

CENTER FOR HEALTH
INFORMATION AND ANALYSIS

MASSACHUSETTS HOSPITAL PROFILES

CHARTBOOK

DATA THROUGH FISCAL YEAR 2013

JANUARY 2015



center
for health
information
and analysis

Number of Massachusetts Hospitals by System Affiliation and Profit Status

- 66% of hospitals are in multi-hospital systems.
- 36% of hospitals are for-profit hospitals.

Category	Acute Non-Profit or Public	Acute For-Profit	Non-Acute Non-Profit	Non-Acute For-Profit	TOTAL
Multi-Hospital System	31	14	5	12	63
Individual Hospitals	23	0	2	8	32
TOTAL	54	14	7	20	95

Top Discharges Statewide (by Diagnostic Group)

Maternity and delivery cases were the most common reasons for inpatient admissions in FY2013.

Rank	DRG	Description	Discharges*	% Total Discharges
1	540, 560 and 640	Delivery DRG	132,468	16%
2	720	Septicemia & Disseminated Infections	22,074	3%
3	194	Heart Failure	21,207	3%
4	139	Other Pneumonia	20,688	3%
5	140	Chronic Obstructive Pulmonary Disease	18,222	2%
6	302	Knee Joint Replacement	15,768	2%
7	383	Cellulitis & Other Bacterial Skin Infections	14,246	2%
8	201	Cardiac Arrhythmia & Conduction Disorders	14,104	2%
9	753	Bipolar Disorders	12,881	2%
10	463	Kidney & Urinary Tract Infections	12,519	2%
		All other cases	521,367	65%
		TOTAL DISCHARGES	805,544	100%

Data Source: Hospital Discharge Database (HDD)

Note: Total discharges reported by hospitals in the HDD may vary from total discharges reported by hospitals in the Hospital 403 Cost Reports. See Technical Appendix for more information.

* Discharge data does not include the acute care Kindred Hospitals as HDD data was not available for these hospitals. Shriners Hospitals for Children were also not included.

Median Occupancy Rates by Cohort

Median occupancy rates increased for all cohorts from FY2012 to FY2013.

Cohort	FY2012 Occupancy Rate	FY2013 Occupancy Rate
Academic Medical Center	83%	84%
Teaching	68%	71%
Community	63%	64%
Community-DSH	63%	64%
Specialty*	67%	69%

Data Source: Hospital 403 Cost Reports

* Shriners Hospitals for Children were not included in this analysis.

Discharges by Cohort

- Total hospital discharges declined nearly 6% from FY2009 to FY2013.
- Discharges declined in every cohort from FY2009 to FY2013.

Cohort	Number of Hospitals	FY2009 Discharges	FY2012 Discharges	FY2013 Discharges	Percent of Statewide Discharges	% Change FY2009 to FY2013	% Change FY2012 to FY2013
Academic Medical Centers	6	240,813	231,506	224,757	28%	-6.7%	-2.9%
Teaching	9	149,383	146,702	144,473	18%	-3.3%	-1.5%
Community	18	206,289	200,629	191,842	24%	-7.0%	-4.4%
Community-DSH	27	237,159	232,932	225,433	28%	-4.9%	-3.2%
Specialty*	6	28,579	26,888	26,405	3%	-7.6%	-1.8%
TOTAL STATEWIDE	66**	862,223	838,657	812,910	100%	-5.7%	-3.1%

Data Source: Hospital 403 Cost Reports

Note: Total discharges reported by hospitals in the Hospital 403 Cost Reports may vary from total discharges reported by hospitals in the Hospital Discharge Database (HDD). See Technical Appendix for more information.

* Shriners Hospitals for Children were not included in this analysis.

** In FY2013, there were 66 hospitals included. In FY2009, there were 67 hospitals (Saints Medical Center was a separate hospital in FY2009, but merged with Lowell General Hospital in FY2012).

Change in Outpatient Visits, by Cohort

Outpatient visits increased in all cohorts except Community-DSH from FY2009 to FY2013.

