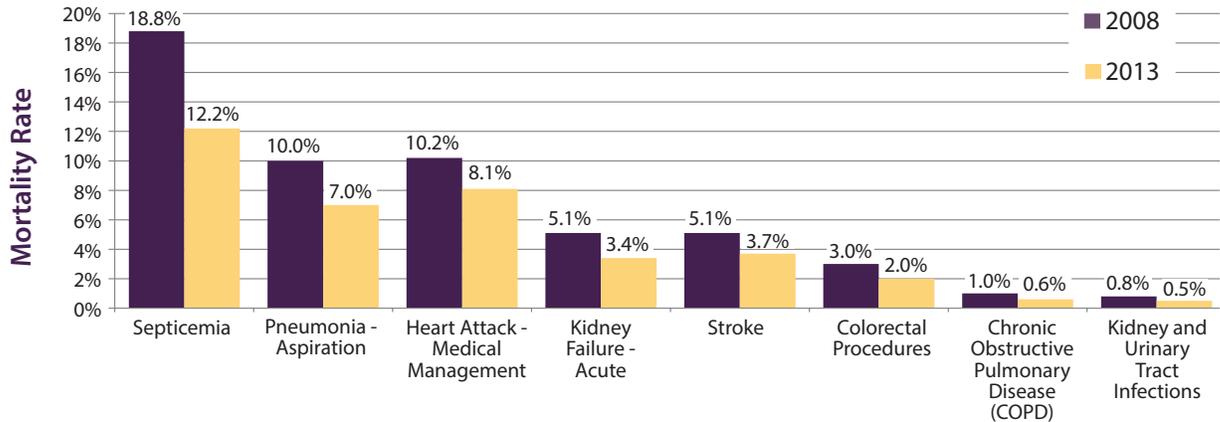


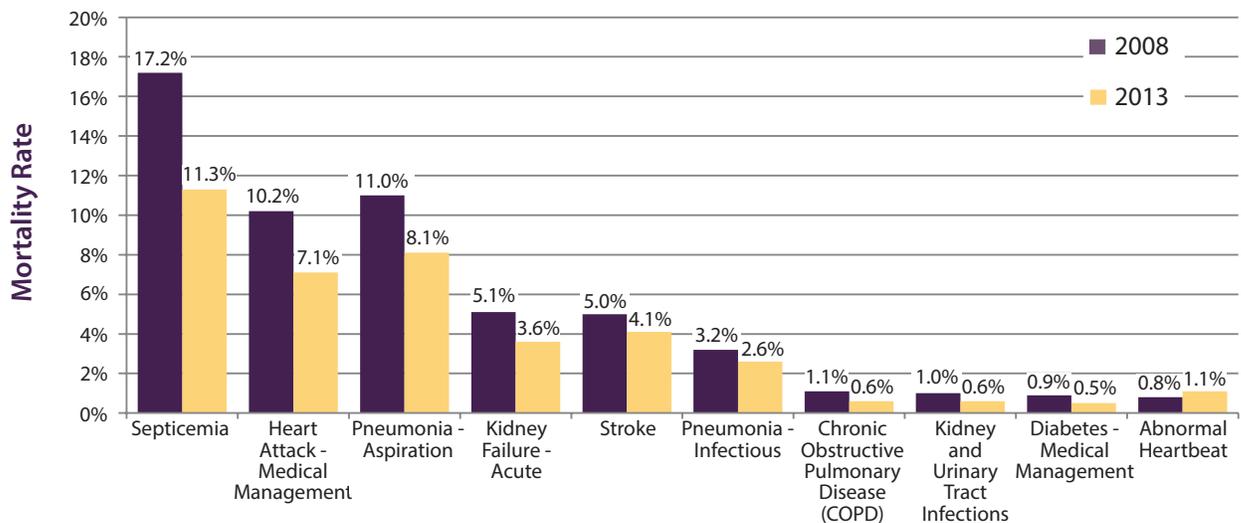
# Key Findings

## Mortality Rates

- Statewide in-hospital mortality rates showed a statistically significant decrease in eight of the 16 conditions reported in 2008 and 2013 (as graphed below). Of these, the largest decrease was in Septicemia, where the mortality rate decreased from 18.8% in 2008 to 12.2% in 2013. No condition showed a statistically significant increase during that time.



