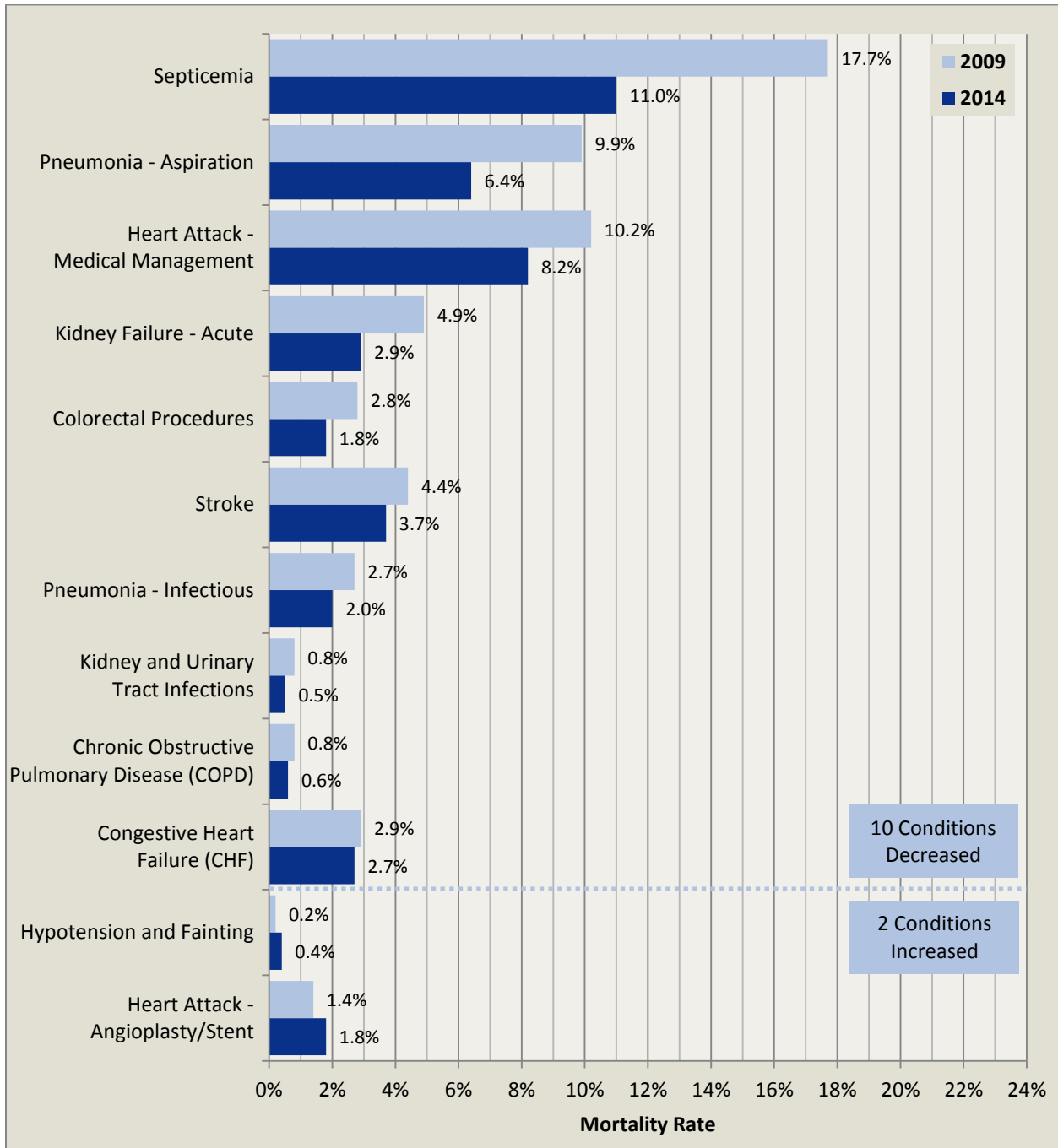


Key Findings

Mortality Rates

Statewide in-hospital mortality rates showed a statistically significant decrease in ten of the 16 conditions reported in 2009 and 2014. The largest decrease was in Septicemia, where the mortality rate decreased from 17.7% in 2009 to 11.0% in 2014.

