


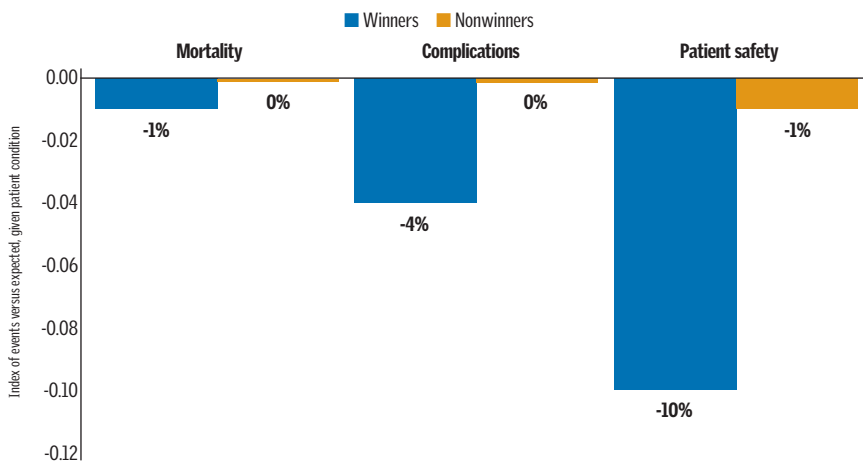
FACTFILE

Health System Achievers

The Truven Health 15 Top Health Systems study annually identifies those health system leadership teams that have most effectively aligned outstanding performance across their organizations, and achieved more reliable outcomes in every member hospital. Truven Health Analytics measures U.S. health systems based on a balanced scorecard across a range of performance factors: care quality, patient safety, use of evidence-based medicine, operational efficiency, and customer perception of care. 

BETTER PATIENT OUTCOMES

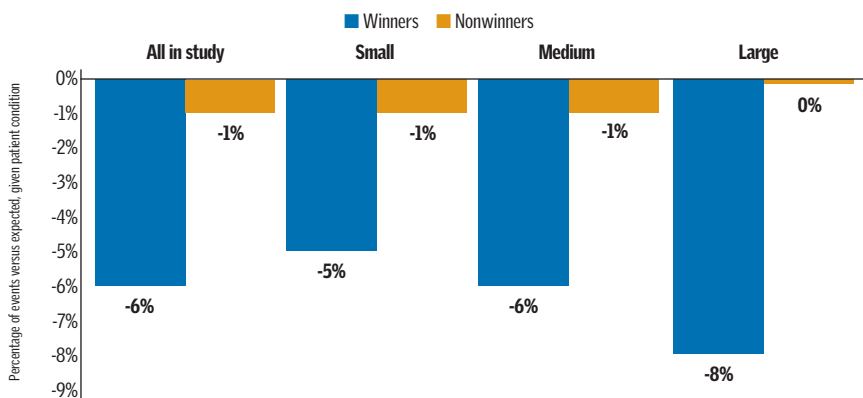
The top health systems had nearly 1% fewer in-hospital deaths than their nonwinning peers, considering patient severity. The top systems also had fewer complications (4% lower) and posted a patient safety index that was 9 points better than their peers' index.



SOURCE: Truven Health Analytics.

LOWER EPISODE COST

Episode-of-care costs were lower for patients discharged from winning health systems. Using the Medicare spend per beneficiary (MSPB) index as a proxy for episode-of-care cost related to an index-hospitalized patient, we find that, overall, winning systems had a 5.2% lower MSPB index than nonwinners. Large health system winners had the best performance, with a MSPB index of 0.92, which means they are outperforming the national median and their peers by 7.5%.



SOURCE: Truven Health Analytics.

ABOUT THE DATA: Only objective, public data sources are used for calculating study metrics. This eliminates bias, ensures inclusion of as many health systems as possible, and facilitates uniformity of definitions and data. The 15 Top Health Systems research uses the Truven Health 100 Top Hospitals National Balanced Scorecard, which comprises equally weighted measures of key organizational functions and outcomes: financial stability, operational efficiency, patient safety, quality of inpatient and outpatient care, and customer perception of care. For more information, visit 100tophospitals.com or email 100tophospitals@truvenhealth.com.

Percentage of Healthcare Expenditures for Hospital Care

The largest portion of healthcare expenditures is on hospital care, which accounts for about 36.3% of all healthcare spending in the United States. There is variation by state, however, ranging from a high of 47.8% in the District of Columbia to a low of 30.7% in Connecticut.

