

OKLAHOMA

Overall and Dimension Ranking	
OVERALL	50
Access	49
Quality	43
Avoidable Hospital Use & Costs	50
Equity*	50
Healthy Lives	47

Summary of Indicator Rankings	
Total number of main indicators for this state:	31
Number of indicators for which this state ranked in the:	
Top 5	0
Top Quartile	1
2nd Quartile	5
3rd Quartile	6
Bottom Quartile	19
Bottom 5	9

Dimension and Indicator	Year	State Rate	All States		Best State Rate	Rank
			Median Rate	Top 5 States Average Rate		
ACCESS						
Percent of adults (ages 18–64) insured	2004–2005	74.5	81.5	87.3	89.0	49
Percent of children (ages 0–17) insured	2004–2005	86.1	91.1	94.7	94.9	48
Percent of adults visited a doctor in the past two years	2000	81.7	83.4	89.9	91.5	44
Percent of adults without time in past year when they needed to see a doctor but could not because of cost	2004	82.0	87.2	93.1	96.6	34
QUALITY						
Percent of adults age 50 and older received recommended screening and preventive care	2004	34.2	39.7	48.8	50.1	47
Percent of adult diabetics received recommended preventive care ^a	2004	36.8	42.4	58.5	65.4	43
Percent of children ages 19–35 months received all recommended doses of five key vaccines	2005	75.7	81.6	88.3	93.5	48
Percent of children with both a medical and dental preventive care visit in the past year	2003	49.2	59.2	72.6	74.9	44
Percent of children with emotional, behavioral, or developmental problems received some mental health care in the past year	2003	48.2	61.9	74.2	77.2	44
Percent of hospitalized patients received recommended care for acute myocardial infarction, congestive heart failure, and pneumonia ^b	2004	84.6	83.4	87.8	88.4	48
Percent of surgical patients received appropriate timing of antibiotics to prevent infections	2005	79.0	69.5	82.8	90.0	18
Percent of adults with a usual source of care	2004	78.0	81.1	88.3	89.4	6
Percent of children with a medical home	2003	41.5	47.6	59.7	61.0	32
Percent of heart failure patients given written instructions at discharge	2004–2005	43.0	49.0	63.6	67.0	38
Percent of Medicare patients whose health care provider always listens, explains, shows respect, and spends enough time with them	2003	68.7	68.7	73.2	74.9	36
Percent of Medicare patients giving a best rating for health care received in the past year	2003	70.2	70.2	73.7	74.4	26
Percent of high-risk nursing home residents with pressure sores	2004	16.4	13.2	8.1	7.6	26
Percent of nursing home residents who were physically restrained	2004	12.7	6.2	2.4	1.9	48

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Dimension and Indicator	Year	State Rate	All States Median Rate	Top 5 States Average Rate	Best State Rate	Rank
AVOIDABLE HOSPITAL USE & COSTS						
Hospital admissions for pediatric asthma per 100,000 children ^c	2002	NA	176.7	81.3	54.9	50
Percent of asthmatics with an emergency room or urgent care visit in the past year ^d	2001-2004	18.8	15.5	10.8	9.1	NA
Medicare hospital admissions for ambulatory care sensitive conditions per 100,000 beneficiaries	2003	9,392	7,278	4,610	4,069	27
Medicare 30-day hospital readmissions as a percent of admissions	2003	20.5	17.6	13.8	13.2	44
Percent of long-stay nursing home residents with a hospital admission ^e	2000	21.5	16.1	8.7	8.3	47
Percent of nursing home residents with hospital readmission within three months ^e	2000	15.4	11.7	7.5	6.7	45
Percent of home health patients with a hospital admission	2004	37.1	26.9	20.1	18.3	43
Total single premium per enrolled employee at private-sector establishments that offer health insurance	2004	3,644	3,706	3,216	3,034	49
Total Medicare (Parts A & B) reimbursements per enrollee	2003	6,675	6,070	4,828	4,530	21
HEALTHY LIVES						
Mortality amenable to health care, deaths per 100,000 population	2002	120.1	96.9	74.1	70.2	43
Infant mortality, deaths per 1,000 live births	2002	8.2	7.1	4.8	4.3	40
Breast cancer deaths per 100,000 female population	2002	27.0	25.3	19.9	16.2	42
Colorectal cancer deaths per 100,000 population	2002	20.0	20.0	16.3	15.3	25
Percent of adults under age 65 limited in any activities because of physical, mental, or emotional problems	2004	18.4	15.3	11.5	10.8	45

^a Data available for 47 states.^b Data available for 50 states.^c Data available for 33 states.^d Data available for 36 states.^e Data available for 48 states.