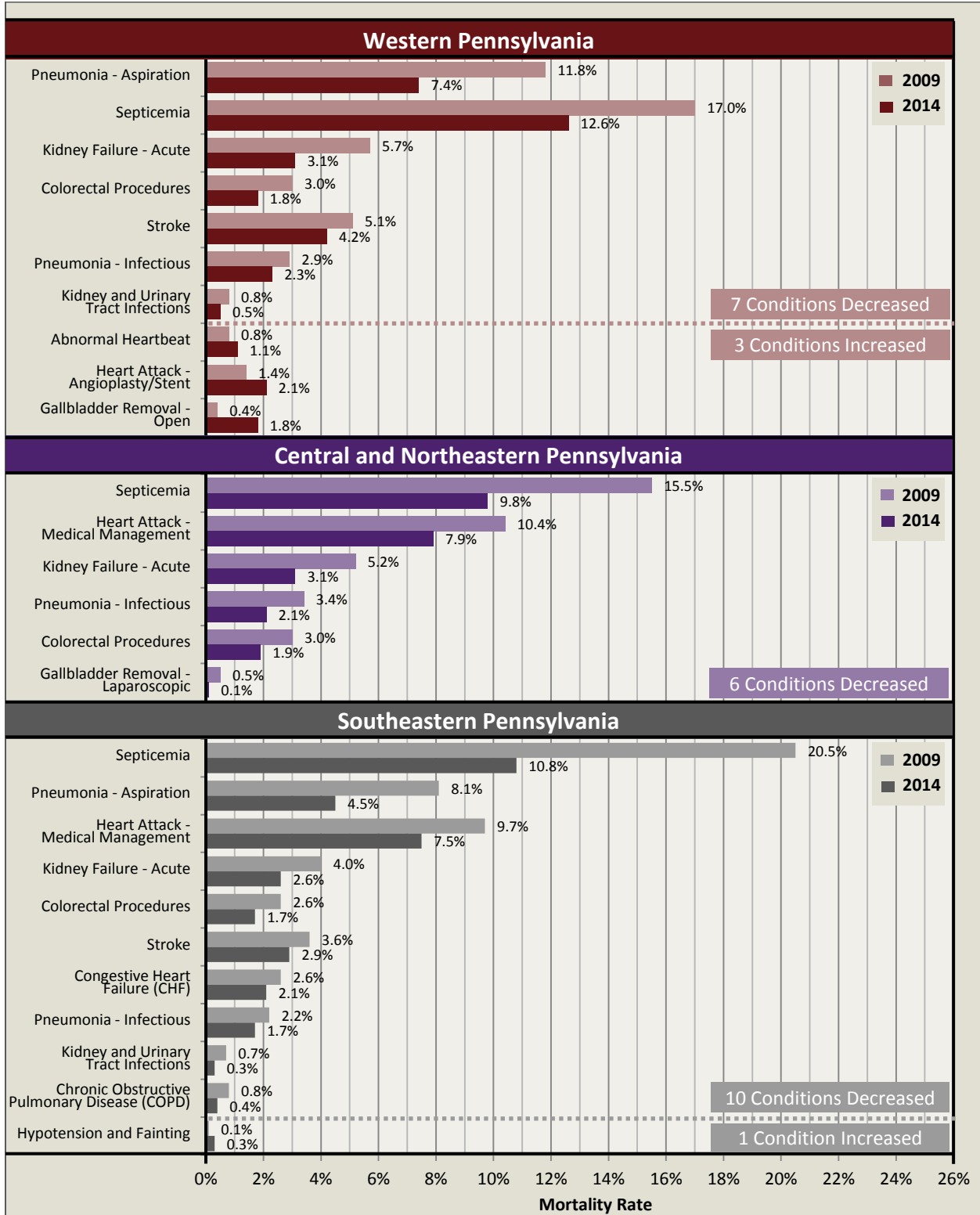
Statewide in-hospital mortality rates showed a statistically significant increase in two of the 16 conditions reported in 2009 and 2014. The largest increase was in Heart Attack - Angioplasty/Stent, where the mortality rate increased from 1.4% in 2009 to 1.8% in 2014.



