



Maine

Health Outcomes Measure

Leg Amputations

Leg amputations are an infrequent but devastating complication of peripheral vascular disease and diabetes. Inadequate blood supply and nerve damage predispose patients to injury and to infection, which can fail to heal and sometimes only be treated by amputation. A broad array of environmental, economic, social and behavioral factors place patients at risk for developing underlying diseases and for losing a limb, including: smoking, obesity, a sedentary lifestyle, poor blood pressure control and lack of access to high quality medical care.

MAINE AVERAGE		NATIONAL AVERAGE		
TOTAL		TOTAL	BLACK	WHITE
0.98		1.14	4.17	0.88

Rate per 1,000 Medicare beneficiaries (2003-2005)

Effective Care Measures

Screening for Breast Cancer

The United States Preventive Services Task Force (USPSTF) recommends mammography screening every one or two years for women age 40 and older. The USPSTF found evidence that screenings at this interval significantly reduces mortality from breast cancer.

MAINE AVERAGE		NATIONAL AVERAGE		
TOTAL		TOTAL	BLACK	WHITE
74.0%		63.6%	56.8%	64.3%

Percent of female Medicare beneficiaries age 65-69 having at least one mammogram over the two-year period (2004-2005)

Hemoglobin A1c Measurement

Clinical trials have shown that proper management of diabetes, including blood sugar and blood pressure control and attention to risk factors for heart disease – such as smoking and elevated cholesterol levels – can reduce the risk of complications. The hemoglobin A1c test, also called HbA1c, provides an average of a patient’s blood sugar control over a six to 12 week period. The test is critical because its results show how well a diabetes treatment plan is working.

MAINE AVERAGE		NATIONAL AVERAGE		
TOTAL		TOTAL	BLACK	WHITE
90.8%		84.0%	79.4%	84.7%

Average annual percent of Medicare beneficiaries with diabetes age 65-74 having hemoglobin A1c test (2003-2005)

Primary Care Orientation

Predominant Provider a Primary Care Physician

Primary care physicians play a key role in providing and coordinating high-quality health care. For conditions such as diabetes and hypertension, primary care physicians have been shown to provide care that is similar to specialty care in quality and lower in cost. Adequate access to primary care can improve care coordination and reduce the frequency of avoidable hospitalizations.

MAINE AVERAGE		NATIONAL AVERAGE		
TOTAL		TOTAL	BLACK	WHITE
85.3%		77.6%	80.0%	77.4%

Percent of Medicare beneficiaries whose predominant ambulatory provider was a primary care physician (2004)

Reliance on Hospital-Based Care

Ambulatory Care-Sensitive Hospitalization Rates

Many hospital admissions are for medical conditions – such as poorly controlled diabetes or worsening heart failure – which can be treated in either the inpatient or the outpatient setting, and for which hospitalization can often be prevented by better outpatient management. Discretionary hospital stays pose a risk to patients and a substantial cost on the health care system.

MAINE AVERAGE			NATIONAL AVERAGE		
TOTAL	BLACK	WHITE	TOTAL	BLACK	WHITE
67.3	67.6	65.4	78.3	105.0	76.0

Discharges for ambulatory care sensitive conditions per 1,000 Medicare beneficiaries (2003-2005)

Please refer to the full report “Disparities in Health and Health Care among Medicare Beneficiaries: A Brief Report of the Dartmouth Atlas Project” for the methodology, downloadable at www.rwjf.org/qualityequality. For more detailed descriptions of the approach see the Appendix on Methods of *The Dartmouth Atlas of Health Care 1999*, downloadable at www.dartmouthatlas.org. The full national database and other Dartmouth Atlas reports can also be found at www.dartmouthatlas.org.