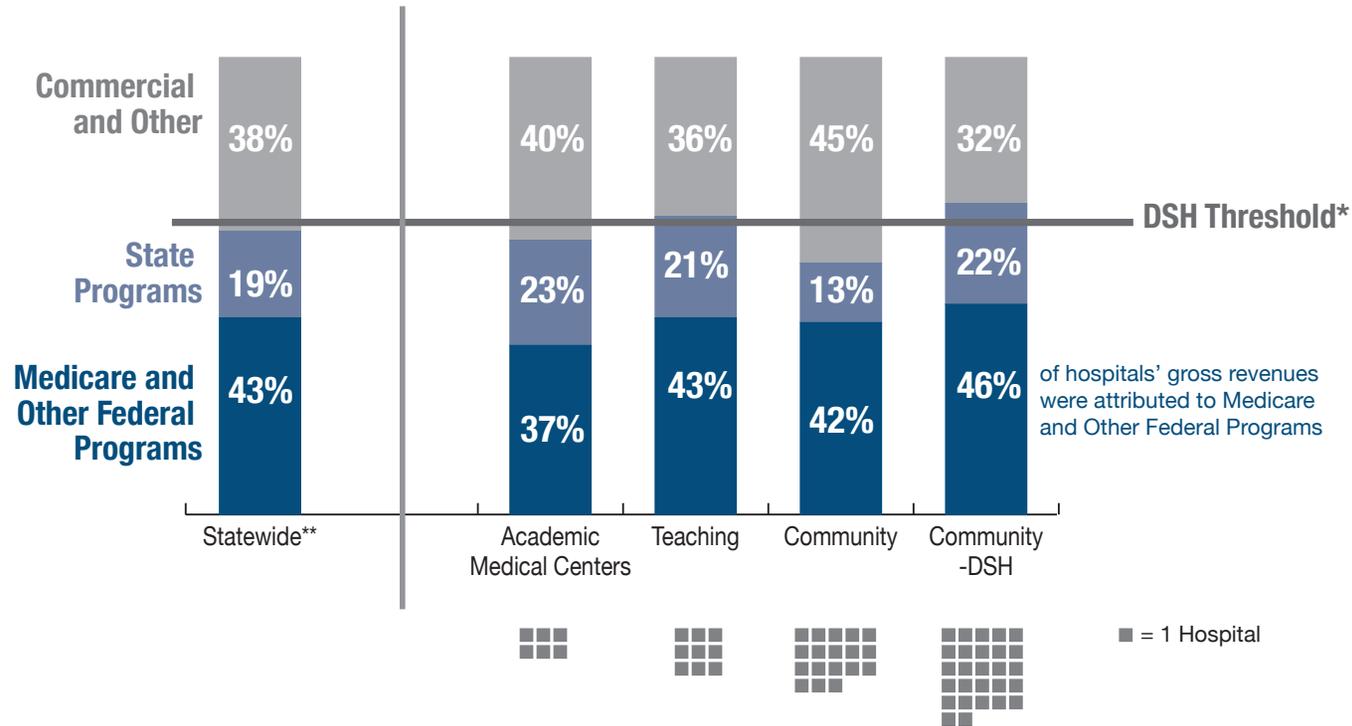
Cohort	Median Change in Outpatient Visits – Cumulative From FY2009			
	FY2009-FY2010	FY2009-FY2011	FY2009-FY2012	FY2009-FY2013
Academic Medical Center	1.4%	3.2%	6.2%	4.7%
Teaching	-3.4%	-2.1%	2.5%	2.2%
Community	0.8%	0.6%	-2.7%	4.0%
Community-DSH	-1.2%	-1.3%	-0.7%	-3.1%
Speciality*	1.9%	3.1%	9.6%	10.1%
TOTAL STATEWIDE	0.6%	-0.5%	2.5%	-0.1%

Data Source: Hospital 403 Cost Reports

* Shriners Hospitals for Children were not included in this analysis.

FY2013 Payer Mix

Community-DSH and teaching hospitals have the highest share of public payer mix.



