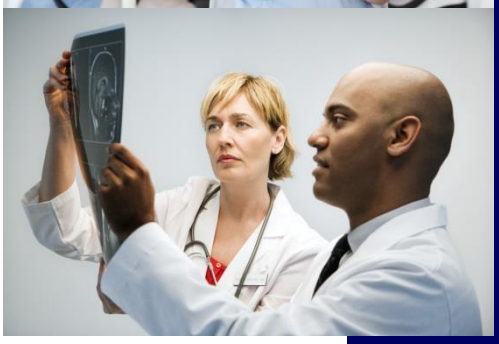
PA Health Care Cost Containment Council

Hospital Performance Report



2014 Data

PHC4

December 2015

About the Report

About PHC4

Created by the PA General Assembly in 1986, PHC4 is an independent state agency charged with collecting, analyzing and reporting information that can be used to improve the quality and restrain the cost of health care in the state. More than 840,000 public reports on patient treatment results are downloaded from the PHC4 website each year, and nearly 100 organizations and individuals annually utilize PHC4's special requests process to access and use data. PHC4 is governed by a 25-member board of directors, representing business, labor, consumers, health care providers, insurers, and state government.

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Also on PHC4's website for the *Hospital Performance Report*:

- ⇨ **Key Findings**
- ⇨ **Hospital Results**
- ⇨ **Medicare and Medicaid Payments**
- ⇨ **Hospital Comments**
- ⇨ **Technical Notes**
- ⇨ **Downloadable Data**

About the Report

What is the purpose of this report?

Before we make a major purchase, we usually gather as much information as we can about the available product or service. By comparing what we learn about the quality of the product as well as what will be charged for it, we decide on what we believe is the best product for the best possible price. When it comes to health care services, unfortunately, the information available to consumers and purchasers to make such decisions is limited and often not widely accessible. PHC4's *Hospital Performance Report* (HPR) can help to fill the information vacuum and assist consumers and purchasers in making more informed health care decisions. The HPR can serve as an aid to providers in highlighting additional opportunities for quality improvement and cost containment. It should not be used in emergency situations.

About this report

- This report includes hospital-specific outcomes for 17 different medical conditions and surgical procedures, as defined by ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) codes and/or Medicare Severity – Diagnosis-Related Groups (MS-DRGs). Technical Notes relevant to this report provide additional detail. They are posted to PHC4's website at **www.phc4.org**.
- This report covers adult (18 years and older) inpatient hospital discharges, regardless of payer, during the period January 2014 through December 2014.
- This report is divided into three regional versions: Western Pennsylvania, Central and Northeastern Pennsylvania, and Southeastern Pennsylvania. (Please see sidebar on this page for details.)
- All Pennsylvania general acute care and several specialty general acute care hospitals are included. Children's hospitals and some specialty hospitals are not reported because they

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Western Pennsylvania includes the following counties:

Allegheny ▪ Armstrong ▪ Beaver
Bedford ▪ Blair ▪ Butler ▪ Cambria
Cameron ▪ Clarion ▪ Clearfield
Crawford ▪ Elk ▪ Erie ▪ Fayette
Forest ▪ Greene ▪ Indiana
Jefferson ▪ Lawrence ▪ McKean
Mercer ▪ Potter ▪ Somerset
Venango ▪ Warren ▪ Washington
Westmoreland

Central and Northeastern Pennsylvania includes the following counties:

Adams ▪ Bradford ▪ Centre
Clinton ▪ Columbia ▪ Cumberland
Dauphin ▪ Franklin ▪ Fulton
Huntingdon ▪ Juniata
Lackawanna ▪ Lancaster
Lebanon ▪ Luzerne ▪ Lycoming
Mifflin ▪ Monroe ▪ Montour
Northumberland ▪ Perry ▪ Pike
Snyder ▪ Sullivan ▪ Susquehanna
Tioga ▪ Union ▪ Wayne ▪ Wyoming
York

Southeastern Pennsylvania includes the following counties:

Berks ▪ Bucks ▪ Carbon ▪ Chester
Delaware ▪ Lehigh ▪ Montgomery
Northampton ▪ Philadelphia
Schuylkill

typically treat few cases relevant to the conditions and procedures included in this report. Hospitals that closed or merged with other facilities during the study period are not reported, nor are hospitals that recently opened since the data available does not represent the full time frame of the report.

- Hospital names have been shortened in many cases for formatting purposes. Hospital names may be different today than they were during the period covered in this report due to mergers and name changes.

About the data

Hospital discharge data compiled for this report was submitted to PHC4 by Pennsylvania hospitals. The data was subject to standard validation processes by PHC4 and verified for accuracy by the hospitals at the individual case level.

Medicare fee-for-service payment data was obtained from the Centers for Medicare and Medicaid Services. Medicaid payment data (fee-for-service and managed care) was obtained from the Pennsylvania Department of Human Services. The most recent Medicare and Medicaid payment data available to PHC4 for use in this report was for 2013.

Accounting for high-risk patients

Included in the data PHC4 receives from Pennsylvania hospitals is information indicating, in simple terms, "how sick the patient was" on admission to the hospital—information that is used to account for high-risk patients. Even though two patients may be admitted to the hospital with the same illness, there may be differences in the seriousness of their conditions. In order to report fair comparisons among hospitals, PHC4 uses a complex mathematical formula to risk adjust the mortality and readmission data included in this report, meaning that hospitals receive "extra credit" for treating patients who are more seriously ill or at a greater risk than others. Risk adjusting the data is important because sicker patients may be more likely to die or be readmitted.

PHC4 uses clinical laboratory data, patient characteristics such as age and gender, and billing codes that describe the patient's medical conditions such as the presence of cancer, heart failure, etc., to calculate risk for the patients in this report.

