



**DataView IP™**  
**-Inpatient Performance**

**SAMPLE**

**General Hospital**

Time Frame  
Jul thru Dec

**Data Advantage Corp.**

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Data Advantage DataView IP™

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# DATAVIEW IP™ – Inpatient Performance Sample Table of Contents

	Page
<b>Dataview IP™ Introduction</b>	
<b>DRG Package</b>	
Executive Summary .....	1
DRG 148 – Major Small & Large Bowel Procedures.....	16
<b>Physician Package – Dr. Janice Doe</b>	
<b>Monthly Reports Sample</b>	
<b>Internet Data Vault</b>	
<b>Internet Report Samples</b>	
<b>Appendix</b>	
Sources of Data .....	i
Data Adjustment.....	iii
Report/Graph Definitions .....	vii
DRG Data Utilization.....	x

# DataView IP™ Introduction

The Data Advantage DataView IP™ is an analytical report showing the key performance indicators for each physician and DRG requested. The report shows: the number of cases, the charges or costs per case (in total and by ancillary department), the average length of stay per patient, the mortality rate, and the readmission rate, *by DRG*. Each physician is compared to the hospital's (or comparison group's) all cases and Medicare cases. The latter two are severity adjusted. "Severity adjusted" is defined as the per case mean for the *other* physicians in the hospital treating the same severity level of cases (i.e., *excluding* the selected physician's cases), *normalized to reflect the selected physician's patient mix and severity level*. The Medicare data are included for the Hospital, the Metropolitan Statistical Area (MSA) and the state or other custom comparison group as selected by the hospital.<sup>1</sup>

These data provide a starting point for discussions and decision-making to improve patient outcomes. These allow a physician a comparison of practice patterns to those of peers treating the same types and severity of cases. There is no "good" or "bad" in the data, there are differences. It is in the discussion of these differences that physicians bring their formidable knowledge and skills to identifying how to create improvements.

Through the use of the data, physicians and administration can begin to tackle difficult issues of care that can only be resolved through their partnership. Are there processes that impede care? Are there concerns about technology and personnel that impact a physician's decisions? Are there pieces of key information about cost constraints, pricing and hospital procedures that are unclear? These and other issues can be addressed when the data are reviewed and the opportunity is created to research and discuss medical necessity, options and required outcomes. It is at this point that data turn into "*information*," which can be acted upon to improve patient care – the ultimate goal of DataView IP™.

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<sup>1</sup> Comparison data taken from the Data Advantage Benchmark Report™ using the most current Medicare data.

**DataView IP™**  
**-Inpatient Performance**

**General Hospital**  
**DRG Package**

Time Frame  
Jul thru Dec



# Executive Summary

# Overview by DRG: Total Days/Cost Over/Under Mean by DRG

## Purpose

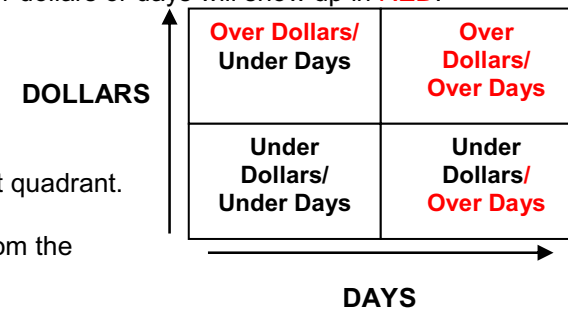
This scattergram provides a visual summary of 15 of the Facility's profiled DRGs in terms of the total Day and Cost Dollar variance from the Mean.

## Use

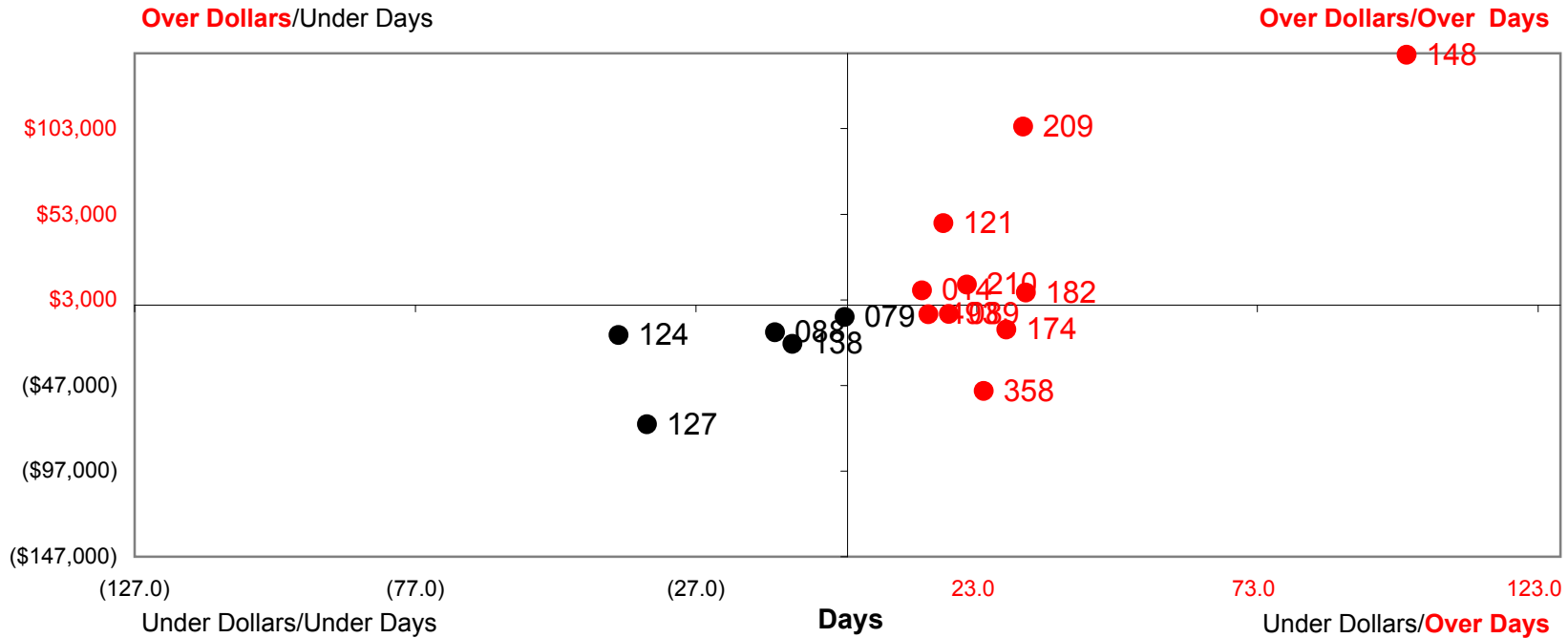
- The scattergram and table point out variations from the Mean and help focus on the DRGs that potentially have the greatest opportunity for reducing variation.
- The distribution of data points on the scattergram may cluster to demonstrate a general practice pattern across the DRGs.

## Notes

- The "x" axis plots days while the "y" axis plots dollars. A DRG that is over the Mean in either dollars or days will show up in **RED**.
  - DRG's with days & dollars **OVER** the mean fall into the upper right quadrant.
  - DRG's with days & dollars **UNDER** the mean fall into the lower left quadrant.
  - DRG's with dollars **OVER** the mean & days **UNDER** the mean fall into the upper left quadrant.
  - DRG's with dollars **UNDER** the mean and days **OVER** the mean fall into the lower right quadrant.
- The table lists the DRG Number, DRG Description, # of Cases, the Per-Case Difference from the Mean and the Total Difference from the Mean.
- In order to highlight potential opportunities, Days & Dollars over the mean in the table appear in **RED**. Days & Dollars under the Mean appear in **(BLACK)** and in parenthesis. (This may differ from familiar financial accounting conventions.)
- Each Data Advantage client chooses a comparison group, from which they want to calculate the "Mean." The client may choose their own hospital, their hospital system or an external comparison group using Data Advantage's Proprietary All-Payor Database. Regardless of which overall group is selected - each Mean is always severity adjusted to match the individual physician's actual severity levels and severity mix.
- Occasionally a single high-cost or very long length of stay case can skew a DRG's variance from the Mean. When choosing areas for further focus make sure you investigate whether a DRG's position on the scattergram is a result of practice pattern or simply a single case anomaly.
- It is important to remember that low cost or shortened length of stay does not necessarily constitute the best outcome. For instance, omitting tests and/or services may contribute to a shortened length of stay or may lead to lower costs but these practices can also create issues with comorbidities, mortality and readmission. A thorough evaluation is necessary to determine which practice patterns actually create the best outcomes.



Total Days/Cost Over/Under ACD Mean\* by DRG



Number	DRG Description	Cases	Per Case Difference from Mean*		Total Difference From Mean*	
			Days	Dollars	Days	Dollars
148	Major Small & Large Bowel Procedures	46	2.2	3,175	99.6	146,064
209	Maj Joint & Limb Reattach Proc Of Low Ext	105	0.3	993	31.3	104,220
121	Circulatory Disorders W AMI	54	0.3	884	17.1	47,753
210	Hip & Femur Proc Exc Major Joint Age >17	26	0.8	454	21.3	11,797
014	Intracranial Hemorrhage & Stroke W Infarct	53	0.3	159	13.3	8,424
182	Esophagitis, Gastroent & Misc Digest	89	0.4	81	31.8	7,224
089	Simple Pneumonia & Pleurisy Age >17	66	0.3	(80)	18.1	(5,266)
493	Laparoscopic Cholecystectomy W/o C.D.E.	63	0.2	(86)	14.4	(5,449)
079	Respiratory Infections & Inflammations	22	(0.0)	(323)	(0.5)	(7,109)
174	G.I. Hemorrhage	72	0.4	(200)	28.3	(14,428)
088	Chronic Obstructive Pulmonary Disease	44	(0.3)	(364)	(12.9)	(16,020)
124	Circulatory Disorders Except AMI	86	(0.5)	(204)	(40.8)	(17,550)
138	Cardiac Arrhythmia & Conduction Disorders	41	(0.2)	(555)	(9.8)	(22,774)
358	Uterine & Adnexa Proc For Non-malignancy	81	0.3	(621)	24.3	(50,277)
127	Heart Failure & Shock	79	(0.5)	(882)	(35.7)	(69,698)

\* Note: The peer group mean has been severity adjusted to each physician's unique mix of patients.

## DRG Total Cost Over/Under Mean Table

This table provides another level of detail for reviewing Costs over Mean. The table lists the costs over and under Mean for *all* physicians practicing in the facility's profiled DRGs and totals those costs in the final column. High cost physicians are ranked top to bottom. High cost DRGs are ranked left to right.

### Use

- Look at the TOTAL BY MD Column at the far right of the table to identify those physician's with the highest total cost over mean
- Look at the TOTAL BY DRG Row at the bottom of the table to identify those DRGs with the highest cost over mean.

### Notes

- In order to highlight potential opportunities, Costs over Mean in the table appear in **RED**. Costs under mean appear in BLACK and in parenthesis. (This may differ from familiar financial accounting conventions).
- The far right column, TOTAL BY MD, is the sum of each physician's Costs Over and Costs Under Mean in all profiled DRGs.
- A physician's TOTAL BY MD may be the result of high costs in one DRG or across many DRGs.
- A Physician's TOTAL BY MD may appear to be close to Mean when it is actually a result of a one DRG *over* Mean being offset by another DRG *under* Mean. It is important to look throughout the table to identify potential opportunities.
- The TOTAL BY DRG is the sum of all physicians' Costs Over and Costs Under in each profiled DRG. If many physicians in a DRG have costs over Mean there may issues throughout the DRG. If the DRG's costs are impacted by a single physician it may be better to start by reviewing the individual physician's practice patterns.
- Occasionally a single high-cost case can skew a physician's variance from the Mean. When choosing areas for further focus make sure you investigate whether a Physician's position in the table is a result of practice patterns or simply a single case anomaly.