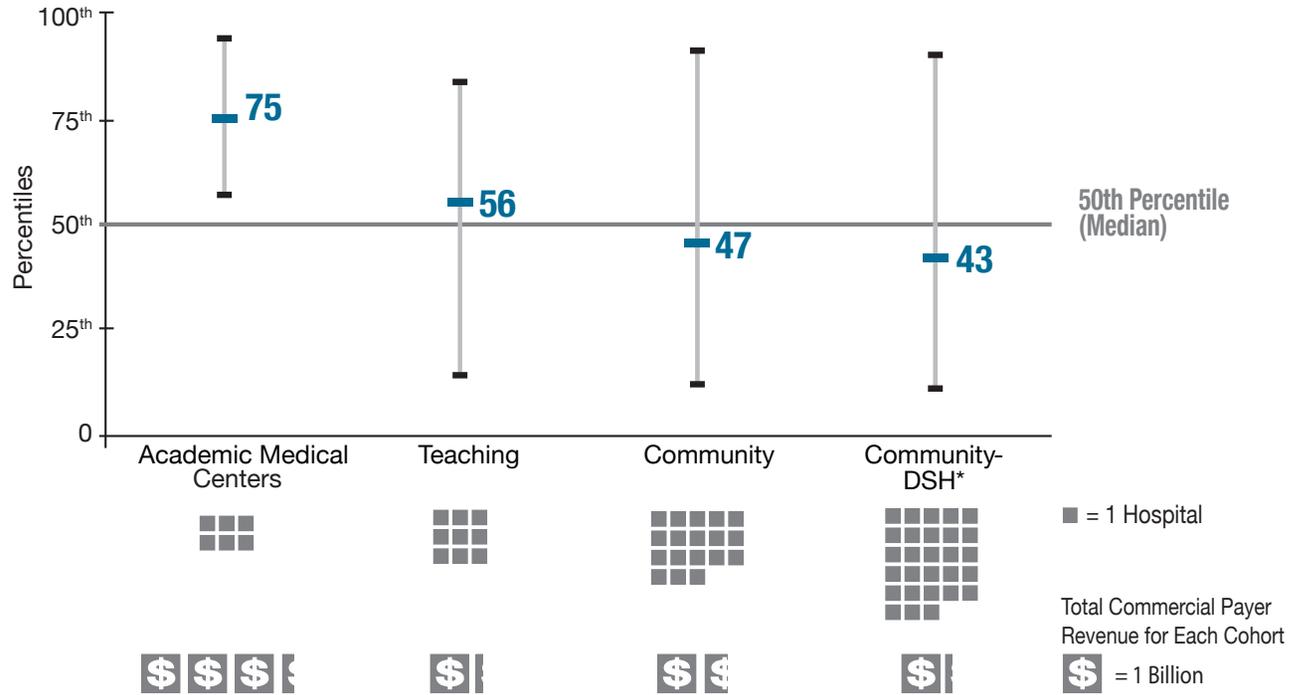
Data Source: Hospital 403 Cost Reports

* Hospitals have DSH status if they have 63% or more of gross revenues (GPSR) attributable to Medicare, Medicaid, and other government payers, including Commonwealth Care and the Health Safety Net.

** Statewide excludes Specialty hospitals.

Acute Hospital Blended Composite Relative Price Percentile, by Hospital Cohort, CY2013

Academic medical centers, on average, had prices well above the median in CY2013.



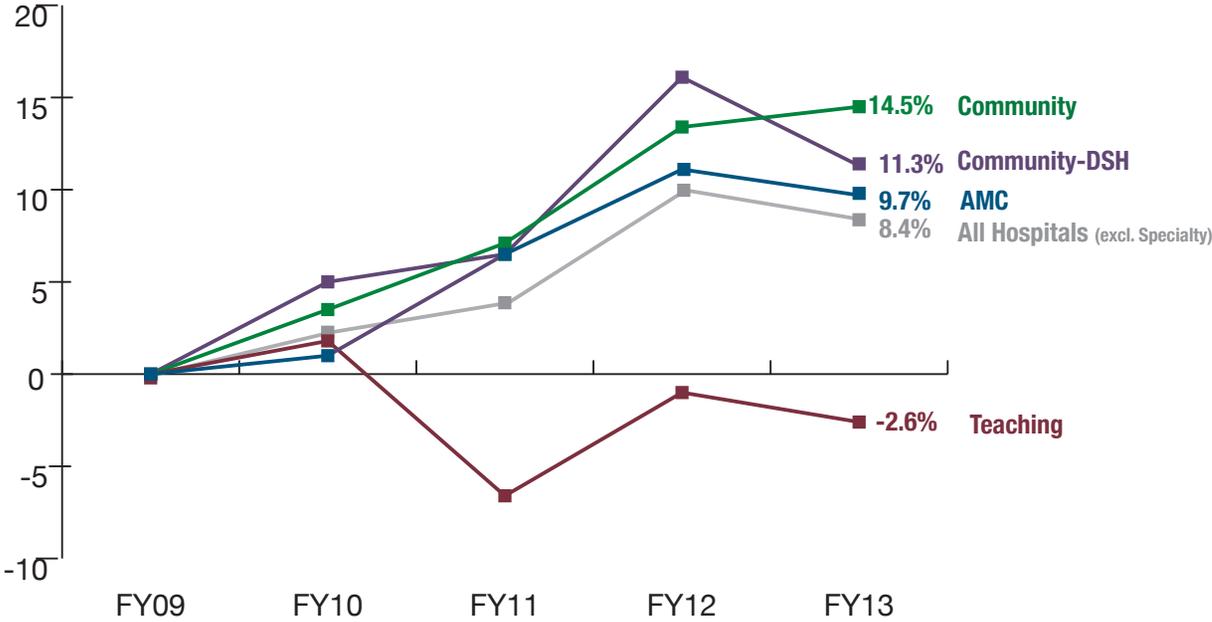
Data Source: Payer data reported in accordance with 957 CMR 2.00

Note: Commercial payer relative price levels represent the range and average of the cohort hospitals' blended composite relative price levels, expressed as percentiles, for all Massachusetts payers in Calendar Year 2013.

* The Community-DSH cohort includes Saints Medical Center, which merged with Lowell General Hospital in 2012; some commercial payers continued to report price data for Saints Medical Center separately in 2013.