Key Findings

Mortality Rates

Across different areas of the state, in-hospital mortality rates showed statistically significant differences in the following conditions reported in 2009 and 2014.



Key Findings

Mortality Rates

Taking patient risk into account, the following in-hospital mortality rates across the different areas of the state were significantly higher or lower than the rest of the state in 2014.

	Western Pennsylvania	Central and Northeastern Pennsylvania	Southeastern Pennsylvania
Conditions with Statistically <u>Higher</u> Mortality Rates than Rest of State	<ul style="list-style-type: none"> Abnormal Heartbeat Congestive Heart Failure (CHF) Heart Attack – Medical Management Kidney Failure – Acute Pneumonia – Aspiration Pneumonia – Infectious Septicemia Stroke 	<ul style="list-style-type: none"> Congestive Heart Failure (CHF) Kidney and Urinary Tract Infections Kidney Failure – Acute Pneumonia – Aspiration Septicemia Stroke 	<ul style="list-style-type: none"> None
Conditions with Statistically <u>Lower</u> Mortality Rates than Rest of State	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Abnormal Heartbeat Chronic Obstructive Pulmonary Disease (COPD) Congestive Heart Failure (CHF) Heart Attack – Medical Management Kidney and Urinary Tract Infections Kidney Failure – Acute Pneumonia – Aspiration Pneumonia – Infectious Septicemia Stroke

Western Pennsylvania:

- After accounting for patient risk, hospitals in Western Pennsylvania as a whole had significantly higher in-hospital mortality rates than the rest of the state for eight conditions, the greatest difference occurring in Septicemia (12.6% Western PA, 11.6% rest of PA).

Central and Northeastern Pennsylvania:

- After accounting for patient risk, hospitals in Central and Northeastern Pennsylvania as a whole had significantly higher in-hospital mortality rates than the rest of the state for six conditions, the greatest difference occurring in Pneumonia – Aspiration (8.6% Central and Northeastern PA, 6.3% rest of PA).

Southeastern Pennsylvania:

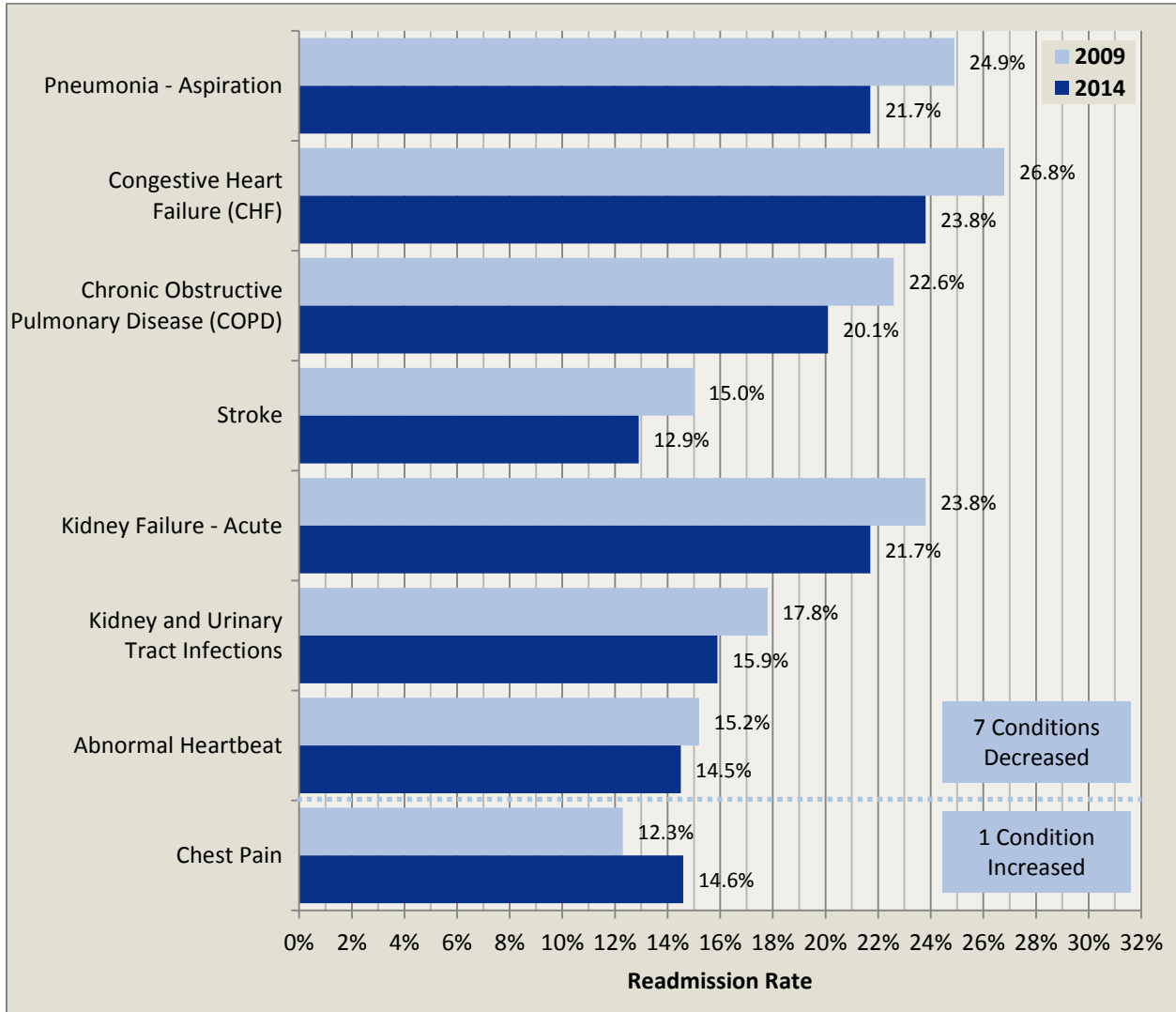
- After accounting for patient risk, hospitals in Southeastern Pennsylvania as a whole had significantly lower in-hospital mortality rates than the rest of the state for ten conditions, the greatest difference occurring in Pneumonia – Aspiration (4.5% Southeastern PA, 6.5% rest of PA).

Key Findings

Readmission Rates

Statewide 30-day readmission rates showed a statistically significant decrease in seven of the 13 conditions reported in 2009 and 2014. The largest decrease was in Pneumonia - Aspiration, where the readmission rate decreased from 24.9% in 2009 to 21.7% in 2014.