**DRG Total Cost Over/Under ACD Mean\* Table**

Physician	DRG														TOTAL BY MD	
	148	209	121	210	014	182	089	493	079	174	088	124	138	358		127
Doe, Janice A	\$109,488					\$3,025		(\$14,300)		(\$5,095)		(\$368)		\$10,139		\$102,889
Einstein, Albert A	\$43,296					\$7,655		\$11,951		\$937			(\$331)			\$63,508
Jackson, Mike	\$40,480					\$11,885		\$7,120		(\$1,356)						\$58,129
Dow, Samanta					(\$3,460)	(\$44)	(\$1,208)		\$4	(\$352)	\$8,364	(\$477)			(\$10,000)	(\$7,173)
Simms, Dave															(\$7,380)	(\$7,380)
Carter, Jill						\$2,038	(\$1,812)		(\$8,362)	(\$321)	(\$3,492)		\$3,122		\$713	(\$8,114)
Johnson, Steve					(\$12,615)	\$3,370										(\$9,245)
Parks, Baylor K					(\$835)	(\$306)	\$913		(\$4,825)	(\$931)					(\$5,284)	(\$11,268)
Mayton, Joseph			\$1,800			\$992	(\$2,861)			(\$4,104)		(\$16)	(\$5,094)		(\$2,205)	(\$11,488)
Curie, Marie							(\$609)								(\$11,326)	(\$11,935)
Clements, Joanna			(\$3,500)		\$6,082	(\$1,107)	(\$1,485)		(\$4,310)		(\$6,657)	(\$1,537)			(\$1,583)	(\$14,097)
Cox, Amber			\$3,201		\$1,950	\$174	(\$3,468)			(\$8,325)	(\$3,162)	(\$2,014)	(\$748)		(\$2,973)	(\$15,365)
Garrison, Richard			(\$5,727)		\$3,366	(\$1,312)	\$3,993		(\$1,724)	(\$1,479)	(\$8,118)		(\$764)		(\$5,876)	(\$17,641)
Preston, Katrina						(\$265)				(\$18,516)						(\$18,781)
Dade, R Charles			\$8,763		(\$1,470)	(\$6,980)	(\$98)		(\$7,924)		(\$6,340)	(\$1,116)			(\$4,410)	(\$19,575)
Niner, Rebecca			\$8,547		\$2,152	\$2,700	(\$2,793)			\$380		(\$13,860)	(\$9,024)		(\$10,800)	(\$22,698)
Fraser, Donald			\$10,144		\$8,426	\$3,020	(\$5,578)				\$772	(\$26,877)	\$6,149		(\$23,541)	(\$27,485)
Clyburn, Gwentyth						(\$2,051)									(\$43,560)	(\$45,611)
Neis, Cheryl	(\$47,200)					(\$360)		(\$9,198)		(\$2,332)						(\$59,090)
<b>Total By DRG</b>	<b>\$146,064</b>	<b>\$104,220</b>	<b>\$47,753</b>	<b>\$11,797</b>	<b>\$8,424</b>	<b>\$7,224</b>	<b>(\$5,266)</b>	<b>(\$5,449)</b>	<b>(\$7,109)</b>	<b>(\$14,428)</b>	<b>(\$16,020)</b>	<b>(\$17,550)</b>	<b>(\$22,774)</b>	<b>(\$50,277)</b>	<b>(\$69,698)</b>	

Total by DRG includes ALL physicians reporting data for each DRG. All Physicians do NOT appear on the sample table.

\* Note: The peer group mean has been severity adjusted to each physician's unique mix of patients.

## DRG Total Days Over/Under Hospital Mean Table

This table provides another level of detail for reviewing Days over Mean. The table lists the Days over and under Mean for *all* physicians practicing in the facility's profiled DRGs and totals those Days in the final column. High Length of Stay physicians are ranked top to bottom. High Length of Stay DRGs are ranked left to right.

### Use

- Look at the TOTAL BY MD Column at the far right of the table to identify those physician's with the highest total Days over mean
- Look at the TOTAL BY DRG Row at the bottom of the table to identify those DRGs with the highest Days over mean.

### Notes

- In order to highlight potential opportunities, Days over Mean in the table appear in **RED**. Days under mean appear in BLACK and in parenthesis.
- The far right column, TOTAL BY MD, is the sum of each physician's Days Over and Days Under Mean in all profiled DRGs.
- A physician's TOTAL BY MD may be the result of high Days in one DRG or across many DRGs.
- A Physician's TOTAL BY MD may appear to be close to Mean when it is actually a result of a one DRG *over* Mean being offset by another DRG *under* Mean. It is important to look throughout the table to identify potential opportunities.
- The TOTAL BY DRG is the sum of all physicians' Days Over and Days Under in each profiled DRG. If many physicians in a DRG have Days over Mean there may issues throughout the DRG. If the DRG's Days are impacted by a single physician it may be better to start by reviewing the individual physician's practice patterns.
- Occasionally a single high length of stay case can skew a physician's variance from the Mean. When choosing areas for further focus make sure you investigate whether a Physician's position in the table is a result of practice patterns or simply a single case anomaly.

DRG Total Days Over/Under ACD Mean\* Table

Physician	DRG															TOTAL BY MD
	148	182	209	174	358	210	089	121	493	014	079	138	088	127	124	
Einstein, Albert A	46.2	10.0		1.1					13.3			1.0				71.6
Doe, Janice A	64.0	6.6		(1.0)	6.3				(5.2)						(1.1)	69.6
Jackson, Mike	19.8	18.0		(0.5)					14.4							51.7
McAllen, Aaron		(2.2)														(2.2)
Baxter, Cyndi									(2.7)							(2.7)
Parke, Baylor K		1.2		2.1			1.9			(2.0)	(4.4)			(1.6)		(2.8)
Preston, Katrina		3.0		(7.2)												(4.2)
Smith, Gregg											(4.4)					(4.4)
Lin, Ann										(5.0)						(5.0)
Jenkins, Benjamin		(2.4)		(1.8)										(1.0)		(5.2)
Thompson, Jonathon		1.0		(1.9)			(4.8)	(6.6)		(0.8)	0.7	0.6	1.0	4.6		(6.2)
Carter, Jill		1.6		0.9							(8.6)	2.7	(3.9)	1.0		(6.3)
Cox, Peter		0.6		(4.5)			1.2	(0.2)		2.2		(1.0)	(4.2)	(2.2)	(3.2)	(11.3)
Clements, Joanna		(0.6)					1.2	(2.2)		3.2	(3.8)		(6.3)	(2.2)	(2.1)	(12.8)
Niner, Rebecca		(3.6)		2.2			(1.6)	0.7		0.2		(5.4)		(9.0)	(7.5)	(24.0)
Mayton, Joseph		(2.2)		0.2			(3.6)	(3.6)				(5.4)		(4.5)	(8.0)	(27.1)
Fraser, Donald		(0.2)					(5.2)	(4.8)		9.2		5.2	3.8	(11.4)	(24.8)	(28.2)
Dade, R Charles		(8.8)					(0.2)	2.4		(3.0)	(7.8)		(4.4)	(5.4)	(2.1)	(29.3)
Neis, Cheryl	(30.4)	(2.0)		(1.8)					(5.4)							(39.6)
<b>Total By DRG</b>	<b>99.6</b>	<b>31.8</b>	<b>31.3</b>	<b>28.3</b>	<b>24.3</b>	<b>21.3</b>	<b>18.1</b>	<b>17.1</b>	<b>14.4</b>	<b>13.3</b>	<b>(0.5)</b>	<b>(9.8)</b>	<b>(12.9)</b>	<b>(35.7)</b>	<b>(40.8)</b>	

Total by DRG includes ALL physicians reporting data for each DRG. All Physicians do NOT appear on the sample table.

\* Note: The peer group mean has been severity adjusted to each physician's unique mix of patients.

# Department Overview by DRG: Total Cost Over/Under Mean by Department

## Purpose

This graph provides a ranked view of department Costs Over/Under the Mean for each profiled DRG.

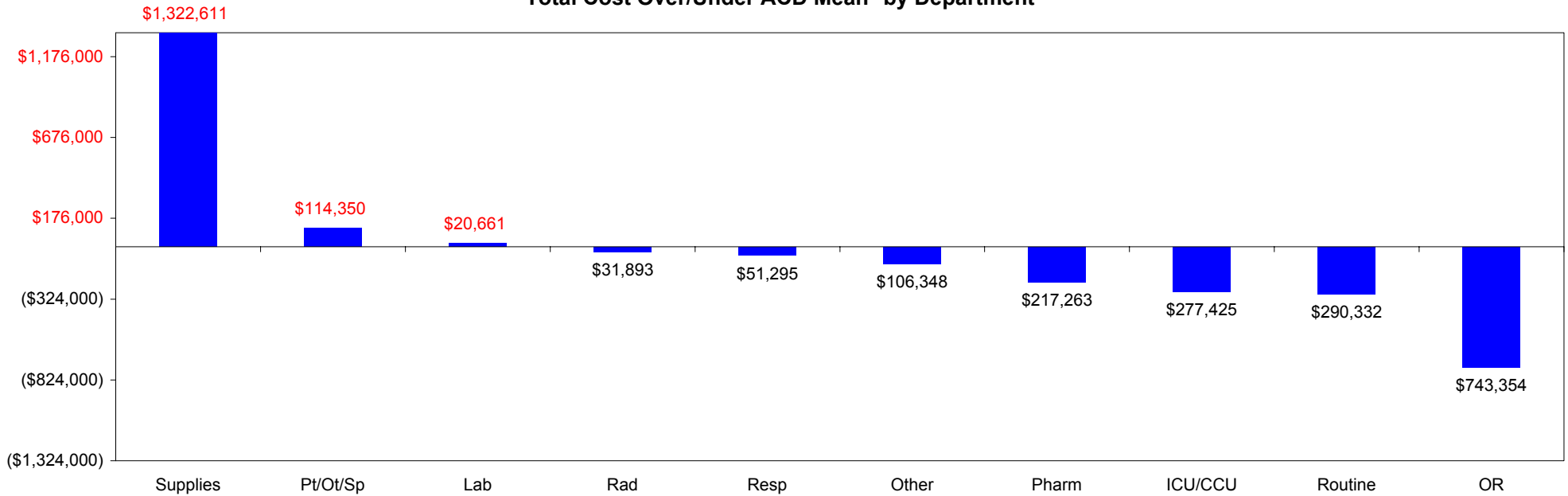
## Use

- Use the graph to identify the departments' whose costs are significantly over the Mean.
- Evaluate the table to find DRGs which are consistently over the Mean in many or all departments
- Evaluate the table to find the Departments that are consistently over the Mean across DRGs.
- In the table, look for large offsets that may hide issues within a Department. (for example, a high variance in Pharmacy across 5 DRGs offset by a sizeably low variance in Pharmacy for one DRG)

## Notes

- In order to highlight potential opportunities, Department Costs over the Mean in the table appear in **RED**. Department costs under the Mean appear in **(BLACK)** and in parenthesis. (This may differ from familiar financial accounting conventions).
- In the table, the profiled DRGs are listed by case volume, top to bottom.
- Each Data Advantage client chooses a group of physicians, from which they want to calculate the "Mean." The client may choose their own hospital, their hospital system or an external comparison group using Data Advantage's Proprietary All-Payor Database. Regardless of which overall group is selected - each Mean is always severity adjusted to match the individual physician's actual severity levels and severity mix.

