Hospital Quality & Pay-for Performance: The View from the Lily Pad

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Populating the Pond

Leapfrog represents..

- More than 170 large health care purchasers (employers)
- More than 37 million Americans
- More than $67 billion in health care expenditures

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Leapfrog's Mission

Trigger giant leaps forward in the safety, quality and affordability of health care by:

- Supporting informed health care decisions by those who use and pay for health care
- Promoting high-value health care through incentives and rewards

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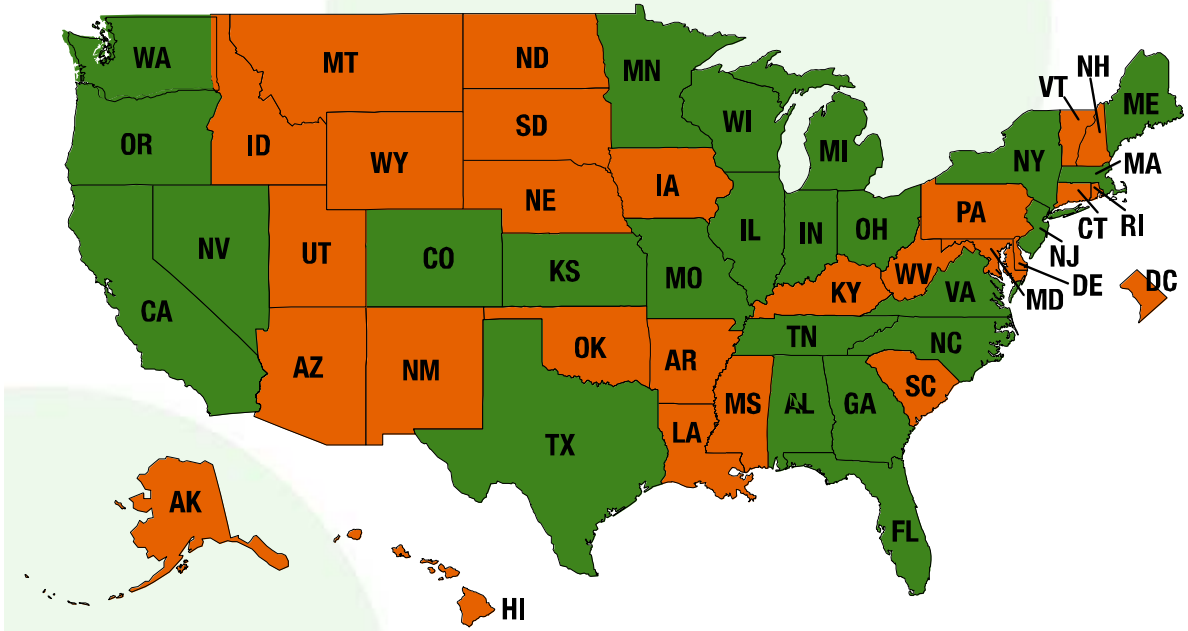
"Health Care is Local": Leapfrog is a National Model w/ a Regional Approach to Change



- 28 Regional Roll-Outs (RROs) (in green)
- Most RROs defined by Metropolitan Statistical Area (MSA); some are statewide
- 21/28 coalition-led
- Other 7 led by large Fortune 500 companies
- Responsible for increasing survey participation and leap-implementation