Growth in Inpatient Revenue per CMAD, FY2009 - FY2013

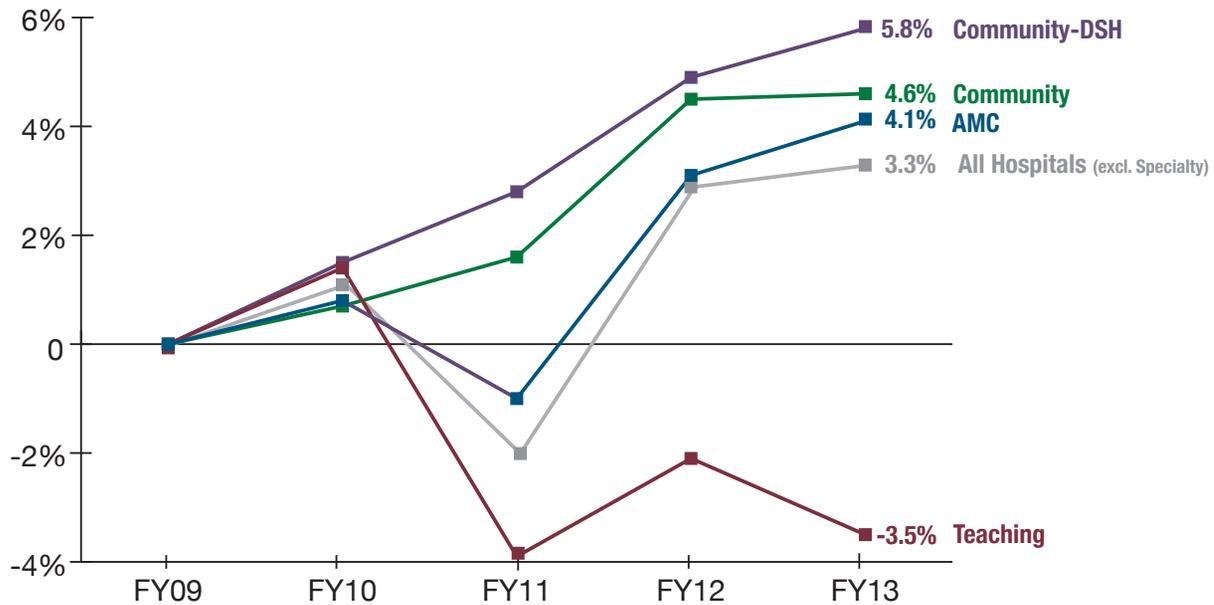
Community hospitals had the highest growth in inpatient revenue per case mix-adjusted discharge (CMAD) from FY2009 to FY2013 of 14.5%, while teaching hospitals experienced a decline of nearly 3%.



Data Source: Hospital 403 Cost Reports

Growth in Inpatient Adjusted Cost per CMAD, FY2009 - FY2013

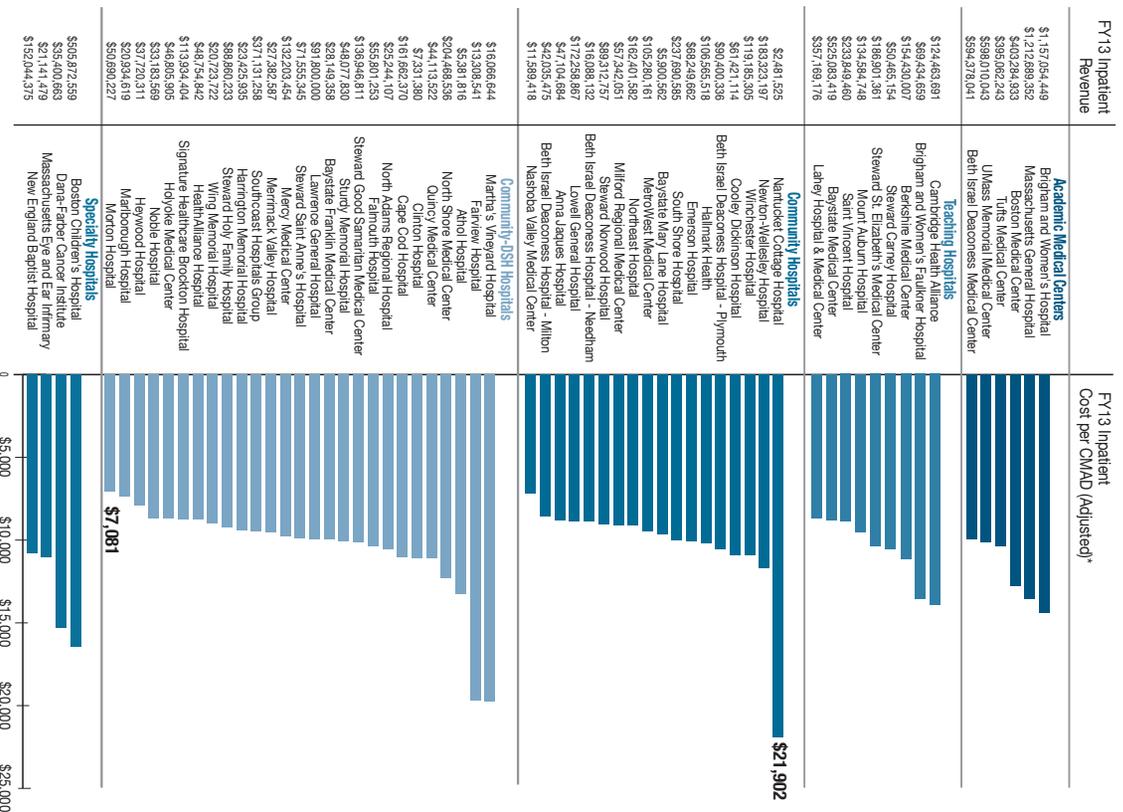
Community-DSH hospitals had the highest growth in inpatient adjusted cost per case mix-adjusted discharge (CMAD) from FY2009 to FY2013 of 5.8%, while teaching hospitals experienced a decline of 3.5%.