Total Cost Over/Under ACD Mean\* by Department



DRG		Cases	Total Dollars Over/Under Mean									
Number	Description		Supplies	Pt/Ot/Sp	Lab	Rad	Resp	Other	Pharm	ICU/CCU	Routine	OR
742	Neonate Full Term, Bw >2499 Grams	298	(2,224)	(6,559)	3,759	(1,053)	(2,065)	(6,328)	(6,638)	(119)	(104,556)	(1,205)
373	Vaginal Delivery W/o Complicating Diag	210	(12,790)	(312)	(13,200)	(1,091)	(630)	(6,467)	(8,425)	(55)	(66,849)	(11,025)
209	Maj Joint & Limb Reattach Proc Of Low Ext	105	224,106	32,667	(11,707)	(1,467)	(2,255)	(15,623)	479	1,961	(15,561)	(108,312)
182	Esophagitis, Gastroent & Misc Digest	89	12,050	79	1,371	(773)	(1,255)	6,418	(1,366)	(9,733)	3,512	(3,063)
124	Circulatory Disorders Except AMI	86	39,838	(1,047)	(3,019)	(7,868)	(874)	(6,543)	(9,818)	(18,652)	(8,991)	(582)
358	Uterine & Adnexa Proc For Non-malignancy	81	45,190	1,654	(3,422)	(1,995)	(1,979)	(3,136)	(7,280)	(1,982)	1,055	(78,406)
127	Heart Failure & Shock	79	6,687	866	534	(1,462)	(4,855)	36	(12,594)	(55,213)	(3,337)	(381)
370	Cesarean Section	74	17,861	(90)	(5,338)	(1,419)	(1,245)	(5,261)	(7,544)	(816)	(43,992)	(33,804)
174	G.I. Hemorrhage	72	12,506	66	(2,382)	4,511	(2,096)	(4,777)	(8,013)	(7,267)	2,299	(9,218)
89	Simple Pneumonia & Pleurisy Age >17	66	14,389	1,274	5,756	1,892	(1,753)	5,082	(8,099)	(27,069)	4,835	(1,506)
493	Laparoscopic Cholecystectomy W/o C.D.E.	63	65,470	(350)	1,366	3,547	(1,613)	(5,441)	(2,208)	(7,138)	(2,057)	(57,106)
121	Circulatory Disorders W AMI	54	28,940	(286)	1,023	(3,438)	38	29,223	(11,100)	1,718	2,578	(924)
14	Intracranial Hemorrhage & Stroke W Infarct	53	7,657	6,542	1,019	(5,892)	(1,002)	16,120	(208)	(31,584)	15,080	719
148	Major Small & Large Bowel Procedures	46	141,306	8,744	20,823	(7,369)	7,003	(12,131)	6,955	31,059	546	(50,864)
88	Chronic Obstructive Pulmonary Disease	44	7,337	311	1,731	(1,579)	(1,576)	(1,957)	(8,363)	5,387	(16,922)	(360)
	Other DRGs	1476	714,288	70,791	22,347	(6,437)	(35,138)	(95,563)	(133,041)	(157,922)	(57,972)	(387,317)
<b>DEPARTMENT TOTAL</b>			<b>1,322,611</b>	<b>114,350</b>	<b>20,661</b>	<b>(31,893)</b>	<b>(51,295)</b>	<b>(106,348)</b>	<b>(217,263)</b>	<b>(277,425)</b>	<b>(290,332)</b>	<b>(743,354)</b>

\* Note: The peer group mean has been severity adjusted to each physician's unique mix of patients.

## Mortality and Readmission Trend

### Purpose

These graphs provide a visual summary of Mortality and Readmission rates for the all-payor cases in the profiled DRGs.

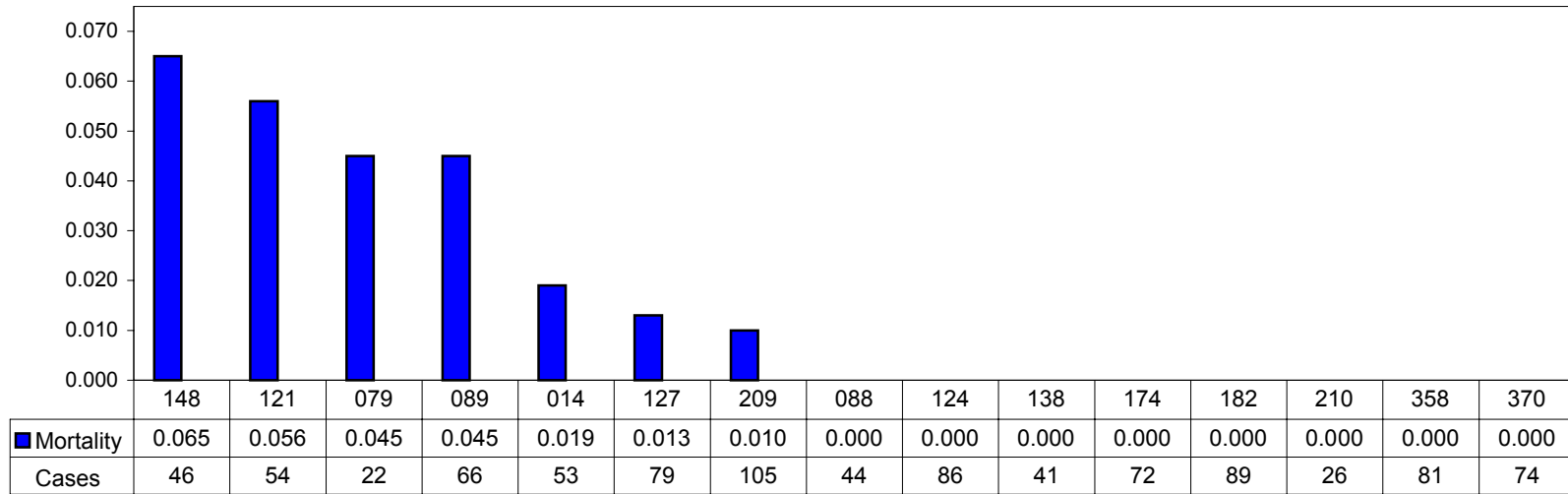
### Use

- Use these graphs to review mortality and readmission outcomes by DRG.

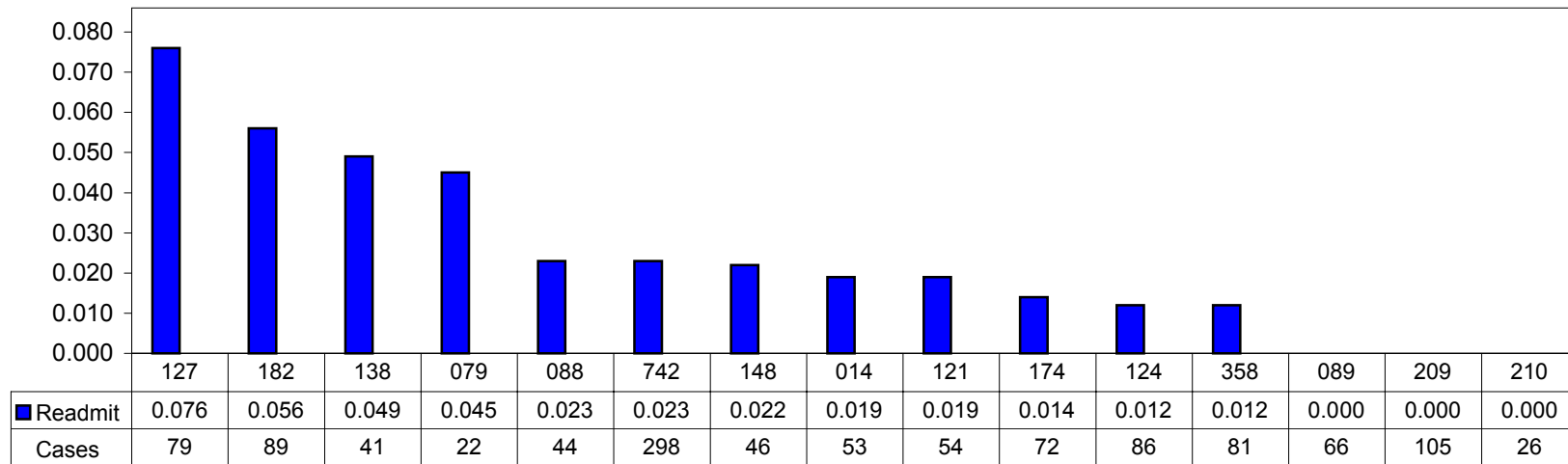
### Notes

- The mortality percentage represents the percentage of patients with a discharge status of "death," out of the total number of patients in the DRG during each period.
- Data Advantage clients define what counts as a "readmission." Most typically a readmission is defined a case readmitted within 30 days of previous discharge to the same DRG. However, some clients define readmission at 60 or 90 days and/or to any DRG. The readmission rate is the number of "readmissions" as a percentage of total discharges in the profiled DRG during the reporting period.

Mortality Rate



Readmission Rate



# DRG Change From Prior Period

## Purpose

This scattergram provides a visual summary of changes in ALOS and Cost-per-case for each profiled DRG from the previous to the current period.

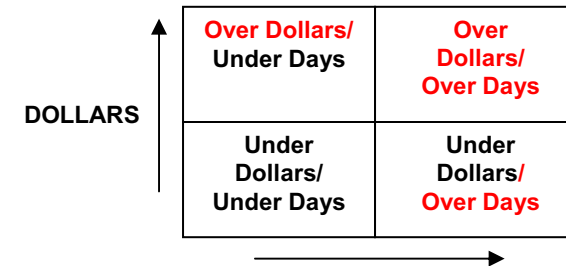
## Use

- The scattergram and table point out change from the prior period and helps focus on changes in the DRG.
- Use the DRG Change scattergram in tandem with the DRG Over Mean scattergram. You may want to prioritize your efforts by focusing on DRG that are significantly over Mean *and* whose costs and ALOS are increasing. It also may be valuable to focus on a DRG below the mean but with costs and ALOS which are increasing in order to address an issue before it impacts the hospital's overall performance.
- Negative and positive changes can be analyzed to determine root causes and possible interventions

## Notes

- The “x” axis plots days while the “y” axis plots dollars. A DRG with increases in days or dollars over the prior period will show up in **RED**.

- DRGs with days and dollars **OVER** the prior period fall into the upper right quadrant.
- DRGs with days and dollars **UNDER** the prior period into the lower left quadrant.
- DRGs with dollars **OVER** the prior period and days **UNDER** the prior period fall into the upper left quadrant.
- DRGs with dollars **UNDER** the prior period and days **OVER** the prior period fall into the lower right quadrant.