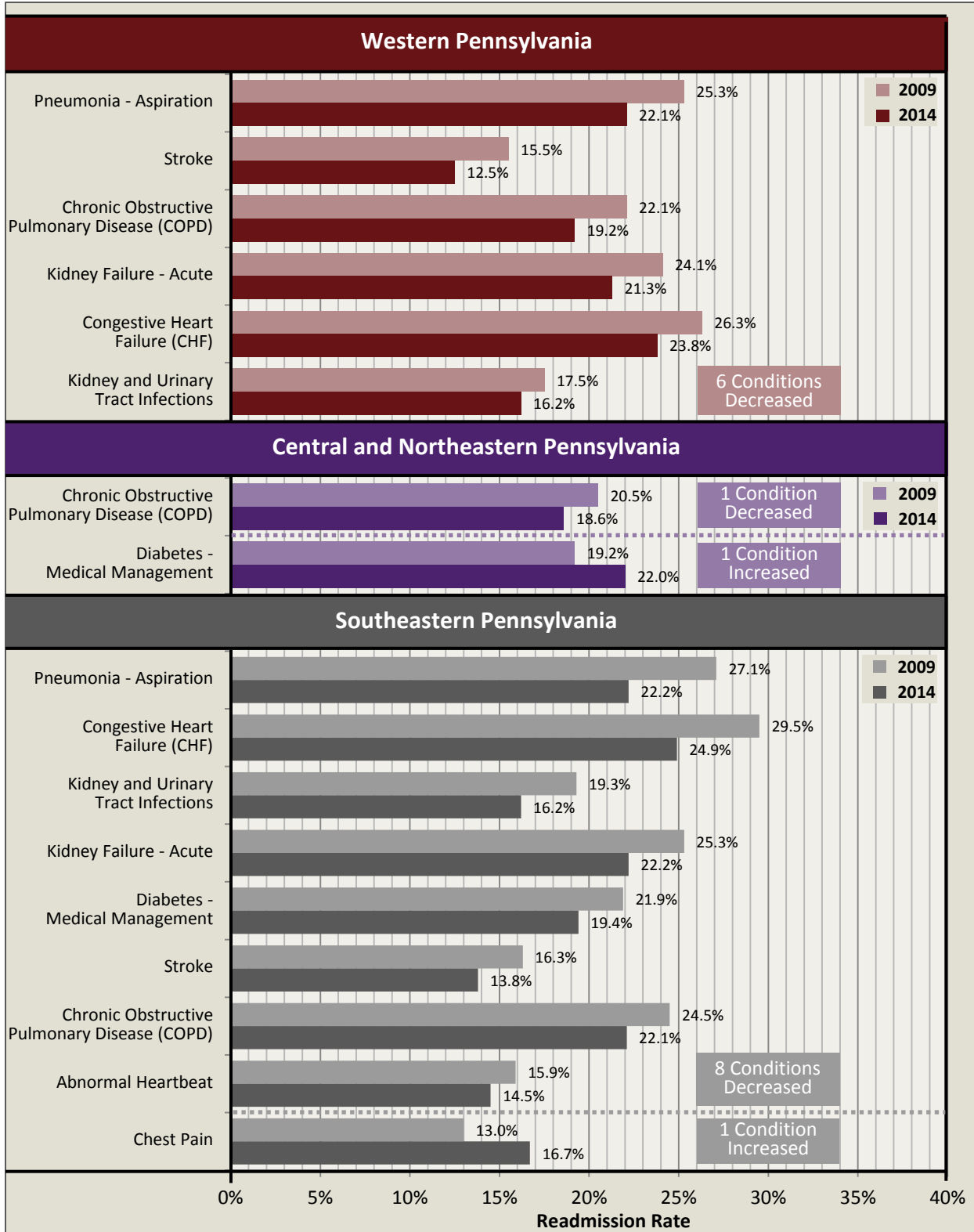
Statewide 30-day readmission rates showed a statistically significant increase in only one of the 13 conditions reported in 2009 and 2014. The condition, Chest Pain, had its rate increase from 12.3% in 2009 to 14.6% in 2014.



Key Findings

Readmission Rates

Across different areas of the state, 30-day readmission rates showed statistically significant differences in the following conditions reported in 2009 and 2014.



Key Findings

Readmission Rates

Taking patient risk into account, the following 30-day readmission rates across the different areas of the state were significantly higher or lower than the rest of the state in 2014.

