accountability, and oversight of this vision, and maintain progress in key areas where Rhode Island performs well.	2017	2	2%	3%
<i>Dental visit in past year</i>	Percent of adults age 18 and older who did not visit a dentist, or dental clinic within the past year.	Priority 5: Ensure sustainability, accountability, and oversight of this vision, and maintain progress in key areas where Rhode Island performs well.	2016	2	11%	13%
<i>Usual source of care</i>	Percent of adults age 18 and older who did not have one (or more) person they think of as their personal health care provider	Priority 5: Ensure sustainability, accountability, and oversight of this vision, and maintain progress in key areas where Rhode Island performs well.	2017	1	12%	17%
<b>Clinical Care (Prevention &amp; Treatment)</b>						
<i>Low birthweight</i>	Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth.	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2017	15	7.5%	7.0%
<i>Mortality amenable to health care</i>	Number of deaths before age 75 per 100,000 population that resulted from causes considered at least partially treatable or preventable with timely and appropriate medical care.	Priority 1: Provide the most appropriate care for people in the most appropriate setting.	2014-15	12	68.2	64.9
<i>Adults without age appropriate vaccinations</i>	Percent of adults age 18 and older who did not receive a flu shot in the past year and a pneumonia vaccine ever if age 65 and older.	Priority 5: Ensure sustainability, accountability, and oversight of this vision, and maintain progress in key areas where Rhode Island performs well.	2017	2	55%	57%
<b>Health Care Quality</b>						
<i>Potentially avoidable emergency department visits- 18-64</i>	Number of ED visits among 1,000 employer-insured enrolles aged 18-64 that, based on diagnoses and the service received, were considered to be either nonemergent (care was not needed within 12 hours), or emergent (care needed within 12 hours) but that could have been treated safely and effectively in a primary care setting.	Priority 4: Reduce wasteful spending in order to redirect those resources to social determinants and improve affordability.	2016	17	135.9	127.6
<i>Potentially avoidable emergency department visits- 65+</i>	Number of ED visits among 1,000 Medicare beneficiaries aged 65+ that, based on diagnoses and the service received, were considered to be either nonemergent (care was not needed within 12 hours), or emergent (care needed within 12 hours) but that could have been treated safely and effectively in a primary care setting.	Priority 4: Reduce wasteful spending in order to redirect those resources to social determinants and improve affordability.	2015	40	212.2	173.5
<i>Hospital readmissions- 18-64</i>	Number of hospital admissions among 1,000 employer-insured enrolles aged 18-64 who were readmitted within 30 days of an acute hospital stay for any cause.	Priority 4: Reduce wasteful spending in order to redirect those resources to social determinants and improve affordability.	2016	39	3.4	3
<i>Hospital readmissions- 65+</i>	Number of hospital admissions among 1,000 Medicare beneficiaries aged 65+ who were readmitted within 30 days of an acute hospital stay for any cause.	Priority 4: Reduce wasteful spending in order to redirect those resources to social determinants and improve affordability.	2017	38	45.1	29.7
<i>Antipsychotic medication</i>	Percentage of long-stay nursing home residents who got an antipsychotic medication	Priority 1: Provide the most appropriate care for people in the most appropriate setting.	2017	27	16.0%	13.0%
<i>Hospital Complications</i>	Central line-associated bloodstream infections (CLABSI), Standardized Infection Ratio (SIR)	Priority 1: Provide the most appropriate care for people in the most appropriate setting.	2016	44	1.03	0.71
<i>Hospital Complications</i>	Catheter-associated urinary tract infections (CAUTI), all locations,SIR	Priority 1: Provide the most appropriate care for people in the most appropriate setting.	2017-2018	50	1.162	0.712
<i>Hospital Complications</i>	Clostridioides difficile (CDI), facility-wide, SIR	Priority 1: Provide the most appropriate care for people in the most appropriate setting.	2017-2018	51	0.995	0.675
<i>Home health patients with hospital admission</i>	Percent of home health episodes among fee-for-service Medicare beneficiaries during which the patient was admitted to an acutecare hospital.	Priority 1: Provide the most appropriate care for people in the most appropriate setting.	2017	40	17%	15%
<i>Re-hospitalization post nursing home admission</i>	Percent of newly admitted nursing home residents who are rehospitalized within 30 days of being discharged from a hospital to the nursing home.	Priority 1: Provide the most appropriate care for people in the most appropriate setting.	2016	22	19%	15%
<b>Health Outcomes</b>						
<i>Drug deaths</i>	Number of drug poisoning deaths per 100,000 population.	Priority 3: Improve behavioral health outcomes by focusing on access to care, coordination of care, and prevention.	2017	41	31	12.2
<i>Mental distress</i>	Percentage of adults who reported their mental health was not good 14 or more days in the past 3 days.	Priority 3: Improve behavioral health outcomes by focusing on access to care, coordination of care, and prevention.	2018	24	12.3%	11.2%
<i>Alcohol related deaths</i>	Number of alcohol-related deaths per 100,000 population.	Priority 3: Improve behavioral health outcomes by focusing on access to care, coordination of care, and prevention.	2017	23	9.6	7.3
<i>Suicide deaths</i>	Number of suicide deaths per 100,000 population.	Priority 3: Improve behavioral health outcomes by focusing on access to care, coordination of care, and prevention.	2017	10	11.8	11.8

<i>Physical distress</i>	Percentage of adults who reported their physical health was not good 14 or more days in the past 30 days	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2018	29	12.7%	10.5%
<i>Diabetes</i>	Percentage of adults who reported being told by a health professional that they have diabetes (excludes prediabetes and gestational diabetes)	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2018	25	11%	9.3%
<i>Infant Mortality</i>	Number of infant deaths (before age 1) per 1,000 live births (2-year average)	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2016	17	5.7	4.8
<i>Maternal Mortality</i>	Number of deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2016	8	19.0	19.5
<b>Health Equity</b>						
<i>Housing cost burdened</i>	Percentage of renters and owners who are housing cost burdened (spending more than 30% of annual household income on housing)	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2017	45	35.1%	24.9%
<i>Education</i>	Percentage of students graduating with a regular diploma within four years	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2017	29	84.1%	88.9
<i>Food insecurity</i>	Percentage of population with low or very low food insecurity	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2017	23	11.0%	9.6%
<i>Transportation</i>	Index score that reflects the affordability of transportation for renters (The indicator value is a percentile ranking from 0 to 100, where a higher ranking indicates lower transportation costs for that neighborhood. Thus, high-ranking areas are considered the most advantaged, and low-ranking areas are considered the most disadvantaged)	Priority 2: Focus upstream on root causes and invest in affordable housing, food security, and transportation to address underlying inequities and influencers of health disparities.	2008-2012	8	71.4%	64.9%

\*Top 10 - minimum rate required to achieve top 10 ranking during baseline period (benchmarks will be adjusted annually)