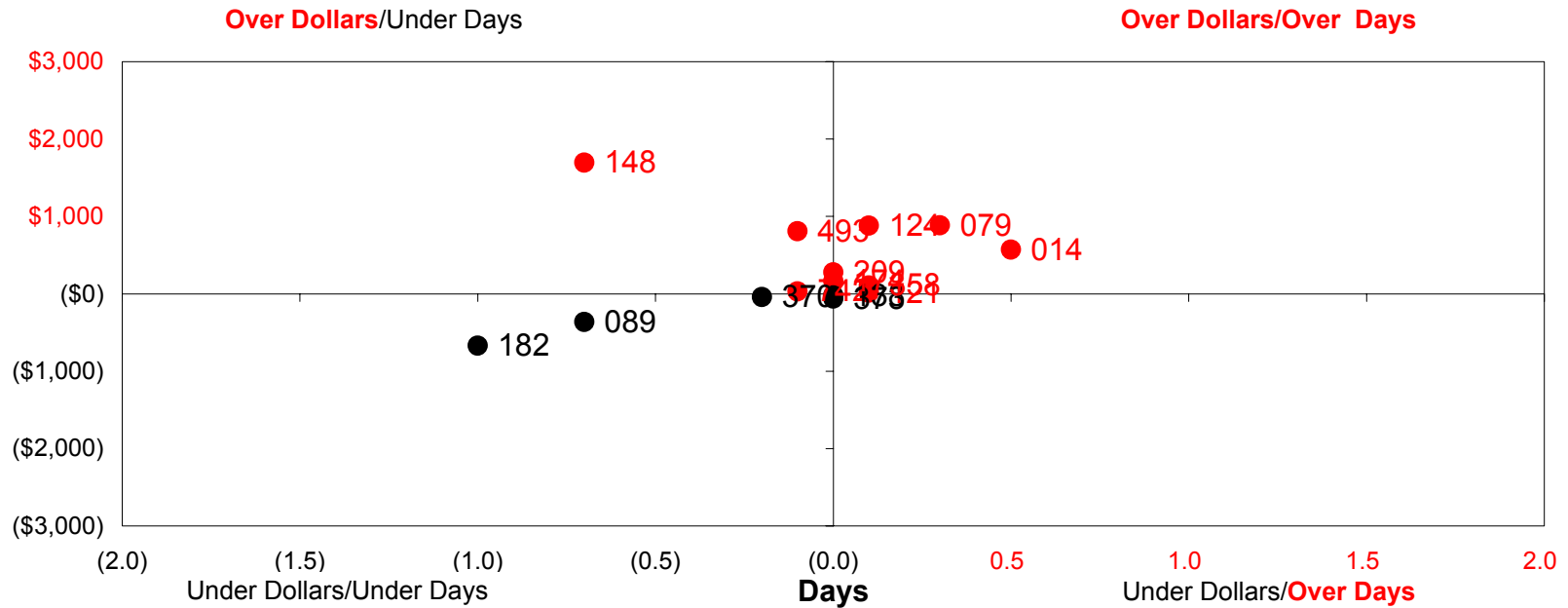


- The table lists the DRG #, DRG name, # of cases, Days per Case and Dollars-per-case for both the previous and current periods and includes variance columns.
- In order to highlight potential opportunities, Days & Dollars over prior period in the table appear in **RED**. Days & Dollars under prior period appear in **(BLACK)** and in parenthesis. (This may differ from familiar financial accounting conventions.)
- Remember that increases in Costs and ALOS can be related to changes in operational costs and hospital process issues as well as to physician practice patterns.

**DRG Change From Prior Period**

Current Period - Jul thru Dec  
Prior Period - Jan thru Jun

**Days/Cost Over/Under Per Case from Prior Period by DRG**



DRG		Jan 02 thru Jun 02			Jul 02 thru Dec 02			Difference	
Number	Description	Cases	Days Per Case	Dollars Per Case	Cases	Days Per Case	Dollars Per Case	Days Per Case	Dollars Per Case
148	Major Small & Large Bowel Procedures	74	13.7	\$20,153	46	13.0	\$21,849	(0.7)	\$1,695
079	Respiratory Infections & Inflammations	19	6.7	\$6,994	22	7.0	\$7,878	0.3	\$884
124	Circulatory Disorders Except AMI	107	2.4	\$5,331	86	2.6	\$6,209	0.1	\$879
493	Laparoscopic Cholecystectomy W/o C.D.E.	103	3.4	\$5,683	63	3.3	\$6,490	(0.1)	\$807
014	Intracranial Hemorrhage & Stroke W Infarct	46	4.3	\$5,405	53	4.9	\$5,977	0.5	\$572
209	Maj Joint & Limb Reattach Proc Of Low Ext	139	4.5	\$12,289	105	4.6	\$12,564	(0.0)	\$275
174	G.I. Hemorrhage	59	4.2	\$4,673	72	4.0	\$4,837	(0.0)	\$164
358	Uterine & Adnexa Proc For Non-malignancy	83	2.6	\$4,041	81	2.8	\$4,146	0.1	\$105
742	Neonate Full Term, Bw >2499 Grams	231	1.7	\$579	298	1.6	\$608	(0.1)	\$29
121	Circulatory Disorders W AMI	53	4.1	\$7,428	54	4.1	\$7,443	0.1	\$15
138	Cardiac Arrhythmia & Conduction Disorders	50	2.9	\$3,645	41	2.9	\$3,622	(0.0)	\$(24)
370	Cesarean Section	85	2.6	\$3,021	74	2.5	\$2,978	(0.2)	\$(43)
373	Vaginal Delivery W/o Complicating Diag	199	1.7	\$1,707	210	1.6	\$1,644	(0.0)	\$(63)
089	Simple Pneumonia & Pleurisy Age >17	114	5.6	\$5,579	66	4.9	\$5,213	(0.7)	\$(365)
182	Esophagitis, Gastroent & Misc Digest	96	4.1	\$3,932	89	3.1	\$3,262	(1.0)	\$(670)

# Department Change From Prior Period

## Purpose

This graph provides a ranked view of increases and decreases in department costs-per-case from the previous period for fifteen of the top volume profiled DRG.

## Use

- The scattergram and table point out change from the prior period and help focus, at a department level, on changes in the profiled DRGs.
- Use the Department Change graph in tandem with the Department Over/Under Mean graph. You may want to prioritize your efforts by focusing on Departments that are significantly over mean *and* have increasing costs. It also may be valuable to focus on a Department with rising costs even if those costs are lower than the mean. This kind of approach can help address departmental issues before they impact the hospital's overall performance.
- Negative and positive changes can be analyzed to determine root causes and possible interventions.

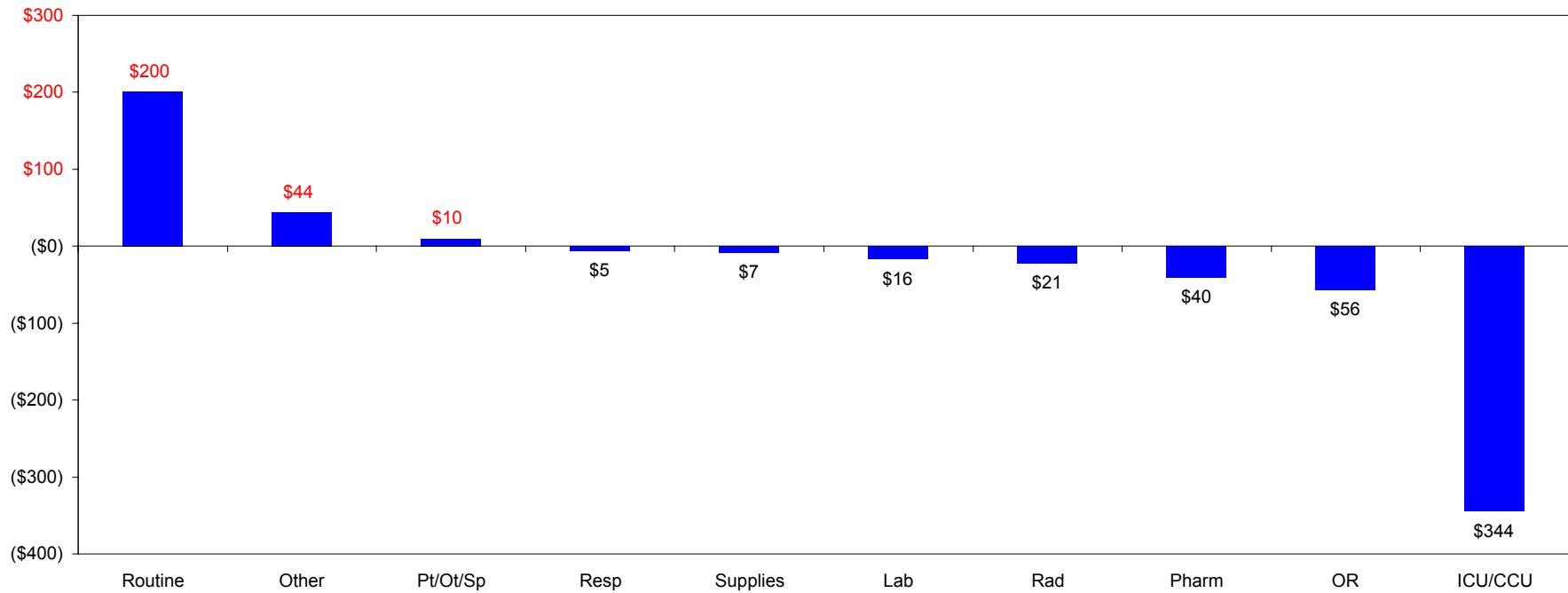
## Notes

- In order to highlight potential opportunities, Department Costs over prior period in the table appear in **RED**. Department Costs under prior period appear in **(BLACK)** and in parenthesis. (This may differ from familiar financial accounting conventions.)
- The table includes the following data for the nine high volume profiled DRGs: Physician #, Physician Name, # of Cases and Departmental costs-per-case over/under the prior period. If there are more than 8 doctors practicing in the profiled DRG, the table includes an "Other Physician" summary.
- Remember that cost increases can be related to changes in operational costs well as to physician practice patterns.

### Department Change From Prior Period Per Case Cost Over/Under Prior Period by Department

Current Period - Jul thru Dec

Prior Period - Jan thru Jun



DRG		Per Case Dollars Over/Under Prior Period									
Number	Description	Routine	Other	Pt/Ot/Sp	Resp	Supplies	Lab	Rad	Pharm	OR	ICU/CCU
014	Intracranial Hemorrhage & Stroke W Infarct	1,242	278	91	9	142	69	(77)	(39)	(62)	(1,081)
079	Respiratory Infections & Inflammations	918	(51)	162	118	191	(62)	169	113	(24)	(650)
088	Chronic Obstructive Pulmonary Disease	(144)	(112)	25	(96)	(164)	(87)	(10)	(99)	4	(333)
089	Simple Pneumonia & Pleurisy Age >17	404	67	7	9	(49)	(22)	21	(47)	(11)	(742)
121	Circulatory Disorders W AMI	854	26	14	5	247	65	7	(244)	(22)	(937)
124	Circulatory Disorders Except AMI	618	170	(0)	12	585	28	41	(4)	11	(583)
127	Heart Failure & Shock	906	86	16	(64)	(81)	(4)	28	(94)	(3)	(1,550)
138	Cardiac Arrhythmia & Conduction Disorders	659	(60)	31	(20)	73	(30)	41	(67)	12	(663)
148	Major Small & Large Bowel Procedures	(25)	104	27	165	884	95	(121)	160	4	402
174	G.I. Hemorrhage	408	229	11	(9)	(123)	24	48	(38)	(138)	(248)
182	Esophagitis, Gastroent & Misc Digest	(245)	88	(2)	2	(11)	(0)	(172)	(93)	(92)	(144)
209	Maj Joint & Limb Reattach Proc Of Low Ext	205	52	142	13	(16)	(21)	(7)	61	(44)	(124)
210	Hip & Femur Proc Exc Major Joint Age >17	(303)	95	79	(35)	72	(182)	(192)	(313)	18	68
358	Uterine & Adnexa Proc For Non-malignancy	139	2	19	5	99	1	(42)	3	(58)	(63)
370	Cesarean Section	(99)	(19)	(0)	(2)	159	(22)	(8)	(27)	(25)	(0)
	Other DRGs	169	29	3	(1)	9	(15)	(24)	(17)	(60)	(285)
<b>DEPARTMENT TOTAL</b>		<b>200</b>	<b>44</b>	<b>10</b>	<b>(5)</b>	<b>(7)</b>	<b>(16)</b>	<b>(21)</b>	<b>(40)</b>	<b>(56)</b>	<b>(344)</b>



## **DRG 148 - Major Small & Large Bowel Procedures**

## DRG Overview

### *External Comparison*

#### **Purpose**

These two bar graphs provide a comparison of the facility's Medicare performance to Medicare benchmarks for Cost-per-case and ALOS (Average Length of Stay) for the profiled DRG.