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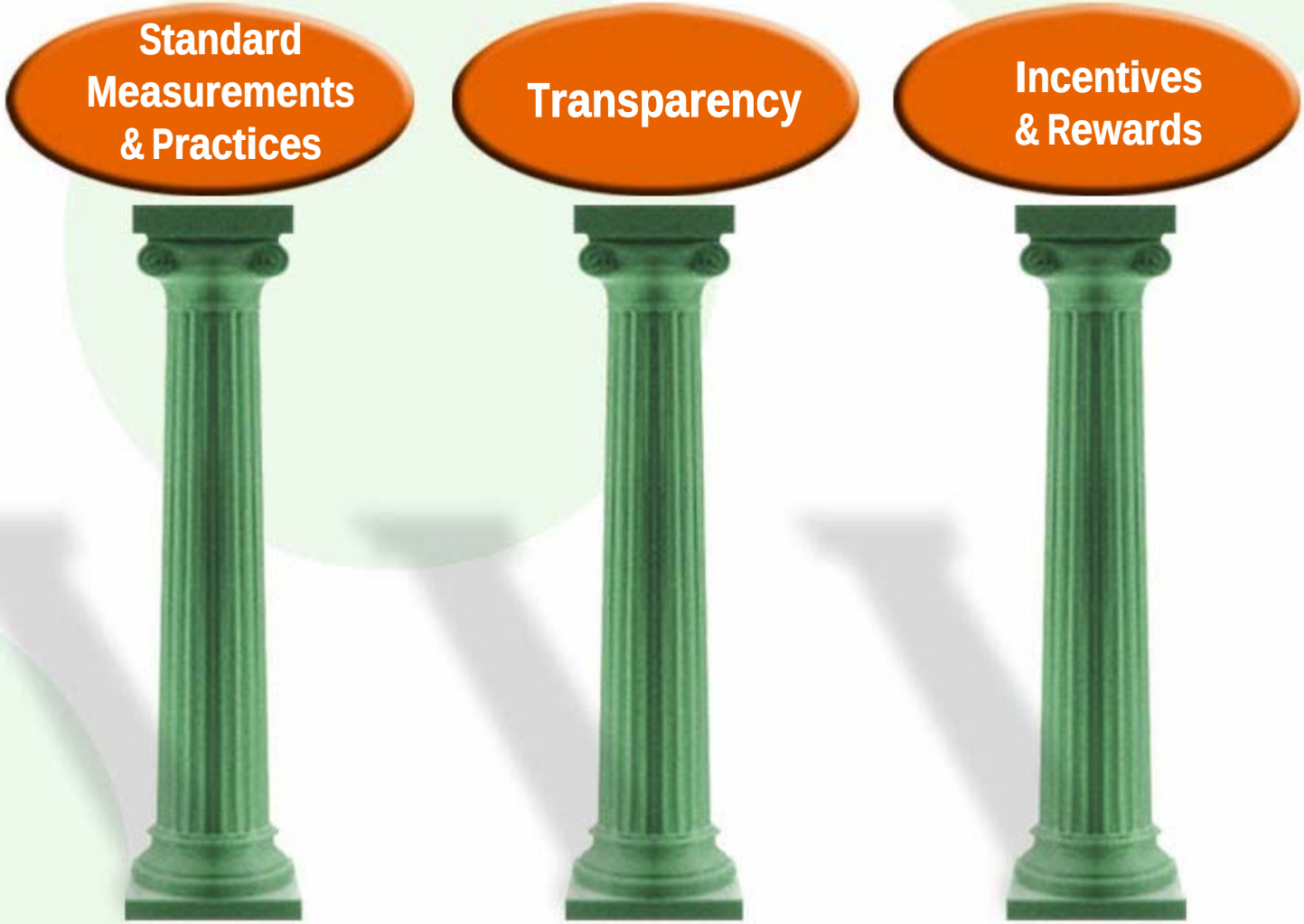
Pillars of Value-based Healthcare Purchasing



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Initial Safety 'Leap' Summary: All 'Leaps' are NQF-Endorsed

1. An Rx for Rx
   - Computer Physician Order Entry (CPOE)
     - Up to 8 in 10 serious drug errors prevented
2. Sick People Need Special Care
   - ICU Daytime Staffing with CCM Trained M.D. live or via tele-monitoring, or risk-adjusted outcomes comparison (IPS)
     - 29% mortality reduction (JAMA, 11/02)

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Initial Safety 'Leap' Summary: All 'Leaps' are NQF-Endorsed

3. <u>The Best of the Best</u>
   - Evidence-based Hospital Referral (EHR) *or* risk-adjusted outcomes comparison
     - > 30% mortality reduction for 7 complex treatments
4. <u>Leapfrog Quality Index</u>
   - Rolled-up score of the remaining 27 of the 30 NQF-endorsed Safe Practices

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Leapfrog's Hospital Quality and Safety Survey Display

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Leapfrog Hospital Survey Results

Search Results
Below are the results of your search. Click on the "leaps" and the circles for more details.

Survey Info | Scoring Info | Start Over

Click to Compare	Hospital Name	City	Leap1	Leap2	Leap3						Leap4	Results Submitted
			CPOE	ICU	High Risk Treatments						Quality Index	
					Coronary Artery Bypass	Percutaneous Coronary Intervention	Abdominal Aortic Aneurysm Repair	Esophagectomy	Pancreatic Resection	High Risk Deliveries & Neonatal ICUs		
☐	Hospital Name	City, State										6/29/2004
☐	Hospital Name	City, State										6/23/2004
☐	Hospital Name	City, State								NA		6/24/2004
☐	Hospital Name	City, State										8/27/2004
☐	Hospital Name	City, State										7/08/2004

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Quality and Safety Survey Results

	July 2002	July 2005
# of RROs	18	28
# of participating hospitals	493	1,003
CPOE	4.9%*	5.5%*
ICU Staffing	16.2%*	22.3%*

