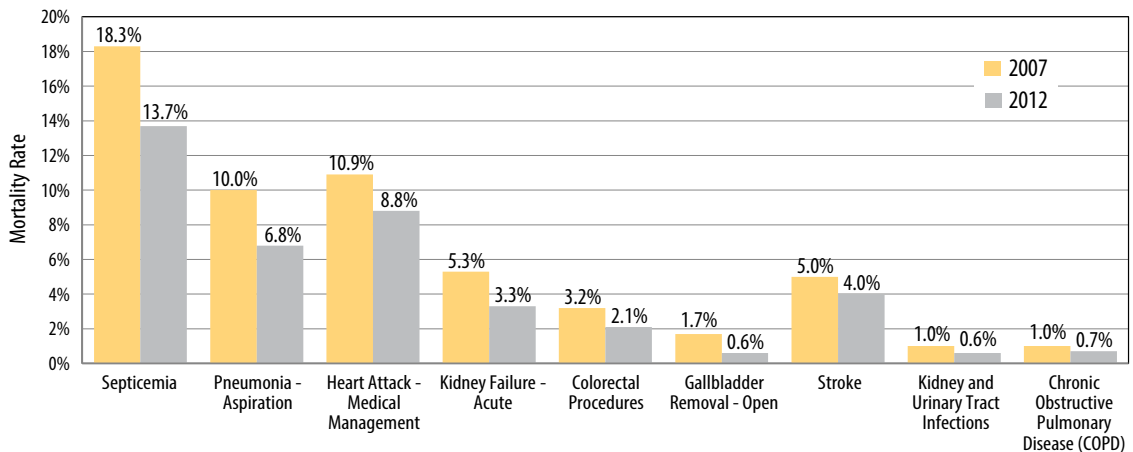


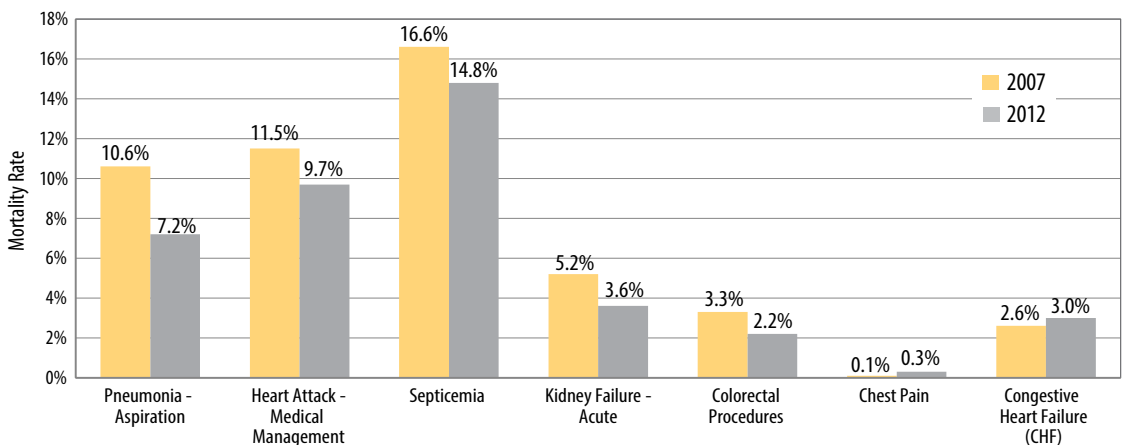
Key Findings

Mortality Rates

- Statewide in-hospital mortality rates showed a statistically significant decrease in nine of the 16 conditions between 2007 and 2012 (as graphed below). Of these, the largest decrease was in Septicemia, where the mortality rate decreased from 18.3% in 2007 to 13.7% in 2012. The only statistically significant increase was in Chest Pain, where the mortality rate increased from 0.04% in 2007 to 0.10% in 2012 (not graphed due to scale).