#### **Use**

- Use these bar graphs to assess how the Facility's Medicare Cost-per-case and ALOS compare to other facilities in the state and Metropolitan Statistical Area (MSA).
- These comparisons can be used to assess competitive strengths and or weaknesses by DRG.

#### **Notes**

- All data in these graphs is derived from the most current Medicare federal fiscal year data. If this is a newly added DRG (ex. 500's, 700's) there will be no graph due to the lack of historical data.
- The Medicare data for both the state and the MSA comparisons have been severity adjusted. Data Advantage has applied a severity-adjustment formula to the Medicare data so that the facility's patients are compared only to other facilities' Medicare patients with the same severity levels and severity mix.

### *Internal Trend*

#### **Purpose**

These two line graphs provide a trended view of the hospital's Cost-per-case and ALOS for all-payor cases within the profiled DRG.

#### **Use**

- The graph provides a tool for monitoring change in Cost-per-case and ALOS over time. It can be compared to the older Medicare data in the adjacent graph to assess whether competitiveness is likely increasing or decreasing.

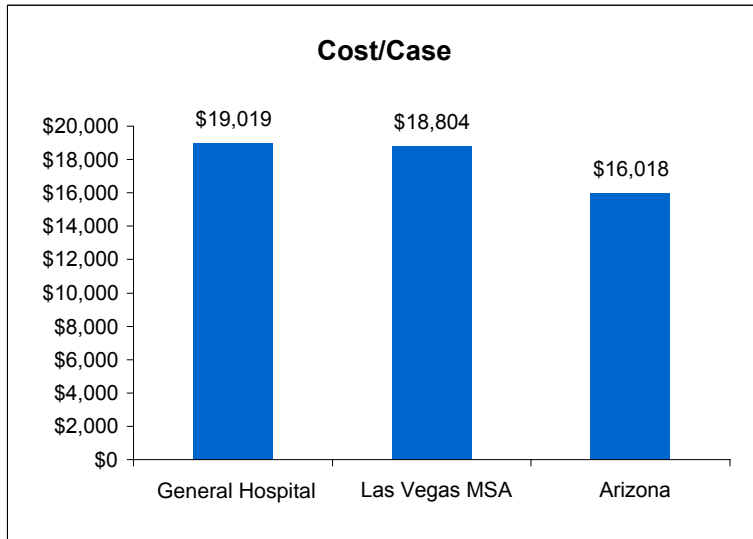
#### **Notes**

- Remember that increases in Costs and ALOS can be related to changes in operational costs and hospital process issues as well as to physician practice patterns.
- If this is a newly added DRG (ex. 500's, 700's) there may be only one or two data point(s) graphed due to the lack of historical data.

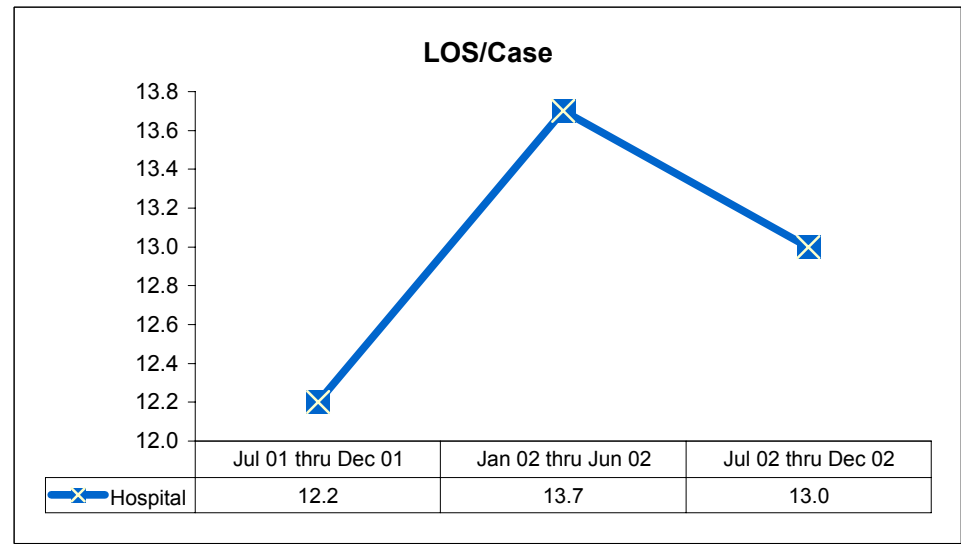
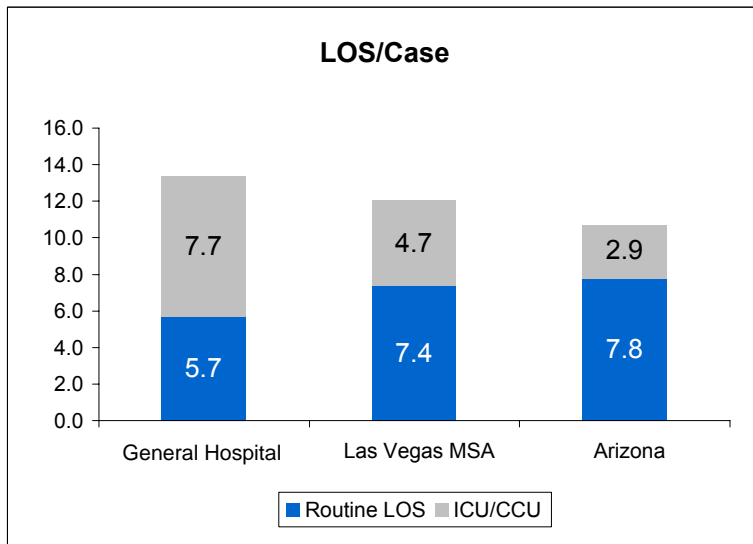
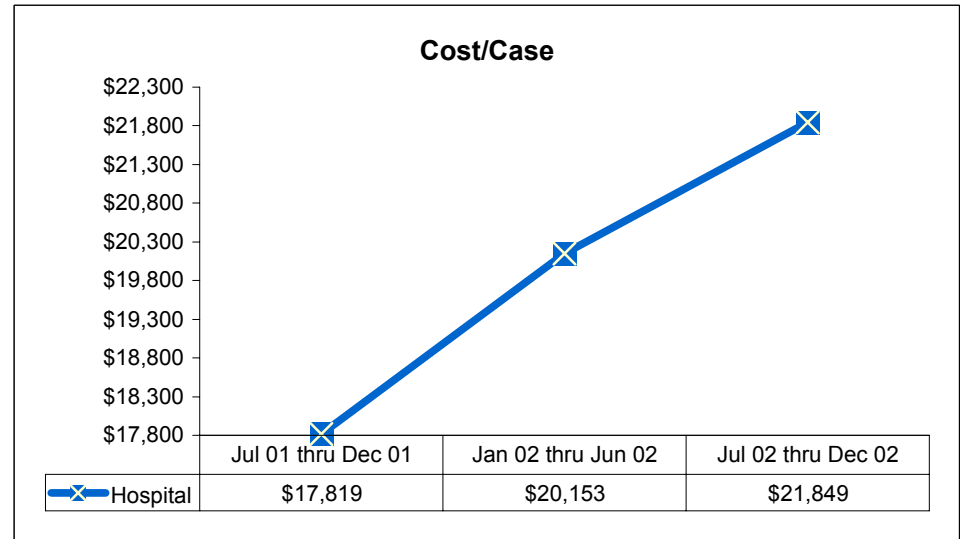
## DRG Overview

### DRG 148 - Major Small & Large Bowel Procedures

**EXTERNAL COMPARISON**  
*Medicare - FFY 2001*



**INTERNAL TREND**  
*Hospital All-Payor Trend*



# Mortality and Readmission Trend

## Purpose

This graph provides a trended comparison for Mortality and Readmission rates for the all-payor cases in the profiled DRG.

## Use

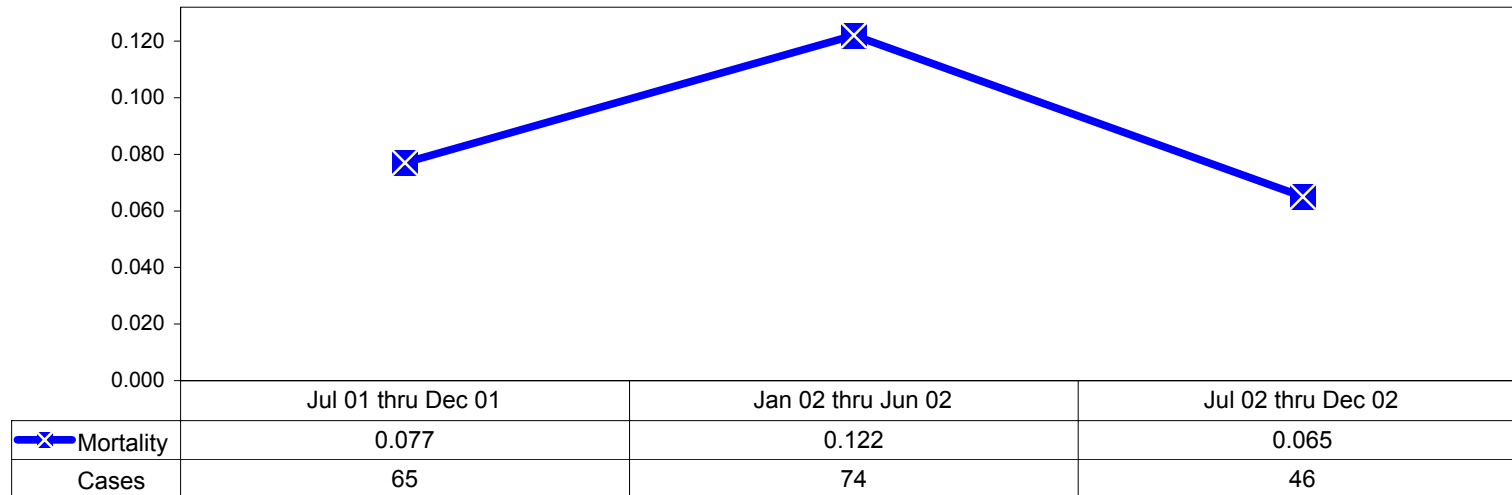
- Use this graph to review mortality and readmission outcomes by DRG.
- The graph provides a tool for monitoring changes in mortality and readmission over time.

## Notes

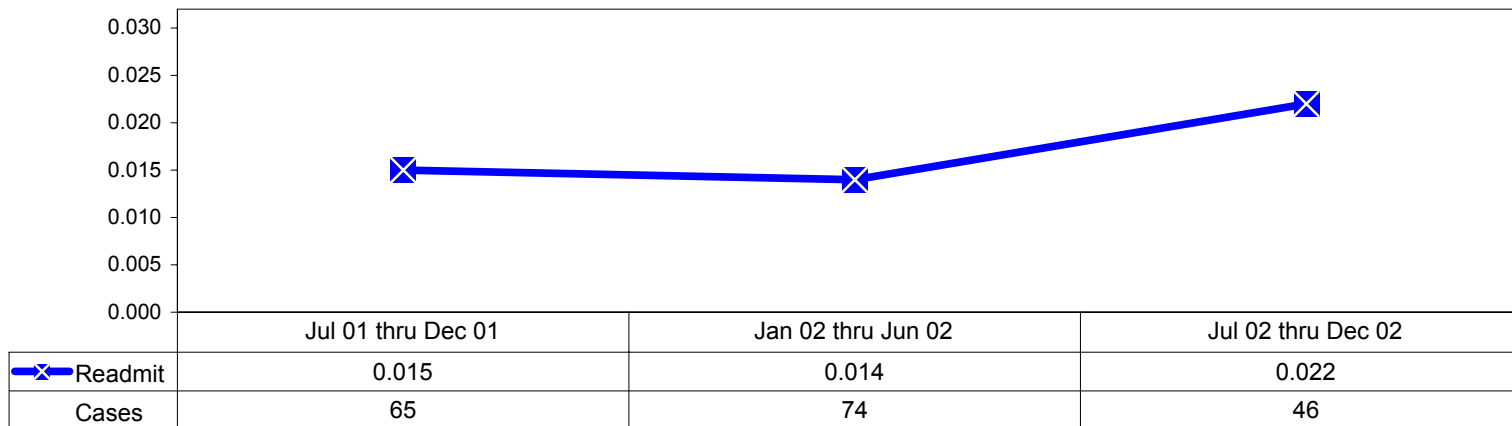
- The mortality percentage represents the percentage of patients with a discharge status of "death," out of the total number of patients in the DRG during each period.
- Data Advantage clients define what counts as a "readmission." Most typically a readmission is defined as a case readmitted within 30 days of previous discharge to the same DRG. However some clients define readmission at 60 or 90 days and/or to any DRG. The readmission rate is the number of "readmissions" as a percentage of total discharges in the profiled DRG during the reporting period.
- If this is a newly added DRG (ex. 500's, 700's) there may be only one or two data point(s) graphed due to the lack of historical data.