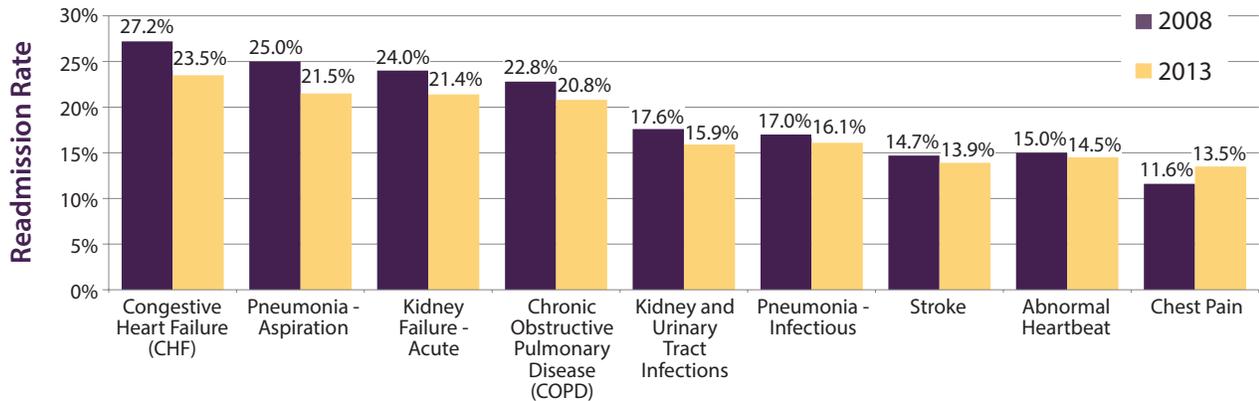
- In Central and Northeastern Pennsylvania, patient mortality rates showed a statistically significant decrease in nine of the 16 conditions reported in 2008 and 2013. The largest decrease was in Septicemia, where the mortality rate decreased from 17.2% in 2008 to 11.3% in 2013. The only statistically significant increase was in Abnormal Heartbeat, where the mortality rate increased from 0.8% in 2008 to 1.1% in 2013.



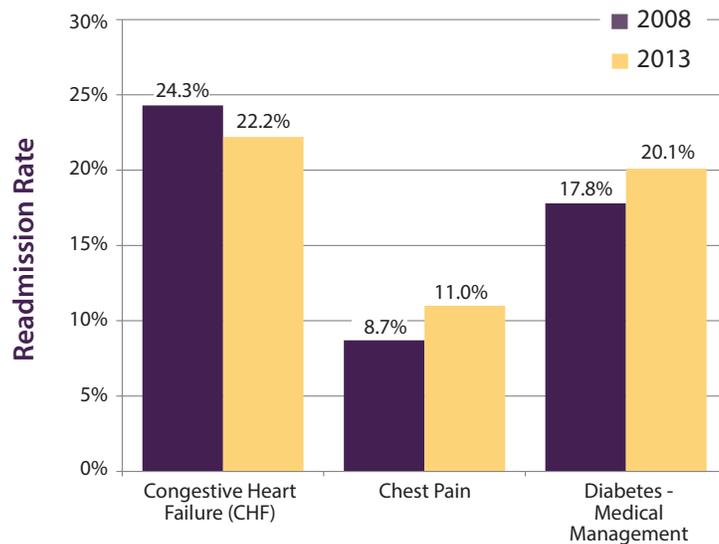
- After accounting for patient risk, hospitals in the Central and Northeastern Pennsylvania region as a whole had a significantly higher mortality rate than the rest of the state for Abnormal Heartbeat, Congestive Heart Failure (CHF), Kidney Failure - Acute, Pneumonia - Aspiration, Septicemia and Stroke. There were no conditions for which hospitals in the Central and Northeastern Pennsylvania region as a whole had a significantly lower mortality rate than the rest of the state.

## Readmission Rates

- Statewide patient readmission rates showed a statistically significant decrease in eight of the 13 conditions for which readmissions were reported in 2008 and 2013. The largest statistically significant decrease was in Congestive Heart Failure (CHF), where the readmission rate decreased from 27.2% in 2008 to 23.5% in 2013. The statewide patient readmission rate for Chest Pain increased significantly from 11.6% in 2008 to 13.5% in 2013.