Data Source: Cost and discharge data were sourced from the Hospital 403 Cost Reports. Case mix data was sourced from the Hospital Discharge Database.

FY2013 Adjusted Cost per CMAD

- Among non-specialty cohorts, academic medical centers had the highest average adjusted* cost per case mix-adjusted discharge (CMAD), 13% higher than the statewide average.
- Many rural hospitals had higher adjusted costs per CMAD, primarily due to their low patient volume and remote locations.



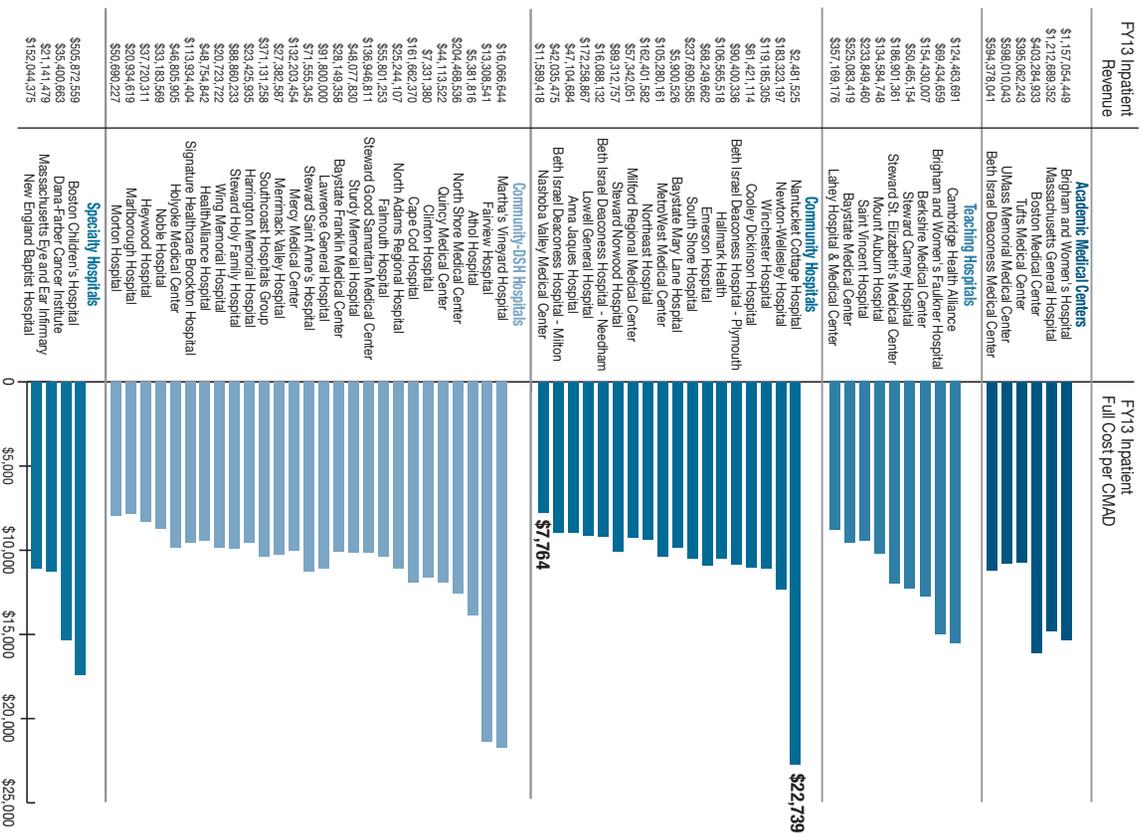
Data Source: Cost and discharge data were sourced from the Hospital 403 Cost Reports. Case mix data was sourced from the Hospital Discharge Database.

Note: The acute care Kindred Hospitals were not included in this analysis, as case mix data was not available for these hospitals. Shriners Hospitals for Children were also not included.

* Costs were adjusted to exclude direct medical education costs and physician compensation costs. Inpatient costs can vary among hospitals depending on a number of factors, including these cost categories. Adjusting for these cost categories facilitates better comparison between hospitals that have these costs and those that do not. Excluding these costs, however, does not reveal the true cost for inpatient care, which may be higher for hospitals with medical education costs and physician compensation costs. For more information on these cost categories, see Databook.