### Mortality and Readmission Trend DRG 148 - Major Small & Large Bowel Procedures

**Mortality Rate**



**Readmission Rate**



# Physician Scattergram: Total Days/Cost Over/Under Mean by Physician

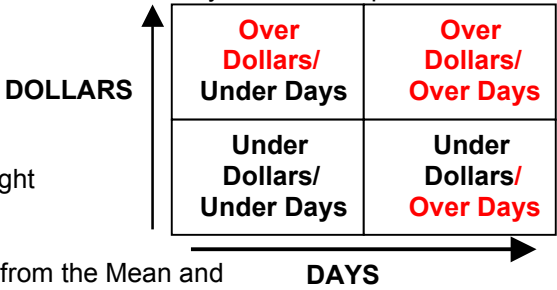
## Purpose

This scattergram provides a visual summary of the physicians in the profiled DRG in terms of their total Day and Cost Dollar variances from the Mean.

## Use

- The scattergram and table point out relative variations from the Means and help focus on the Physicians that have the greatest potential opportunity for performance improvement.

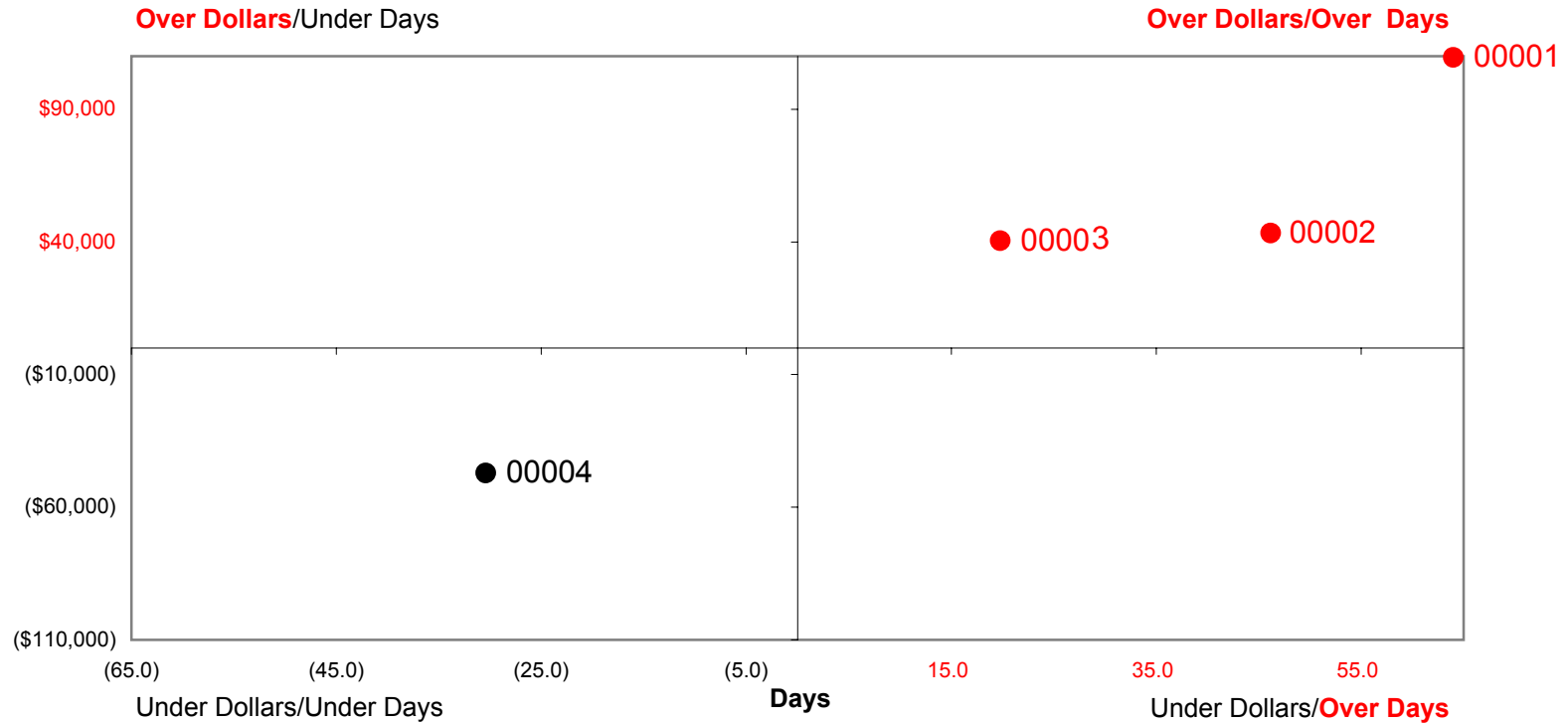
## Notes

- The “x” axis plots days while the “y” axis plots dollars. A Physician who is over the Mean in either dollars or days will show up in **RED**.
    - Physicians with days & dollars **OVER** the mean fall into the upper right quadrant.
    - Physicians with days & dollars **UNDER** the mean fall into the lower left quadrant.
    - Physicians with dollars **OVER** the mean & days **UNDER** the mean fall into the upper left quadrant.
    - Physicians with dollars **UNDER** the mean and days **OVER** the mean fall into the lower right quadrant
- 
- The table lists the Physician Number, Physician name, # of Cases, the Per-Case Difference from the Mean and the Total Difference from the Means.
  - In order to highlight potential opportunities, Days & Dollars over the Mean in the table appear in **RED**. Days & Dollars under the Mean appear in **(BLACK)** and in parenthesis. (This may differ from common financial accounting conventions.)
  - Each Data Advantage client chooses a comparison group, from which they want to calculate the “Means.” The client may choose their own hospital, their hospital system or an external comparison group using Data Advantage’s Proprietary All-Payor Database. Regardless of which overall group is selected - each Mean is always severity adjusted to match the individual physician’s actual severity levels and severity mix.
  - Occasionally a single high-cost or very long length of stay case can skew a Physician’s variance from the Mean. When choosing areas for further focus make sure you investigate whether a Physician’s position on the scattergram is a result of practice pattern or simply a single case anomaly.
  - It is important to remember that low cost or shortened length of stay does not necessarily constitute the best outcome. For instance, omitting tests and/or services may contribute to a shortened length of stay or may lead to lower costs but these practices can also create issues with comorbidities, mortality and readmission. A thorough evaluation is necessary to determine which practice patterns actually create the best outcomes.

### Physician Scattergram DRG 148 - Major Small & Large Bowel Procedures

Time Frame - Jul 02 thru Dec 02

**Total Days/Cost Over/Under ACD Mean\* by Physician**



Physician		Cases	Per Case Difference from Mean*		Total Difference From Mean*	
Number	Name		Days	Dollars	Days	Dollars
00001	Doe, Janice A	16	4.0	6,843	64.0	109,488
00002	Einstein, Albert A	11	4.2	3,936	46.2	43,296
00003	Jackson, Mike	11	1.8	3,680	19.8	40,480
00004	Neis, Cheryl	8	(3.8)	(5,900)	(30.4)	(47,200)

\* Note: The peer group mean has been severity adjusted to each physician's unique mix of patients.

## Department Summary: Total Cost Over/Under Mean by Department by Physician

### Purpose

This graph provides a ranked view of department costs over/under the severity-adjusted Mean for each physician practicing in the profiled DRG.

### Use

- Use the graph to identify the departments' whose costs are significantly over the Mean.
- Evaluate the table to find Physicians who are consistently over the Mean in many or all departments.
- Evaluate the table to find the Departments that are consistently over the Mean across Physicians.
- In the table, look for large offsets that may hide issues within a Department. For example, a high variance in Pharmacy across seven Physicians offset by a sizeable low variance in Pharmacy for one Physician.

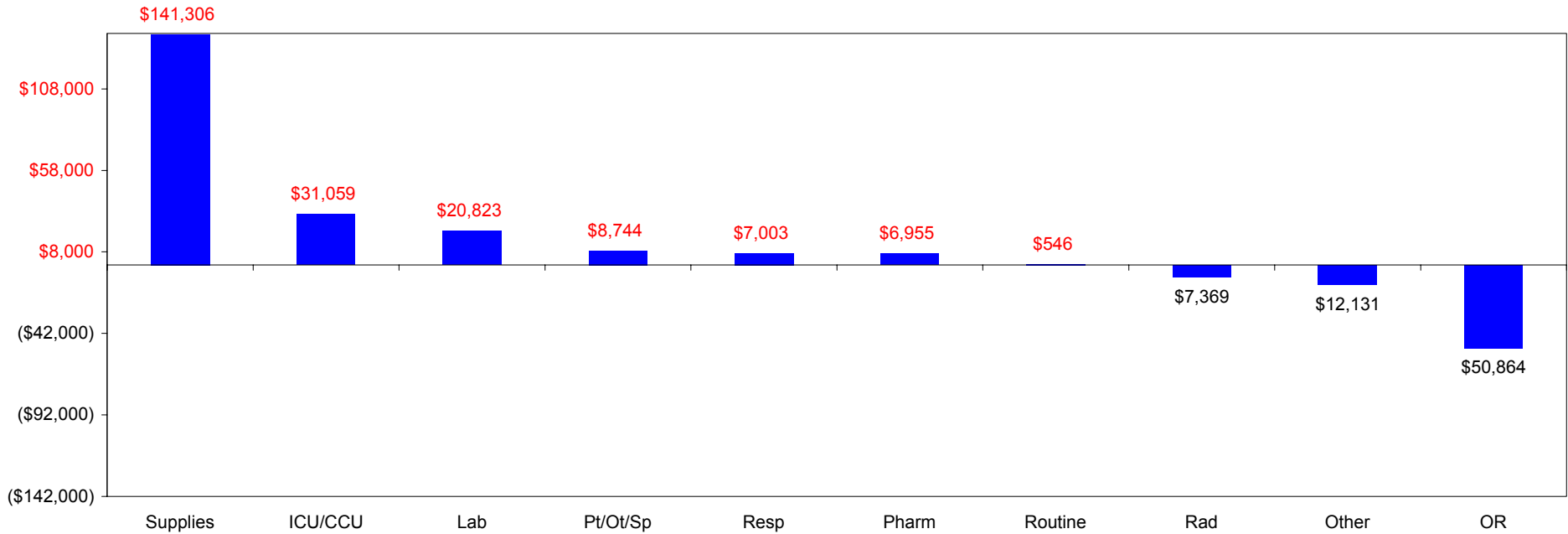
### Notes

- In order to highlight potential opportunities, Department Costs over the Mean in the table appear in **RED**. Department costs under the Mean appear in **(BLACK)** and in parenthesis. (This may differ from familiar financial accounting conventions.)
- Each Data Advantage client chooses a group of physicians, from which they want to calculate the "Means." The client may choose their own hospital, their hospital system or an external comparison group using Data Advantage's Proprietary All-Payor Database. Regardless of which overall group is selected - each Mean is always severity adjusted to match the individual physician's actual severity levels and severity mix.