	Western Pennsylvania	Central and Northeastern Pennsylvania	Southeastern Pennsylvania
Conditions with Statistically Higher Readmission Rates than Rest of State	<ul style="list-style-type: none"> Abnormal Heartbeat 	<ul style="list-style-type: none"> Diabetes – Medical Management 	<ul style="list-style-type: none"> Chest Pain Chronic Obstructive Pulmonary Disease (COPD) Stroke
Conditions with Statistically Lower Readmission Rates than Rest of State	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Abnormal Heartbeat Chest Pain Chronic Obstructive Pulmonary Disease (COPD) Congestive Heart Failure (CHF) Hypotension and Fainting 	<ul style="list-style-type: none"> Diabetes – Medical Management

Western Pennsylvania:

- After accounting for patient risk, hospitals in Western Pennsylvania as a whole had a significantly higher 30-day readmission rate than the rest of the state for only one condition, Abnormal Heartbeat (14.9% Western PA, 14.2% rest of PA).

Central and Northeastern Pennsylvania:

- After accounting for patient risk, hospitals in Central and Northeastern Pennsylvania as a whole had a significantly higher 30-day readmission rate than the rest of the state for only one condition, Diabetes – Medical Management (22.0% Central and Northeastern PA, 19.6% rest of PA).
- After accounting for patient risk, hospitals in Central and Northeastern Pennsylvania as a whole had significantly lower 30-day readmission rates than the rest of the state for five conditions, the greatest difference occurring in Chest Pain (11.3% Central and Northeastern PA, 13.5% rest of PA).

Southeastern Pennsylvania:

- After accounting for patient risk, hospitals in Southeastern Pennsylvania as a whole had significantly higher 30-day readmission rates than the rest of the state for three conditions, the greatest difference occurring in Chest Pain (16.7% Southeastern PA, 15.4% rest of PA).
- After accounting for patient risk, hospitals in Southeastern Pennsylvania as a whole had a significantly lower 30-day readmission rate than the rest of the state for only one condition, Diabetes – Medical Management (19.4% Southeastern PA, 20.6% rest of PA).