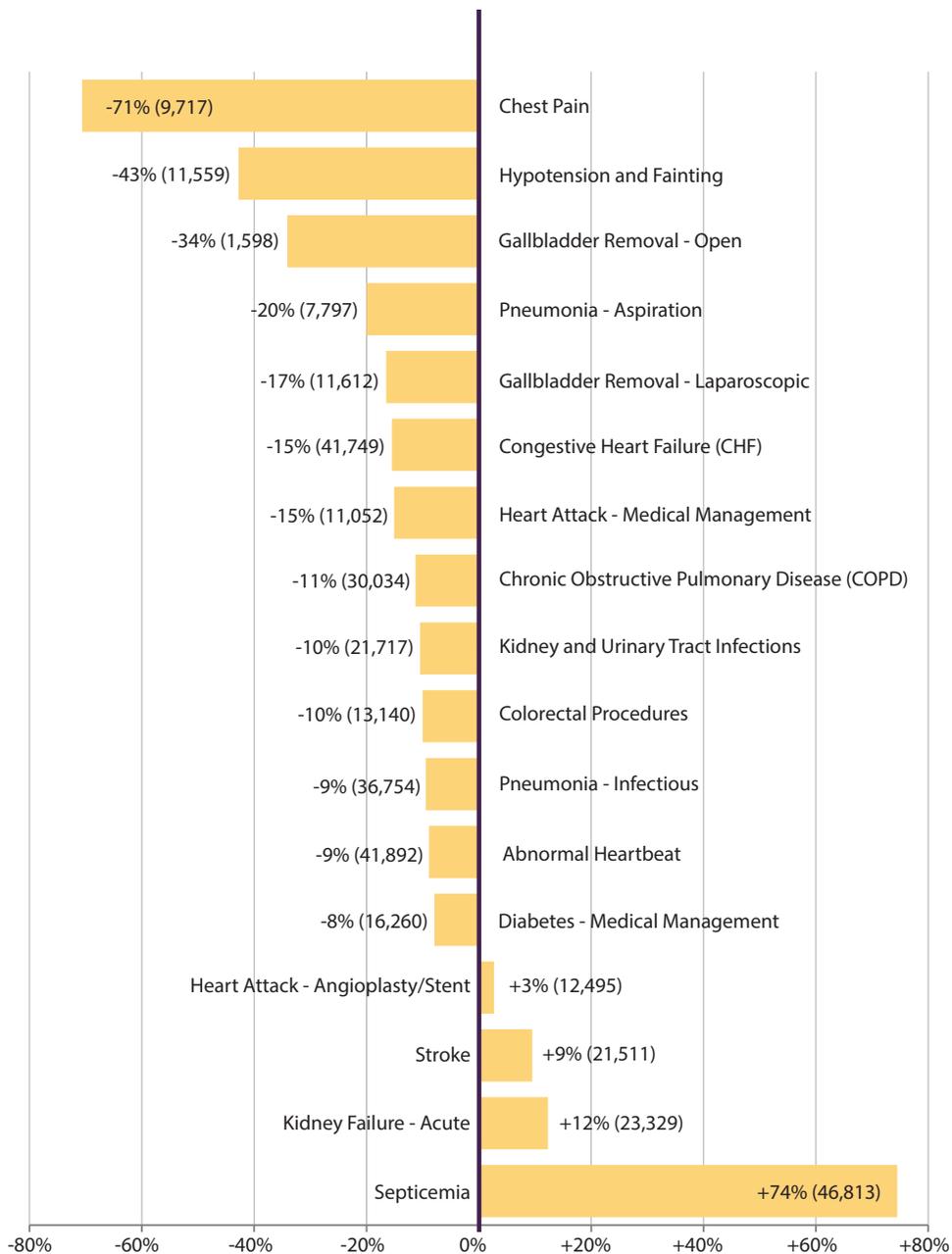
- In Central and Northeastern Pennsylvania, the only condition that showed a statistically significant decrease in the patient readmission rate was Congestive Heart Failure (CHF), where the rate decreased from 24.3% in 2008 to 22.2% in 2013. Statistically significant increases were seen in two conditions, with the largest increase in Diabetes - Medical Management, where the readmission rate increased from 17.8% in 2008 to 20.1% in 2013.



- After accounting for patient risk, hospitals in the Central and Northeastern Pennsylvania region as a whole had a significantly lower readmission rate than the rest of the state for Abnormal Heartbeat, Chest Pain, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Kidney and Urinary Tract Infections, Kidney Failure - Acute and Stroke. There were no conditions for which hospitals in the Central and Northeastern Pennsylvania region as a whole had a significantly higher readmission rate than the rest of the state.

## Volume of Hospital Admissions

- The following chart shows the statewide percent change in volume, from 2008 to 2013, for each of the 17 conditions and procedures included in this report (admission totals in 2013 are shown in parentheses). Chest Pain had the largest percentage decrease in volume (-70.6%), from 33,084 discharges in 2008 to 9,717 in 2013. Septicemia had the largest percentage increase in volume (+74.5%), from 26,832 discharges in 2008 to 46,813 in 2013.



Percent Change in Volume, 2008 to 2013

## Medicare and Medicaid Payments (2012 data for Pennsylvania residents)

### *Medicare Fee-For-Service*

- Medicare fee-for-service was the primary payer for 39.7% of the statewide admissions in 2012 for the conditions and procedures in this report, amounting to a total of over \$1.01 billion.
- The condition with the highest average Medicare fee-for-service payment in 2012 was Colorectal Procedures, at \$18,691 per hospitalization. The condition with the lowest average Medicare fee-for-service payment in 2012 was Chest Pain, at \$2,796 per hospitalization.

### *Medicaid Fee-For-Service*

- Medicaid fee-for-service was the primary payer for 3.0% of the statewide admissions in 2012 for the conditions and procedures in this report, amounting to a total of over \$97 million.
- The condition with the highest average Medicaid fee-for-service payment in 2012 was Colorectal Procedures, at \$17,813 per hospitalization. The condition with the lowest average Medicaid fee-for-service payment in 2012 was Chest Pain, at \$4,097 per hospitalization.

### *Medicaid Managed Care*

- Medicaid managed care was the primary payer for 4.8% of the statewide admissions in 2012 for the conditions and procedures in this report, amounting to a total of nearly \$133 million.
- The condition with the highest average Medicaid managed care payment in 2012 was Colorectal Procedures, at \$18,778 per hospitalization. The condition with the lowest average Medicaid managed care payment in 2012 was Chest Pain, at \$4,025 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.