**Department Summary**

**DRG 148 - Major Small & Large Bowel Procedures**

**Total Cost Over/Under ACD Mean\* by Department**



PHYSICIAN		Cases	Total Dollars Over/Under Mean									
Number	Name		Supplies	ICU/CCU	Lab	Pt/Ot/Sp	Resp	Pharm	Routine	Rad	Other	OR
00001	Doe, Janice A	16	62,336	37,280	10,432	4,080	8,096	18,864	1,792	(3,040)	(4,384)	(25,968)
00002	Einstein, Albert A	11	25,850	10,186	8,316	3,124	(2,453)	6,457	5,852	(2,926)	(2,805)	(8,294)
00003	Jackson, Mike	11	38,016	3,289	4,851	2,068	3,168	(3,278)	1,430	2,805	(3,982)	(7,898)
00004	Neis, Cheryl	8	15,104	(19,696)	(2,776)	(528)	(1,808)	(15,088)	(8,528)	(4,208)	(960)	(8,704)
<b>DEPARTMENT TOTAL</b>			<b>141,306</b>	<b>31,059</b>	<b>20,823</b>	<b>8,744</b>	<b>7,003</b>	<b>6,955</b>	<b>546</b>	<b>(7,369)</b>	<b>(12,131)</b>	<b>(50,864)</b>

\* Note: The peer group mean has been severity adjusted.

# Physician Change From Prior Period

## Purpose

This scattergram provides a visual summary of changes in ALOS and Cost-per-case for each Physician in the profiled DRG from the previous to the current period.

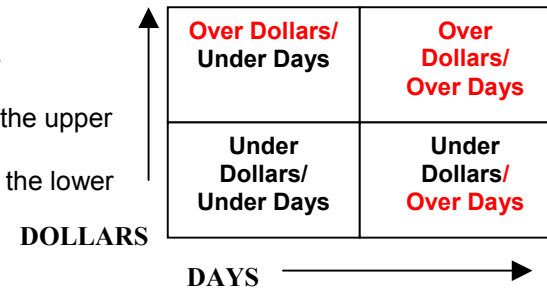
## Use

- The scattergram and table point out change from the prior period and help focus on changes in the physician’s practice patterns.
- Use the Physician Change scattergram in tandem with the Physician Over Mean scattergram. You may want to prioritize your efforts by focusing on Physicians who are significantly over mean *and* whose costs and ALOS are increasing. It also may be valuable to focus on a Physician who’s performing below the mean but whose costs and ALOS are increasing in order to address an issue before it impacts the hospital’s overall performance.
- Negative and positive changes can be analyzed to determine root causes and possible interventions.

## Notes

- The “x” axis plots days while the “y” axis plots dollars. A Physician who has increased in days or dollars over the prior period will show up in **RED**.

- Physicians with days and dollars **OVER** the *prior period* fall into the upper right quadrant.
- Physicians with days and dollars **UNDER** the *prior period* into the lower left quadrant.
- Physicians with dollars **OVER** the *prior period* and days **UNDER** the *prior period* fall into the upper left quadrant.
- Physician’s with dollars **UNDER** the *prior period* and days **OVER** the *prior period* fall into the lower right quadrant.



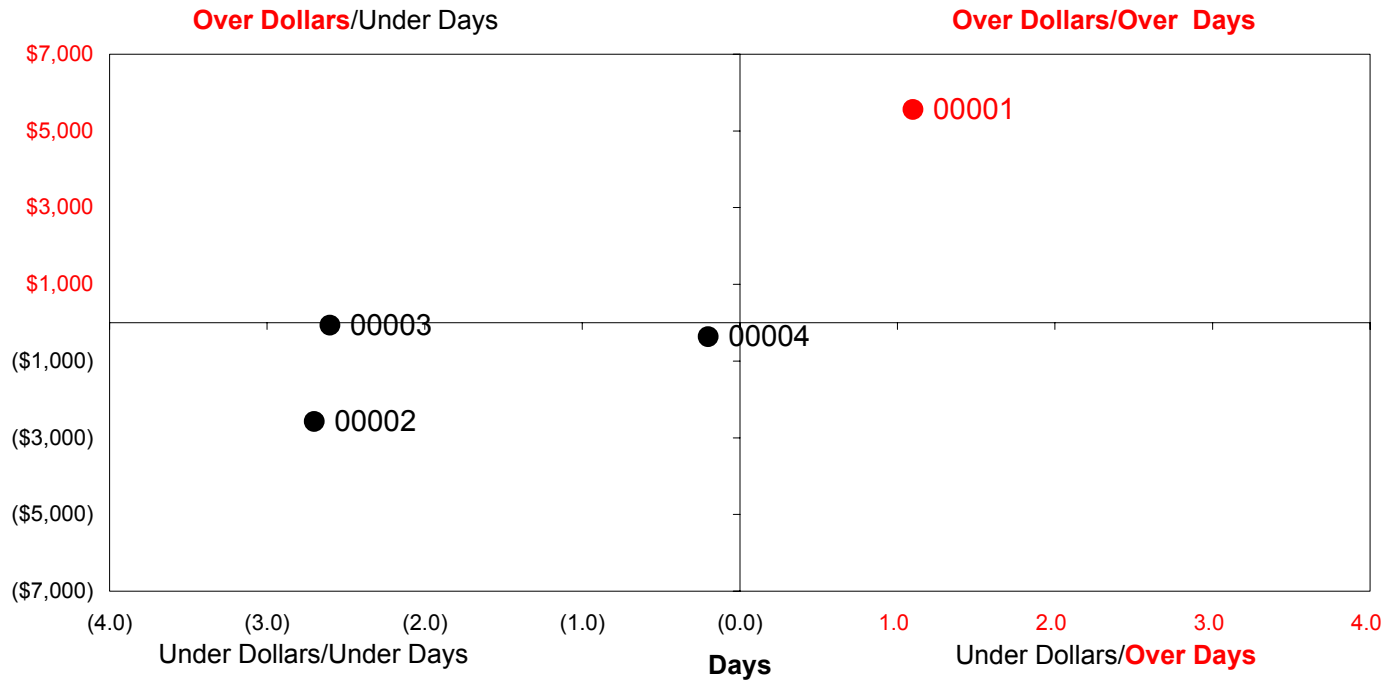
- The table lists the Physician #, Physician name, # of cases, ALOS and Cost-per-case for both the previous and current periods.
- In order to highlight potential opportunities, Days & Dollars over prior period in the table appear in **RED**. Days & Dollars under prior period appear in **(BLACK)** and in parenthesis. (This may differ from familiar financial accounting conventions.)
- Remember that increases in Costs and ALOS can be related to changes in operational costs and hospital process issues as well as to physician practice patterns.
- If this is a newly added DRG (ex. 500’s, 700’s) there will be no graph due to the lack of historical data.

**Physician Change From Prior Period  
DRG 148 - Major Small & Large Bowel Procedures**

Current Period - Jul 02 thru Dec 02

Prior Period - Jan 02 thru Jun 02

**Days/Cost Over/Under Per Case from Prior Period by Physician**



Physician Number		Jan 02 thru Jun 02			Jul 02 thru Dec 02			Difference	
Number	Name	Cases	ALOS	Cost Per Case	Cases	ALOS	Cost Per Case	ALOS	Cost Per Case
00001	Doe, Janice A	41	13.2	\$19,077	16	14.3	\$24,637	1.1	\$5,560
00002	Einstein, Albert A	11	18.2	\$26,407	11	15.5	\$23,826	(2.7)	\$(2,581)
00003	Jackson, Mike	14	15.2	\$22,099	11	12.6	\$22,034	(2.6)	\$(65)
00004	Neis, Cheryl	8	7.6	\$13,668	8	7.4	\$13,299	(0.2)	\$(369)

## Department Change From Prior Period

### Purpose

This graph provides a ranked view of increases and decreases in department costs-per-case from the previous period for eight of the top volume physicians practicing in the profiled DRG.

### Use

- The scattergram and table point out change from the prior period and help focus, at a department level, on changes in the physicians' practice patterns in the profiled DRG.
- Use the Department Change graph in tandem with the Department Over/Under Mean graph. You may want to prioritize your efforts by focusing on Departments that are significantly over mean *and* have increasing costs. It also may be valuable to focus on a Department with rising costs even if those costs are lower than the mean. This kind of approach can help address departmental issues before they impact the hospital's overall performance.
- Negative and positive changes can be analyzed to determine root causes and possible interventions.

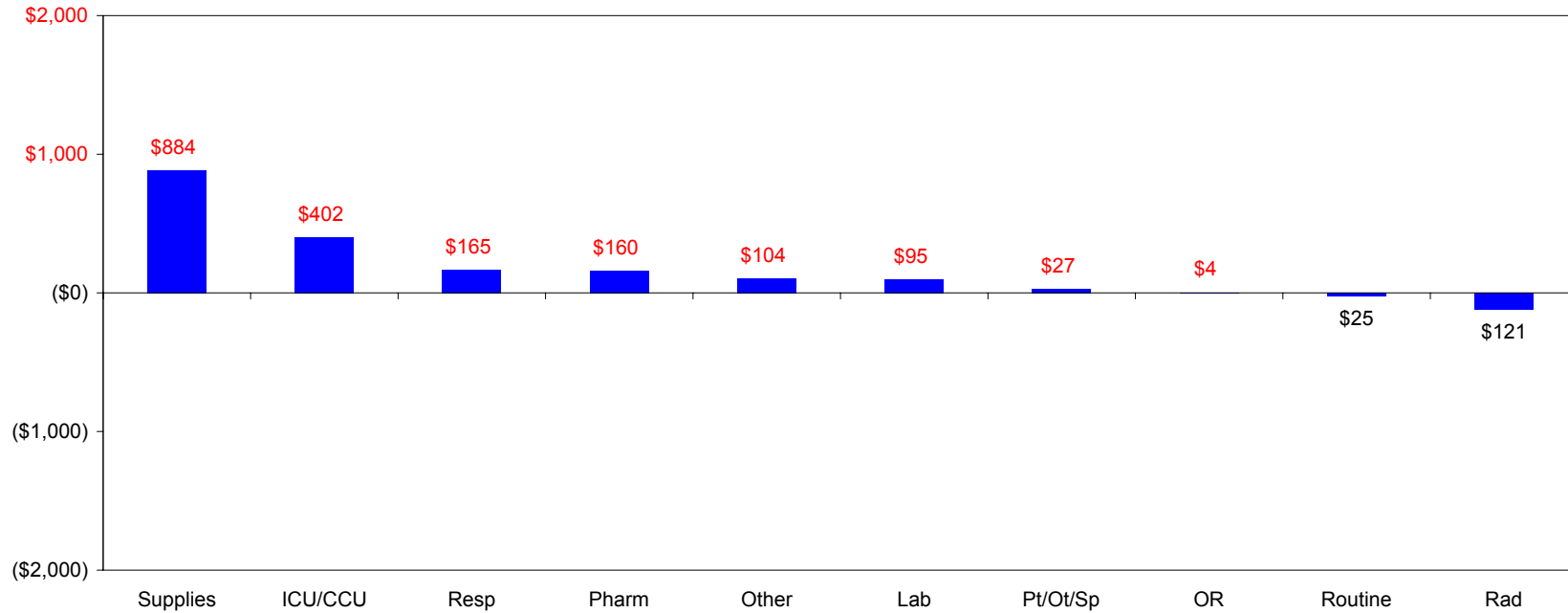
### Notes

- In order to highlight potential opportunities, Department Costs over prior period in the table appear in **RED**. Department Costs under prior period appear in **(BLACK)** and in parenthesis. (This may differ from familiar financial accounting conventions.)
- Only physicians who have cases for the DRG in both periods are shown individually, but all cases are used in the Department Total.
- The table includes the following data for the eight high volume physicians in the profiled DRG: Physician #, Physician Name, # of Cases and Departmental costs-per-case over/under the prior period. If there are more than 8 doctors practicing in the profiled DRG, the table includes an "Other Physician" summary.
- Remember that cost increases can be related to changes in operational costs well as to physician practice patterns.
- If this is a newly added DRG (ex. 500's, 700's) there will be no graph due to the lack of historical data.