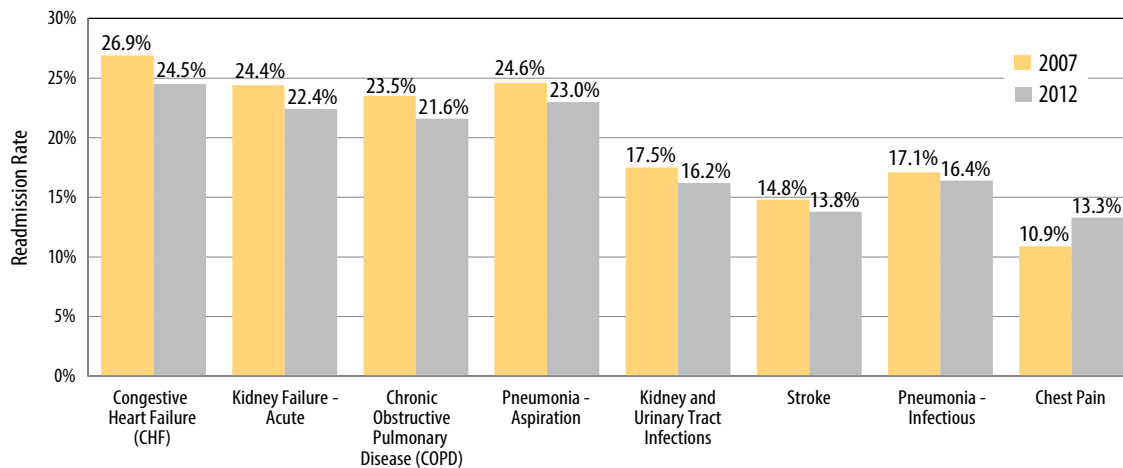
- In Western Pennsylvania, mortality rates showed a statistically significant decrease in five of the 16 conditions between 2007 and 2012. Of these, the largest decrease was in Pneumonia - Aspiration, where the mortality rate decreased from 10.6% in 2007 to 7.2% in 2012. Statistically significant increases were seen in two conditions, with the largest increase in Congestive Heart Failure (CHF), where the mortality rate increased from 2.6% in 2007 to 3.0% in 2012.



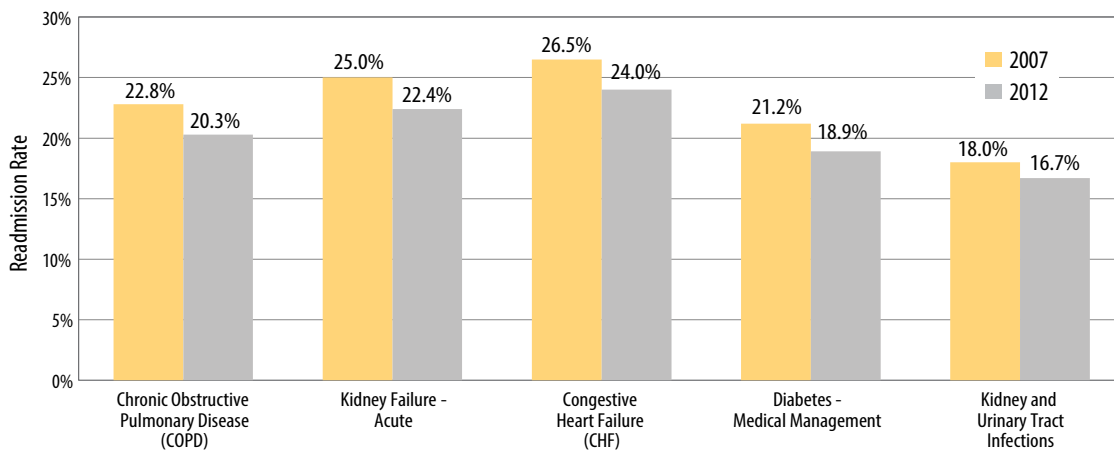
- After accounting for patient risk, hospitals in the Western Pennsylvania region as a whole had a significantly higher mortality rate than the rest of the state for Chest Pain, Kidney and Urinary Tract Infections, Pneumonia - Infectious, Septicemia, and Stroke.

Readmission Rates

- Statewide patient readmission rates showed a statistically significant decrease in seven of the 13 conditions for which readmissions were reported between 2007 and 2012. Of these, the largest decrease was in Congestive Heart Failure (CHF), where the readmission rate decreased from 26.9% in 2007 to 24.5% in 2012. The only increase was in Chest Pain, where the readmission rate increased from 10.9% in 2007 to 13.3% in 2012.