- District of Columbia 47.8%
- Missouri 45.1%
- Vermont 44.6%
- South Dakota 44.6%
- Montana 42.8%
- Alaska 42.5%
- Nebraska 41.9%
- Mississippi 41.7%
- Wyoming 41.4%
- North Dakota 41.1%
- Michigan 40.7%
- Ohio 40.7%
- South Carolina 40.4%
- West Virginia 40.1%
- Illinois 39.9%
- Kentucky 39.5%
- Iowa 39.2%
- Indiana 39.0%
- Oklahoma 38.8%
- Maine 38.4%
- New Hampshire 38.0%
- Massachusetts 37.8%
- Wisconsin 37.7%
- Idaho 37.4%
- Kansas 37.3%
- Louisiana 37.3%
- New Mexico 37.1%
- Pennsylvania 37.0%
- Maryland 36.9%
- Rhode Island 36.8%
- Delaware 36.7%
- Virginia 36.6%
- Arizona 36.4%
- Utah 36.4%
- United States 36.3%
- Hawaii 36.2%
- Texas 36.1%
- Arkansas 36.0%
- Colorado 35.9%
- Washington 35.5%
- North Carolina 35.4%
- New York 35.4%
- Georgia 35.1%
- Minnesota 35.0%
- Nevada 34.0%
- Tennessee 33.7%
- Alabama 33.7%
- Oregon 33.6%
- California 33.3%
- New Jersey 31.0%
- Florida 30.8%
- Connecticut 30.7%

NOTES: Hospital care covers all services provided by hospitals to patients. These include room and board; ancillary charges; services of resident physicians, inpatient pharmacy, hospital-based nursing home and home healthcare; and any other services billed by hospitals in the United States. The value of hospital services is measured by total net revenue, which equals gross patient revenues (charges) less contractual adjustments, bad debts, and charity care. It also includes government tax appropriations as well as nonpatient and nonoperating revenues.

SOURCE: Kaiser State Health Facts, *Distribution of Health Care Expenditures by Service by State of Residence (in millions)*, <http://kff.org/other/state-indicator/distribution-of-health-care-expenditures-by-service-by-state-of-residence-in-millions/>; Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, *National Health Expenditure Data: Health Expenditures by State of Residence*, December 2011.

Upcoming Topic:

> Efficient Purchasing and Performance

FACT FILE PARTNER:



NATIONAL HEALTH SYSTEM PERFORMANCE

The winning health systems outperform their peers in a variety of measures, including mortality and readmissions for acute myocardial infarction, heart failure, and pneumonia; length of stay; cost of care per episode; complications; patient safety, and patient satisfaction.

| Performance measure | Winning health systems (median) | Peer group of U.S. health systems (median) | Difference | Impact |
|---|---------------------------------|--|------------|--|
| Mortality index ¹ | 0.99 | 1.00 | -0.01 | Lower mortality |
| Complications index ¹ | 0.96 | 1.00 | -0.04 | Fewer complications |
| Patient safety index ² | 0.90 | 0.99 | -0.09 | Better patient safety |
| Core measures mean percent ³ | 99.1 | 98.0 | 1.07 | Better core measure performance |
| 30-day mortality rate, AMI (%) ⁴ | 14.0 | 14.6 | -0.53 | Lower 30-day mortality |
| 30-day mortality rate, HF (%) ⁴ | 12.5 | 11.7 | 0.75 | Higher 30-day mortality |
| 30-day mortality rate, pneumonia (%) ⁴ | 11.4 | 11.8 | -0.40 | Lower 30-day Mortality |
| 30-day readmission rate, AMI (%) ⁴ | 16.6 | 17.8 | -1.24 | Lower 30-day readmissions |
| 30-day readmission rate, HF (%) ⁴ | 21.0 | 22.7 | -1.74 | Lower 30-day readmissions |
| 30-day readmission rate, pneumonia (%) ⁴ | 16.9 | 17.5 | -0.56 | Lower 30-day readmissions |
| 30-day readmission rate, hip/knee arthroplasty (%) ⁴ | 4.7 | 5.1 | -0.37 | Lower 30-day readmissions |
| Average length of stay ⁵ | 4.4 | 5.0 | -0.56 | Shorter average LOS |
| Medicare spend per beneficiary index ⁶ | 0.94 | 0.99 | -0.05 | Lower episode cost |
| HCAHPS score ⁶ | 269.5 | 262.6 | 6.9 | Higher patient rating of hospital care |