About the Report

PHC4 uses clinical laboratory data, patient characteristics such as age and gender, and billing codes that describe the patient's medical conditions such as the presence of cancer, heart failure, etc., to calculate risk for the patients in this report. A comprehensive description of the risk-adjustment techniques used for this report can be found in the Technical Notes on PHC4's website at **www.phc4.org**.

What is measured in this report and why is it important?

In the hospital results section of the report are the following measures, reported for each hospital:

- ***Total Number of Cases.*** For each hospital, the number of cases for each condition, after exclusions, is reported. This can give a patient or a purchaser an idea of the experience each facility has in treating such patients. Studies have suggested that, in at least some areas, the volume of cases treated by a physician or hospital can be a factor in the success of the treatment. The number of cases represents separate hospital admissions, not individual patients. A patient admitted several times would be included each time in the number of cases. Outcome data are not reported for hospitals that have fewer than five cases evaluated for a measure; such low volume cannot be considered meaningful and, as such, the outcome data are not displayed. Not Reported (NR) appears in the table when this occurs. Note that small or specialty hospitals may report low volume due to the unique patient population they serve or geographic location.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to what is expected after accounting for patient risk.

- ○ **Hospital's rate was significantly lower than expected.** Fewer patients died or were readmitted than could be attributed to patient risk and random variation.
- ⊙ **Hospital's rate was not significantly different than expected.** The number of patients who died or were readmitted was within the range anticipated based on patient risk and random variation.
- ● **Hospital's rate was significantly higher than expected.** More patients died or were readmitted than could be attributed to patient risk and random variation.

- ***Risk-Adjusted Mortality.*** This measure is reported as a statistical rating that represents the number of patients who died during the hospital stay. To determine the mortality rating, PHC4 compares the number of patients one could reasonably expect to die in a given hospital for a given condition, after accounting for patient risk, with the actual number of deaths. (Please see "Understanding the Symbols" box on this page.) PHC4 has used risk-

adjusted mortality statistics as a measure of quality since it began publishing reports in 1989. The mortality analysis includes Do Not Resuscitate (DNR) cases. Because DNR is defined and utilized differently across Pennsylvania hospitals, such records are retained in the analysis to avoid potential biases in mortality ratings.

- ***Risk-Adjusted 30-Day Readmissions.*** This measure is reported as a statistical rating that represents the number of patients who are readmitted following their initial hospital stay. A readmission is defined as a subsequent acute care hospitalization, for any reason to any Pennsylvania general and specialty general acute care hospital, where the admit date is within 30 days of the discharge date of the original hospitalization. To determine the risk-adjusted readmission rating, PHC4 compares the number of patients one could reasonably expect to be readmitted, after accounting for patient risk, with the actual number of readmissions. (Please see "Understanding the Symbols" box on the previous page.) The readmission measure is not reported for conditions or procedures that are likely to result in a high number of planned readmissions. While some re-hospitalizations can be expected, high quality care may lessen the need for subsequent hospitalizations.

This report includes the following hospital-specific measures:

- Total number of cases
- Risk-adjusted mortality ratings
- Risk-adjusted readmission ratings
- Case mix adjusted average hospital charge

- ***Case Mix Adjusted Average Hospital Charge.*** This report also includes the average hospital charge for each of the 17 conditions and procedures. The average hospital charge represents the entire length of the hospital stay. It does not include professional fees (e.g., physician fees) or other additional post-discharge costs, such as rehabilitation treatment, long-term care and/or home health care. The average charge is adjusted for the mix of cases that are specific to each hospital. (For more information, please refer to the Technical Notes at **www.phc4.org**). While charges are what the hospital reports on the billing form, they may not accurately represent the amount a hospital receives in payment for the services it delivers. Hospitals usually receive less in actual payments than the listed charge.

In the payments section of the report is information about Medicare and Medicaid payments:

- ***Medicare and Medicaid Payments.*** This section of the report displays the average payments made by Medicare fee-for service, Medicaid fee-for-service, and Medicaid managed care for the 17 medical conditions/surgical procedures included in this report. This

information is also broken down by the MS-DRGs (Medicare Severity – Diagnosis-Related Group) associated with each condition. The most recent payment data available to PHC4 is for 2013.

Uses of this report

This report can be used as a tool to examine hospital performance in specific treatment categories. It is not intended to be a sole source of information for making decisions about health care, nor should it be used to generalize about the overall quality of care provided by a hospital. Readers of this report should use it in discussions with their physicians who can answer specific questions and concerns about their care.

- ***Patients/Consumers*** can use this report as an aid in making decisions about where to seek treatment for the conditions detailed in this report. This report should be used in conjunction with a physician or other health care provider when making health care decisions.
- ***Group Benefits Purchasers/Insurers*** can use this report as part of a process in determining where employees, subscribers, members, or participants should go for their health care.
- ***Health Care Providers*** can use this report as an aid in identifying opportunities for quality improvement and cost containment.
- ***Policymakers/Public Officials*** can use this report to enhance their understanding of health care issues, to ask provocative questions, to raise public awareness of important issues, and to help constituents identify health care options.
- ***Everyone*** can use this information to raise important questions about why differences exist in the quality and efficiency of care.

The measurement of quality is highly complex, and the information used to capture such measures is limited. A hospital death or a readmission is sometimes an unavoidable consequence of a patient's medical condition. Hospitals and physicians may do everything right, and the patient may still die or need to be readmitted. However, the statistical methods used for this report eliminate many of the clinical and medical differences among the patients in different hospitals, thereby allowing us to explore the real differences in the measures presented. The pursuit of these issues can play an important and constructive role in raising the quality while restraining the cost of health care in the Commonwealth of Pennsylvania.