NA = Data value is not available.

* The equity dimension was ranked based on gaps between the most vulnerable group and the U.S. national average for selected indicators. Comparisons were made by income, insurance, and race/ethnicity. Refer to Equity section in [State Scorecard Data Tables](#) for these calculations.Note: Refer to Appendices B1 and B2 in the [State Scorecard](#) for indicator descriptions and data sources.

OKLAHOMA: Estimated Impact of Improving State Performance

The *State Scorecard* enables states to compare their performance with those of other states across key indicators of health system performance. It provides states with achievable targets for improvement by assessing each state's performance compared with the best performance attained by a state. By moving toward benchmark levels of health system performance, states could save lives, improve access to and quality of care, and reduce unnecessary spending. The table shows the estimated impact if this state's performance improved to the rate of the best-performing state for 11 *Scorecard* indicators. (Refer to this state's individual performance profile to see actual rates.) These examples illustrate only a few important opportunities for improvement in a state. Because some indicators affect the same individuals, these numbers should not be added.

Indicator	If OKLAHOMA's performance improved to the level of the best-performing state for this indicator, then:
Insured Adults	303,956 more adults (ages 18–64) would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed.
Insured Children	75,883 more children (ages 0–17) would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed.
Adult Preventive Care	167,030 more adults (age 50 and older) would receive recommended preventive care, such as colon cancer screenings, mammograms, pap smears, and flu shots at appropriate ages.
Diabetes Care	60,944 more adults (age 18 and older) with diabetes would receive three recommended services (eye exam, foot exam, and hemoglobin A1c test) to help prevent or delay disease complications.
Childhood Vaccinations	13,064 more children (ages 19–35 months) would be up-to-date on all recommended doses of five key vaccines.
Adults with a Usual Source of Care	302,693 more adults (age 18 and older) would have a usual source of care to help ensure that care is coordinated and accessible when needed.
Children with a Medical Home	169,740 more children (ages 0–17) would have a medical home to help ensure that care is coordinated and accessible when needed.
Preventable Hospital Admissions	20,347 fewer hospitalizations for ambulatory care sensitive conditions would occur among Medicare beneficiaries (age 65 and older) and
Hospital Readmissions	\$88,551,000 dollars would be saved from the reduction in hospitalizations.
Hospital Readmissions	4,492 fewer hospital readmissions would occur among Medicare beneficiaries (age 65 and older) and
Hospitalization of Nursing Home Residents	\$51,352,000 dollars would be saved from the reduction in readmissions.
Hospitalization of Nursing Home Residents	3,017 fewer long-stay nursing home residents would be hospitalized and
Mortality Amenable to Health Care	\$25,532,000 dollars would be saved from the reduction in hospitalizations.
Mortality Amenable to Health Care	1,707 fewer premature deaths (before age 75) might occur from causes that are potentially treatable or preventable with timely and appropriate health care.

NOTES: Estimates of improvements in state performance were calculated as follows: for each indicator, the difference between the best-performing state's rate and the subject state's rate was multiplied by the applicable subpopulation of individuals in the subject state. (For the readmissions indicator, the difference in rates was multiplied by the applicable number of Medicare hospitalizations in the subject state.) Medicare cost-savings from reduced hospitalizations were calculated using the average cost of the applicable hospitalizations in the subject state. Calculations do not account for potentially interactive effects of indicators (e.g., insurance coverage increases the likelihood of having a usual source of care and receiving preventive care). For more information, see *Methodology and Sources Used in State Scorecard Impact Calculations*.