FY2013 Full Cost per CMAD

- Full inpatient costs per case mix-adjusted discharge (CMAD) vary widely among hospitals, even within cohorts. Among teaching hospitals, for example, there was a 76% difference between the highest and the lowest cost per CMAD in FY2013.
- Academic medical centers and teaching hospitals have higher than average full costs per CMAD, in part due to the costs of their medical residency programs.

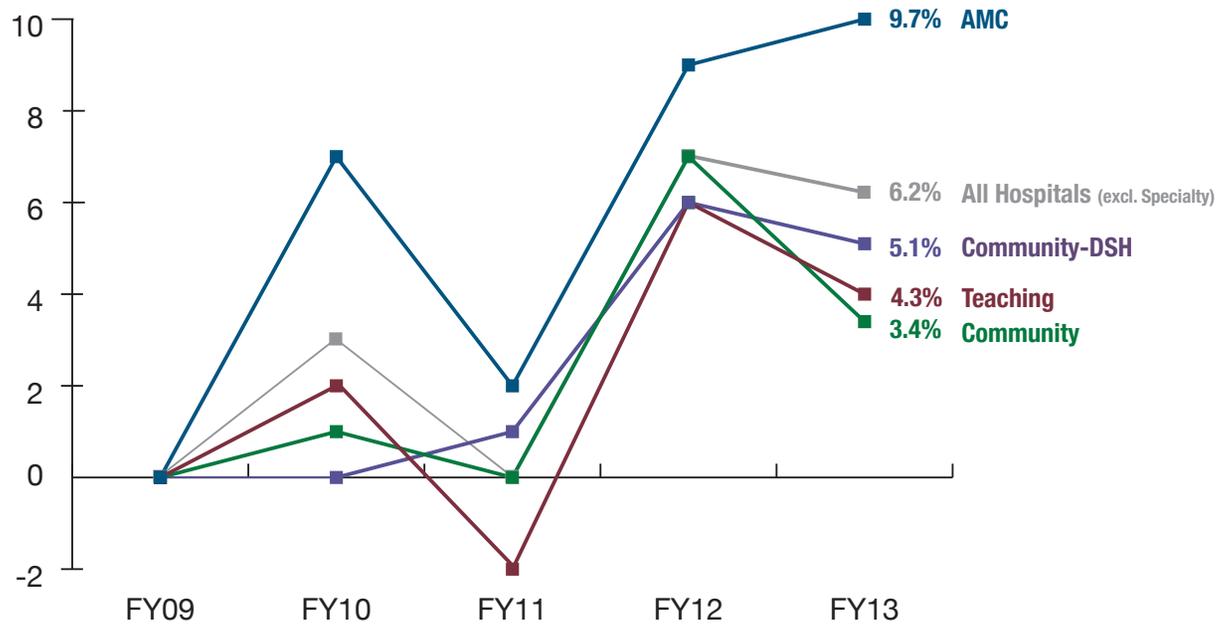


Data Source: Cost and discharge data were sourced from the Hospital 403 Cost Reports. Case mix data was sourced from the Hospital Discharge Database.

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Growth in Outpatient Revenue, FY2009 - FY2013

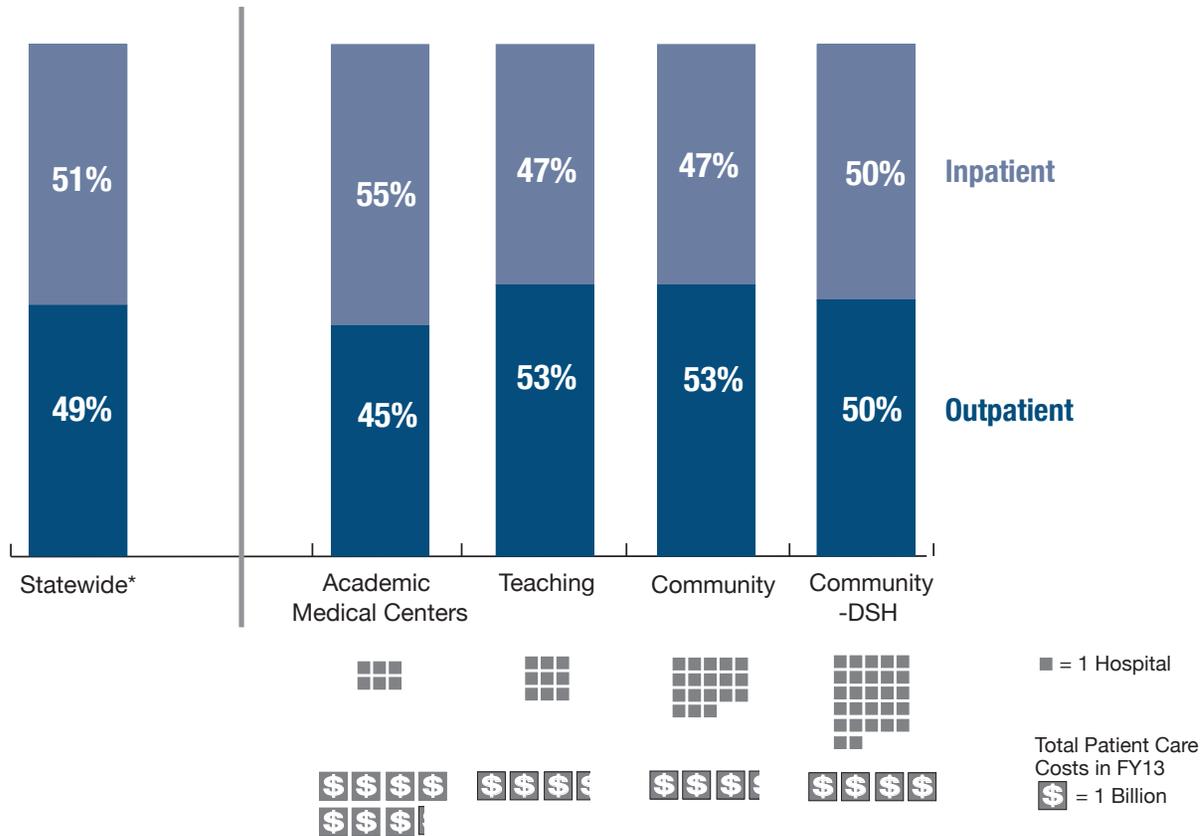
AMCs had the highest growth in outpatient revenue from FY2009 to FY2013.