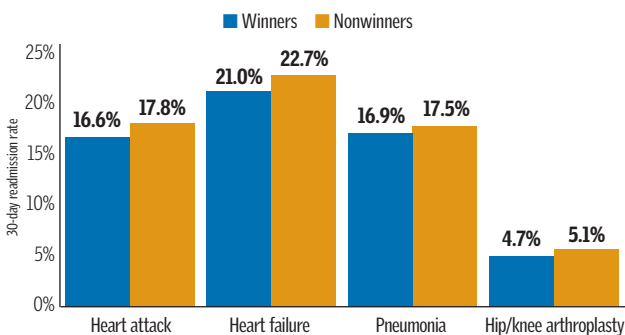
NOTES: 1. Mortality and complications based on present-on-admission (POA)-enabled risk models applied to MEDPAR 2012 and 2013 data. 2. Patient safety indicators (PSI) based on AHRQ POA-enabled risk models applied to MEDPAR 2012 and 2013 data. Nine PSIs included. 3. Core measures data from the Centers for Medicare & Medicaid Services (CMS) Hospital Compare 2014 Q3 release: October 1, 2012–September 30, 2013, dataset. 4. 30-day rates from CMS Hospital Compare dataset, July 1, 2010–June 30, 2013. 5. Average length of stay based on POA-enabled severity-adjustment model applied to MEDPAR 2013 data. 6. MSPB and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data from CMS Hospital Compare 2014 Q3 release: January 1, 2013–December 31, 2013, dataset.

NOTE: Measure values are rounded for reporting.

SOURCE: Truven Health Analytics.

BETTER 30-DAY READMISSION RATES

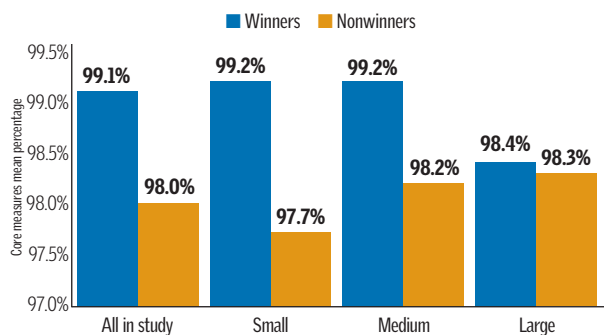
The 15 top-performing systems had better 30-day readmission rates for each of four patient conditions profiled, with the biggest difference being for heart failure patients at 1.7 percentage points.



SOURCE: Truven Health Analytics.

BETTER CARE PROTOCOL

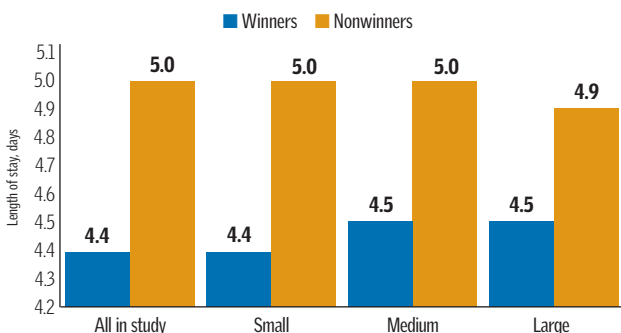
The top health systems followed accepted care protocols more consistently. The winning systems' core measures mean percentage of 99.1% is more than 1 percentage point better than nonwinning peers.



SOURCE: Truven Health Analytics.

SHORTER LENGTHS OF STAY

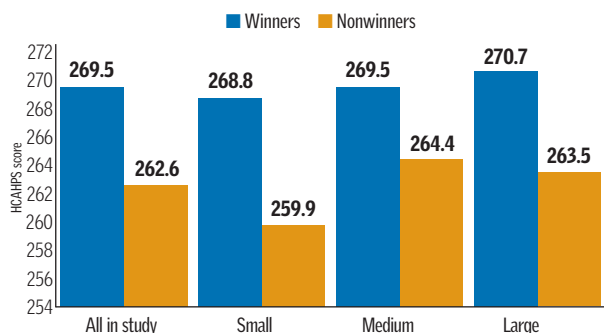
Patients treated at hospitals in the winning health systems returned home sooner. Winning systems had a median average length of stay of 4.4 days, more than half a day shorter than their peers' median of 5.0 days.



SOURCE: Truven Health Analytics.

BETTER PATIENT EXPERIENCE

Patients treated by the top health systems reported a better overall hospital experience than those treated in nonwinning peer hospitals. Overall, the winners' median HCAHPS scores were 2.6% higher than nonwinners' scores.



SOURCE: Truven Health Analytics.