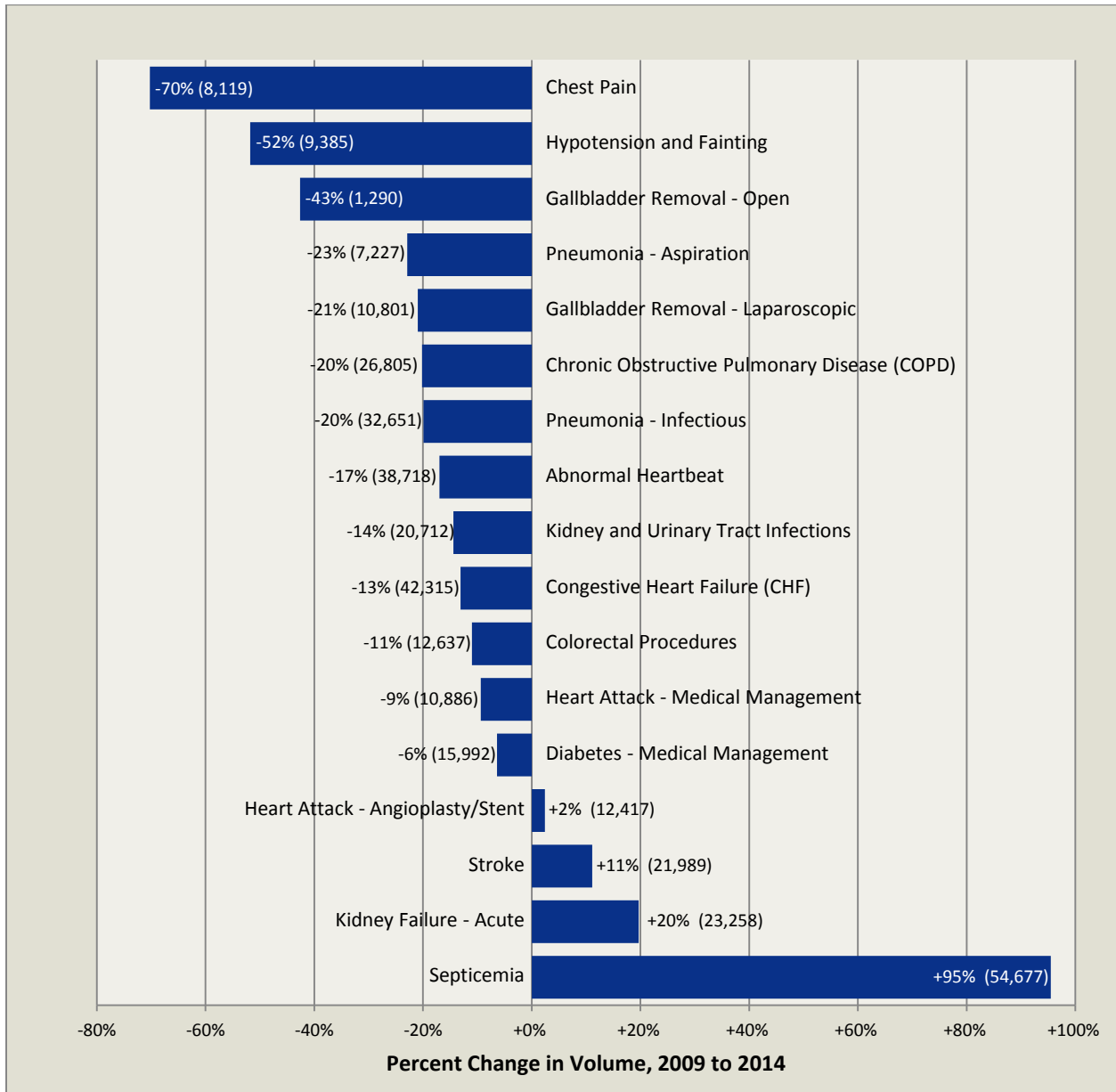
Key Findings

Volume of Hospital Admissions

The following chart shows the statewide percent change in volume of discharges, from 2009 to 2014, for each of the 17 conditions and procedures included in this report (admission totals in 2014 are shown in parentheses).

Chest Pain had the largest decrease in volume (-70%), from 27,278 discharges in 2009 to 8,119 in 2014.

Septicemia had the largest increase in volume (+95%), from 27,969 discharges in 2009 to 54,677 in 2014.



Medicare and Medicaid Payments

2013 Data for Pennsylvania Residents

Medicare Fee-for-Service

- Medicare fee-for-service was the primary payer for 39.1% of the statewide admissions for Pennsylvania residents in 2013 for the conditions and procedures in this report, for a total of nearly \$1.01 billion.
- The condition with the highest average Medicare fee-for-service payment in 2013 was Colorectal Procedures, at \$18,285 per hospitalization. The condition with the lowest average Medicare fee-for-service payment in 2013 was Chest Pain, at \$2,969 per hospitalization.

Medicaid Fee-For-Service

- Medicaid fee-for-service was the primary payer for 2.3% of the statewide admissions for Pennsylvania residents in 2013 for the conditions and procedures in this report, for a total of over \$80 million.
- The condition with the highest average Medicaid fee-for-service payment in 2013 was Colorectal Procedures, at \$16,694 per hospitalization. The condition with the lowest average Medicaid fee-for-service payment in 2013 was Chest Pain, at \$3,737 per hospitalization.

Medicaid Managed Care

- Medicaid managed care was the primary payer for 5.4% of the statewide admissions for Pennsylvania residents in 2013 for the conditions and procedures in this report, for a total of nearly \$160 million.
- The condition with the highest average Medicaid managed care payment in 2013 was Colorectal Procedures, at \$17,614 per hospitalization. The condition with the lowest average Medicaid managed care payment in 2013 was Chest Pain, at \$4,384 per hospitalization.

Note: Differences in the approaches used by Medicare and Medicaid in determining payments may account for some of the variation seen across these payers for a given condition.