Data Source: Hospital 403 Cost Reports

Proportion of Inpatient and Outpatient Costs by Cohort, FY2013

In FY2013, academic medical centers had a greater share of their total costs attributable to inpatient care.

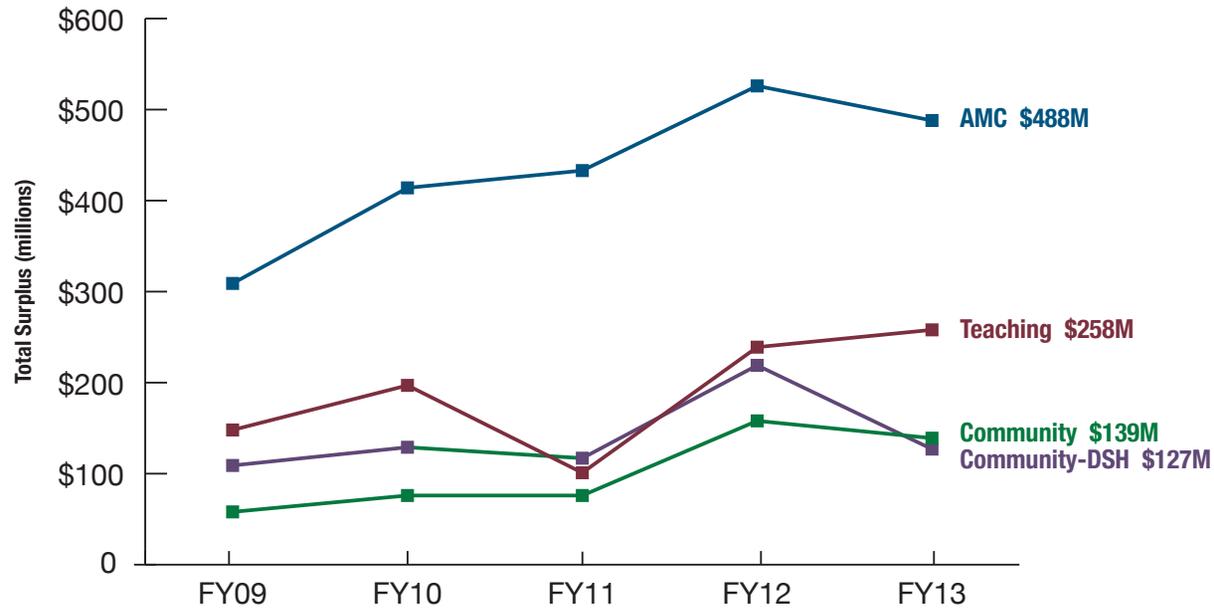


Data Source: Hospital 403 Cost Reports

* Statewide excludes Specialty Hospitals

Surplus by Cohort

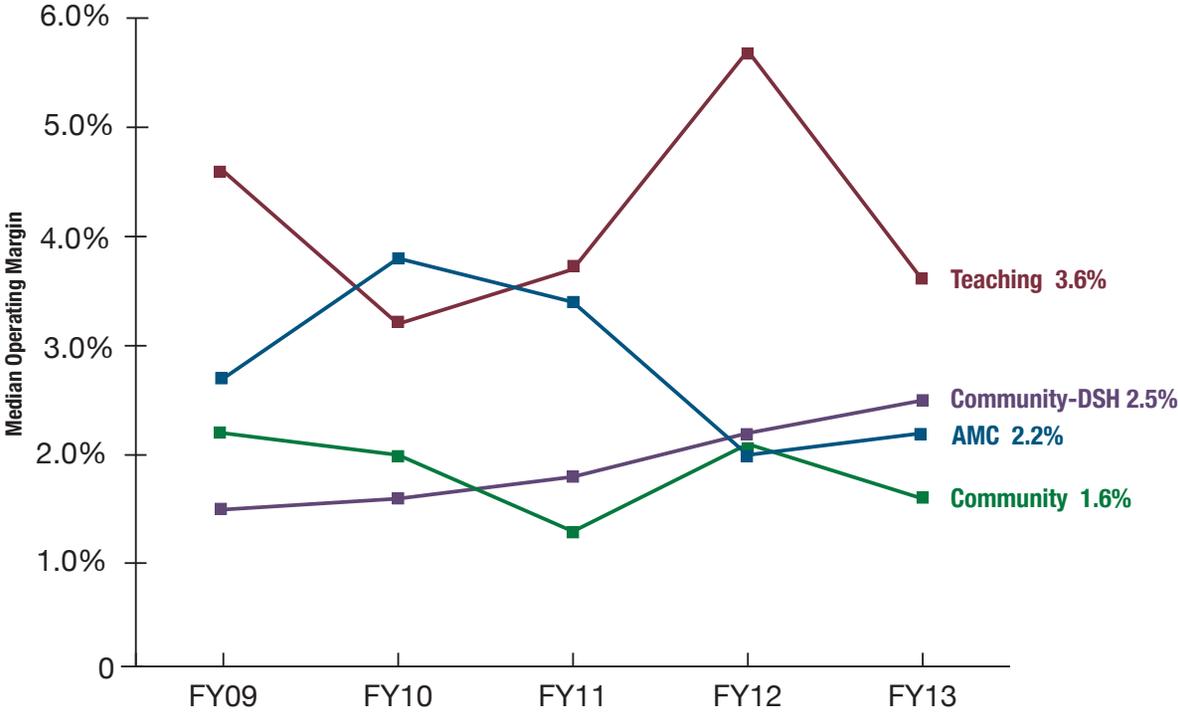
AMCs collectively had the largest surplus in absolute dollars every year from FY2009 to FY2013.



Data Source: Hospital Standardized Financial Statements