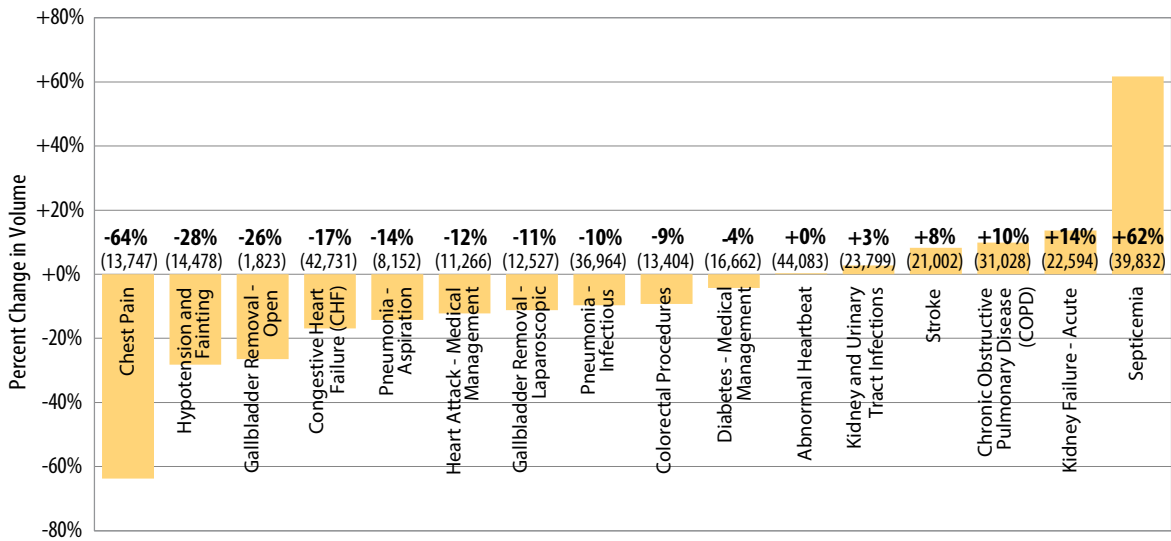
- In Western Pennsylvania, patient readmission rates showed a statistically significant decrease in five of the 13 conditions for which readmissions were reported between 2007 and 2012. Of these, the largest decrease was in Chronic Obstructive Pulmonary Disease (COPD), where the readmission rate decreased from 22.8% in 2007 to 20.3% in 2012. No condition in Western Pennsylvania showed a statistically significant increase in readmission rate between 2007 and 2012.



- After accounting for patient risk, hospitals in the Western Pennsylvania region as a whole had a significantly lower readmission rate than the rest of the state for Chronic Obstructive Pulmonary Disease (COPD) and Diabetes - Medical Management. They also had a significantly higher readmission rate than the rest of the state for Kidney and Urinary Tract Infections.

Volume of Hospital Admissions

- The following chart shows the statewide percent change in volume, from 2007 to 2012, for each of the 16 conditions and procedures included in this report (admission totals in 2012 are shown in parentheses). Chest Pain had the largest percentage decrease in volume (-63.7%), from 37,868 admissions in 2007 to 13,747 in 2012. Septicemia had the largest percentage increase in volume (+61.6%), from 24,642 admissions in 2007 to 39,832 in 2012.



Medicare and Medicaid Payments (2011 data)

Medicare Fee-for-Service

- Medicare fee-for-service was the primary payer for 44.5% of the Pennsylvania admissions in 2011 for the conditions and procedures in this report, for a total of nearly \$1.12 billion.
- The condition with the highest average Medicare fee-for-service payment in 2011 was Colorectal Procedures, at \$18,806 per hospitalization. The condition with the lowest average Medicare fee-for-service payment in 2011 was Chest Pain, at \$2,774 per hospitalization.

Medicaid Fee-for-Service

- Medicaid fee-for-service was the primary payer for 3.0% of the Pennsylvania admissions in 2011 for the conditions and procedures in this report, for a total of nearly \$99 million.
- The condition with the highest average Medicaid fee-for-service payment in 2011 was Colorectal Procedures, at \$18,099 per hospitalization. The condition with the lowest average Medicaid fee-for-service payment in 2011 was Chest Pain, at \$3,599 per hospitalization.

Medicaid Managed Care

- Medicaid managed care was the primary payer for 4.9% of the Pennsylvania admissions in 2011 for the conditions and procedures in this report, for a total of \$125 million.
- The condition with the highest average Medicaid managed care payment in 2011 was Colorectal Procedures, at \$16,782 per hospitalization. The condition with the lowest average Medicaid managed care payment in 2011 was Chest Pain, at \$3,799 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.