### Department Change From Prior Period DRG 148 - Major Small & Large Bowel Procedures

Current Period - Jul 02 thru Dec 02  
Prior Period - Jan 02 thru Jun 02

Per Case Cost Over/Under Prior Period by Department



PHYSICIAN		Cases	Per Case Dollars Over/Under Prior Period									
Number	Name		Supplies	ICU/CCU	Resp	Pharm	Other	Lab	Pt/Ot/Sp	OR	Routine	Rad
<b>DEPARTMENT TOTAL</b>			<b>884</b>	<b>402</b>	<b>165</b>	<b>160</b>	<b>104</b>	<b>95</b>	<b>27</b>	<b>4</b>	<b>(25)</b>	<b>(121)</b>
<b>Physicians with cases in both periods</b>												
00001	Doe, Janice A	16	1,575	2,304	547	942	97	418	126	(149)	(160)	(140)
00002	Einstein, Albert A	11	89	(793)	(314)	(604)	(40)	(506)	(159)	177	205	(637)
00003	Jackson, Mike	11	1,254	(767)	259	98	(91)	(86)	(63)	(595)	(264)	189
00004	Neis, Cheryl	8	218	(1,561)	(263)	(278)	438	(48)	77	146	906	(5)

# Cost, ALOS and Severity Coding by Patient Compared to Mean

## Purpose

These scattergrams illustrate, for eight high volume physicians in the profiled DRG, the severity level of the physicians' individual patients and compare those patients to the Mean for cost-per-case dollars and Average Length of Stay.

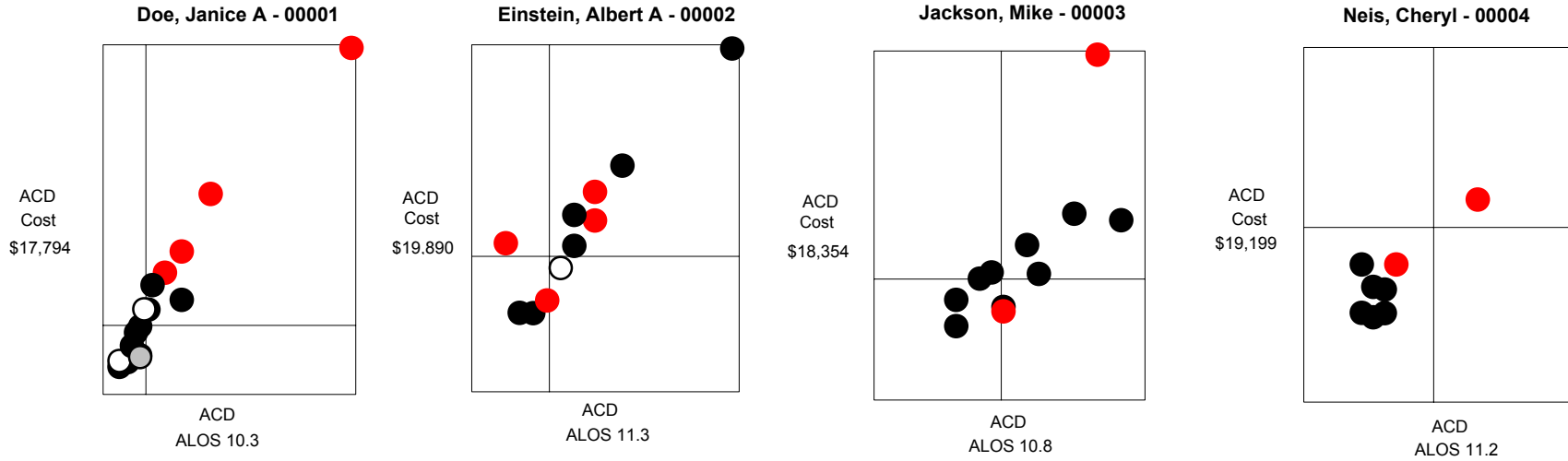
## Use

- Get an at-a-glance picture of practice patterns and severity levels within the profiled DRG.
- Assess whether overall variations from the Mean are common among patients or are being driven by single case anomalies.
- Review the scattergrams to determine if costs and lengths of stay are associated with a specific level of severity.
- Use the scattergrams to help determine whether performance improvement activities in severity documentation and coding may be warranted.

## Notes

- Each scattergram represents one of the DRG's eight high volume Physicians. Each circle represents an individual patient. The circles are color-coded to represent severity levels. A key is provided at the bottom of the page.
- The "x" axis is the Mean ALOS and the "Y" axis is the Mean Cost. The intersecting lines indicate the Mean ALOS and the Mean Cost-per-case for each Physician.
- Each Data Advantage client chooses a comparison group, from which they want to calculate the "Means." The client may choose their own hospital, their hospital system or an external comparison group using Data Advantage's Proprietary All-Payor Database. Regardless of which overall group is selected - each Mean is always severity adjusted to match the individual physician's actual severity levels and severity mix.
- When choosing areas for further focus, assess whether the patients' positions on the scattergram are an actual result of practice pattern or simply single case anomalies.

### Cost, ALOS and Severity Coding by Patient Compared to ACD Mean\* DRG 148 - Major Small & Large Bowel Procedures



Severity Level of Patient

○ Mild - 0    ○ Moderate - 1    ● Severe - 2    ● Catastrophic (surgical and neonates) - 3

\*Note: The peer group mean has been severity adjusted to each physician's unique mix of patients.

# Physician Summary Table

## Purpose

This table provides detailed summary information and per case comparisons for each physician practicing in the profiled DRG.

## Use

- This table provides detailed data on every Physician who has treated one or more hospitalized patients in the profiled DRG within the reporting time period. The data can be used to identify variations in physician practice patterns.
- Use the data in the table to compare a physician's performance within a DRG to both All-payor and Medicare Mean.

## Notes

- Physicians are listed in numeric order by Physician number.
- Physician data over the comparison Mean are highlighted in **RED**.
- All per-case comparison costs are broken down by department. Issues may cluster within a specific department, indicating the need for departmental data review.
- If an issue is unique to one Physician it narrows the focus and eliminates the need to delve into all Physician data.
- Because the Physician Summary Table contains data for every physician practicing in the profiled DRG, it may contain data for Physicians your facility has chosen not to select. If the data in the table points strongly to a non-selected physician – that physician may be a candidate for selection.
- Each Data Advantage client chooses a group of physicians, from which they want to calculate the “Mean.” The client may choose their own hospital, their hospital system or an external comparison group using Data Advantage’s Proprietary All-Payor Database. Regardless of which overall group is selected - each Mean is always severity adjusted to match the individual physician’s actual severity levels and severity mix.
- Blank space in the Medicare rows means none of the physician’s patients in that DRG were Medicare patients.

Physician Summary Table  
DRG 148 - Major Small & Large Bowel Procedures

Physician	Description	Cases	Average Severity	ALOS in Days		Mortality Pct	Readmit Pct	Total Cost (\$)	Room Costs (\$)		Ancillary Department Costs (\$)							
				Total	ICU/CCU				Routine	ICU/CCU	OR	Pharm	Lab	Rad	Resp	Pt/Ot/Sp	Supplies	Other
<b>Einstein, Albert A - 00002</b>																		
	Physician - All Cases	11	2.2	15.5	5.7	9.1%	0.0%	23,826	4,407	4,539	2,044	4,033	1,996	589	284	472	4,983	479
	ACD - All Cases*	1,155	2.2	11.3	3.8	7.3%	0.8%	19,890	3,875	3,613	2,798	3,446	1,240	855	507	188	2,633	734
	Physician - Medicare	8	2.3	12.8	6.6	12.5%	0.0%	20,860	2,751	4,953	2,004	3,010	1,686	415	217	532	4,694	598
	ACD - Medicare*	618	2.3	11.7	5.0	11.5%	0.8%	21,422	3,415	4,691	2,901	3,856	1,351	881	628	233	2,570	896
<b>Jackson, Mike - 00003</b>																		
	Physician - All Cases	11	2.2	12.6	3.3	9.1%	0.0%	22,034	4,151	3,190	2,037	2,742	1,570	1,063	694	361	5,950	275
	ACD - All Cases*	949	2.2	10.8	3.1	4.8%	0.5%	18,354	4,021	2,891	2,755	3,040	1,129	808	406	173	2,494	637
	Physician - Medicare	6	2.2	12.8	4.7	16.7%	0.0%	23,806	3,676	4,807	1,782	3,048	1,848	1,111	1,089	347	5,733	364
	ACD - Medicare*	539	2.2	10.7	3.5	5.8%	0.3%	18,155	3,636	3,313	2,787	2,895	1,122	795	435	221	2,258	694
<b>Neis, Cheryl - 00004</b>																		
	Physician - All Cases	8	2.3	7.4	0.8	0.0%	0.0%	13,299	2,939	773	1,685	1,359	848	321	225	120	4,468	562
	ACD - All Cases*	952	2.3	11.2	3.4	5.9%	0.6%	19,199	4,005	3,235	2,773	3,245	1,195	847	451	186	2,580	682
	Physician - Medicare	6	2.3	8.0	0.3	0.0%	0.0%	13,662	3,403	343	1,904	1,324	827	230	274	160	4,775	421
	ACD - Medicare*	539	2.3	11.5	4.4	9.0%	0.5%	20,228	3,569	4,160	2,830	3,467	1,281	875	544	241	2,447	816
<b>Doe, Janice A - 00001</b>																		
	Physician - All Cases	16	1.8	14.3	5.2	6.3%	6.3%	24,637	3,948	5,157	1,164	4,130	1,721	540	908	408	6,329	333
	ACD - All Cases*	1,227	1.8	10.3	3.0	5.3%	0.4%	17,794	3,836	2,827	2,787	2,951	1,069	730	402	153	2,433	607
	Physician - Medicare	11	2.0	16.0	6.0	0.0%	0.0%	27,228	4,372	5,909	1,169	5,043	1,875	580	936	505	6,499	340
	ACD - Medicare*	645	2.0	10.6	3.7	7.4%	0.4%	18,288	3,504	3,443	2,833	3,011	1,120	755	457	199	2,256	711
Hospital	All Cases	46	2.1	13.0	4.1	6.5%	2.2%	21,849	3,931	3,776	1,674	3,293	1,599	639	589	362	5,593	394
	Medicare	31	2.2	13.0	4.8	6.5%	0.0%	22,296	3,631	4,372	1,646	3,413	1,618	572	652	415	5,551	427
Medicare - FFY 2001	Hospital	91	2.2	13.3	7.7	4.4%	N/A	19,019	2,432	5,152	1,608	3,208	1,534	654	497	215	3,369	349
	MSA	598	2.1	12.1	4.7	9.0%	N/A	18,804	3,200	3,985	2,183	3,218	1,223	772	418	244	2,846	716
	State	1,965	2.0	10.7	2.9	6.4%	N/A	16,018	4,030	2,715	2,227	2,138	1,129	636	332	202	2,057	551

\*Note: The peer group mean has been severity adjusted to each physician's unique mix of patients.