Growth in Median Operating Margin, FY2009-FY2013

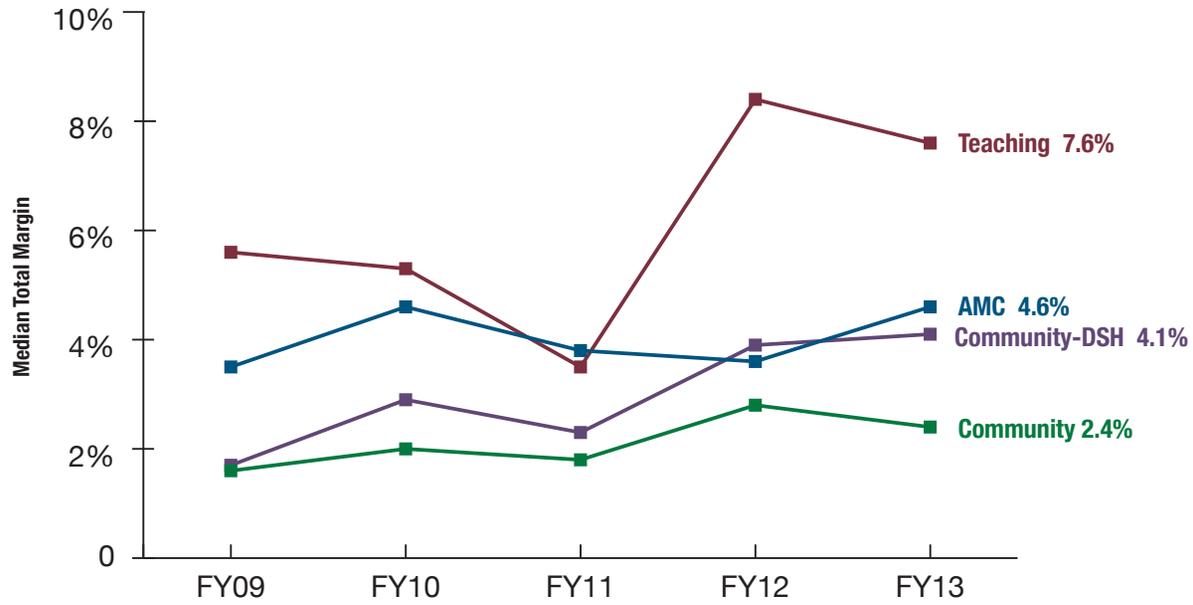
All cohorts have had positive median operating margins since FY2009. Teaching hospitals tended to have the highest median operating margin over this period, including a 3.6% margin in FY2013.



Data Source: Hospital Standardized Financial Statements

Growth in Median Total Margin

Teaching hospitals had the highest total margin in FY2013, at 7.6%.



Data Source: Hospital Standardized Financial Statements