*Percent of responding hospitals that fully meet standard

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Putting the Money Where Our Mouth Is- Working Markets Must Reward Quality and Efficiency

Leapfrog's 2-pronged approach to increase payer engagement in incentives and rewards

#1 To disseminate incentive and reward best practices and encourage employers and health plans to adopt them

#2 To develop own turn-key incentive and reward solutions and accelerate adoption

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Prong #1: Disseminate and Foster Employer and Health Plan Incentive and Reward Best Practices

- Collect and disseminate information on leading-edge quality incentive and reward programs
  - Leapfrog's Incentive and Reward Compendium: http://ir.leapfroggroup.org/compendium/
  - 90 programs (1 out of 4 include Leapfrog measures)
  - Good and bad news: lots of programs but no clear signal for health care providers

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Leapfrog's Incentive and Reward Pilots

Pilot	Location	Measures	Type of Incentive	Stage
GE, Verizon, Hannaford Brothers (2003)	Albany, NY	Leapfrog, JCAHO, Efficiency	Bonus and Benefit Differential (LFHRP)	Development
Boeing (2003)	Nationwide	Leapfrog	Benefit Differential	Implementation
Maine Health Management Coalition (2003)	ME	Leapfrog, JCAHO, NQF, Efficiency, Patient Satisfaction	Bonus	Development
Healthcare21 (2003)	Eastern TN	Leapfrog	Benefit Differential	Development
Buyers Health Care Action Group (2004)	MN	NBCH- eValue8, Leapfrog Opportunity Rate	Public Disclosure	Implementation
Blue Shield of California (2004)	California	Leapfrog, Other Clinical, Patient Satisfaction, Efficiency	Provider Tiering/ Benefit Differential	Implementation

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Prong #2: Develop Own Turnkey Solutions

- **Leapfrog's Hospital Rewards Program™ (LHRP):** *A National Incentive and Reward Program*
  - Currently available for implementation by health plans, purchasers and coalitions
  - Adapts CMS-Premier demonstration program for the commercial sector
  - Focuses on performance improvement in both effectiveness and efficiency in 5 important clinical areas (see next slide)
  - Hospitals can participate with minimal additional reporting- builds on & reinforces existing initiatives: Leapfrog and JCAHO
  - Rewards both top performers and sustained improvers
  - Additional hospital performance data for purchasers & consumers
  - Besides potential rewards in the form of public recognition, direct dollars, or patients, hospitals receive benchmarking data for their participation

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Focused Clinical Areas Were Chosen to Maximize Commercial Employer Impact

- 20% of commercial inpatient spending
- 33% of commercial inpatient admissions

Top 10 Clinical Focus Groups Ranked by Potential Opportunity for Savings	Total Potential Opportunity [1]	Total Payments [2]	NQF-approved measures?
CORONARY ARTERY BYPASS GRAFT	**$62,666,869**	**$691,772,784**	**Yes**
PERCUTANEOUS CORONARY INTERVENTION	**$58,157,873**	**$717,954,275**	**Yes**
ACUTE MYOCARDIAL INFARCTION	**$53,616,015**	**$607,227,166**	**Yes**
COLON SURGERY	$38,389,673	$396,004,245	
HEART FAILURE	$34,983,226	$224,919,006	
COMMUNITY ACQUIRED PNEUMONIA	**$29,536,322**	**$355,686,956**	**Yes**
OTHER CARDIAC SURGERY	$25,767,191	$211,578,764	
PREGNANCY AND NEWBORNS	**$23,368,721**	**$1,781,273,763**	**Yes**
VASCULAR SURGERY	$16,412,194	$133,287,531	
SPINE - OTHER	$12,925,843	$422,595,301	

[1] Total Payments x Readmission Rate

[2] Premier Commercial Payment data (10/2001 - 9/2002)

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Five clinical areas with nationally standardized and collected measures

	JCAHO	EHR (Leapfrog Survey)	CPOE (Leapfrog Survey)	IPS (Leapfrog Survey)	NQF-Safe Practices (Leapfrog Survey)
CABG	✓	✓	✓	✓	✓
AMI	✓	✓	✓	✓	✓
PCI		✓	✓	✓	✓
CAP	✓		✓	✓	✓
Delivery / Newborn	✓	✓	✓		✓

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Efficiency measure

- **Resource-based measure of efficiency:**
  - Average actual LOS / case, broken down by routine care days and specialty care days
  - Severity adjusted based on risk factors
  - Re-admission rate to same hospital, by clinical condition, within 14 days
  - Potential to marry resource-based measure of efficiency with payment data from own experience

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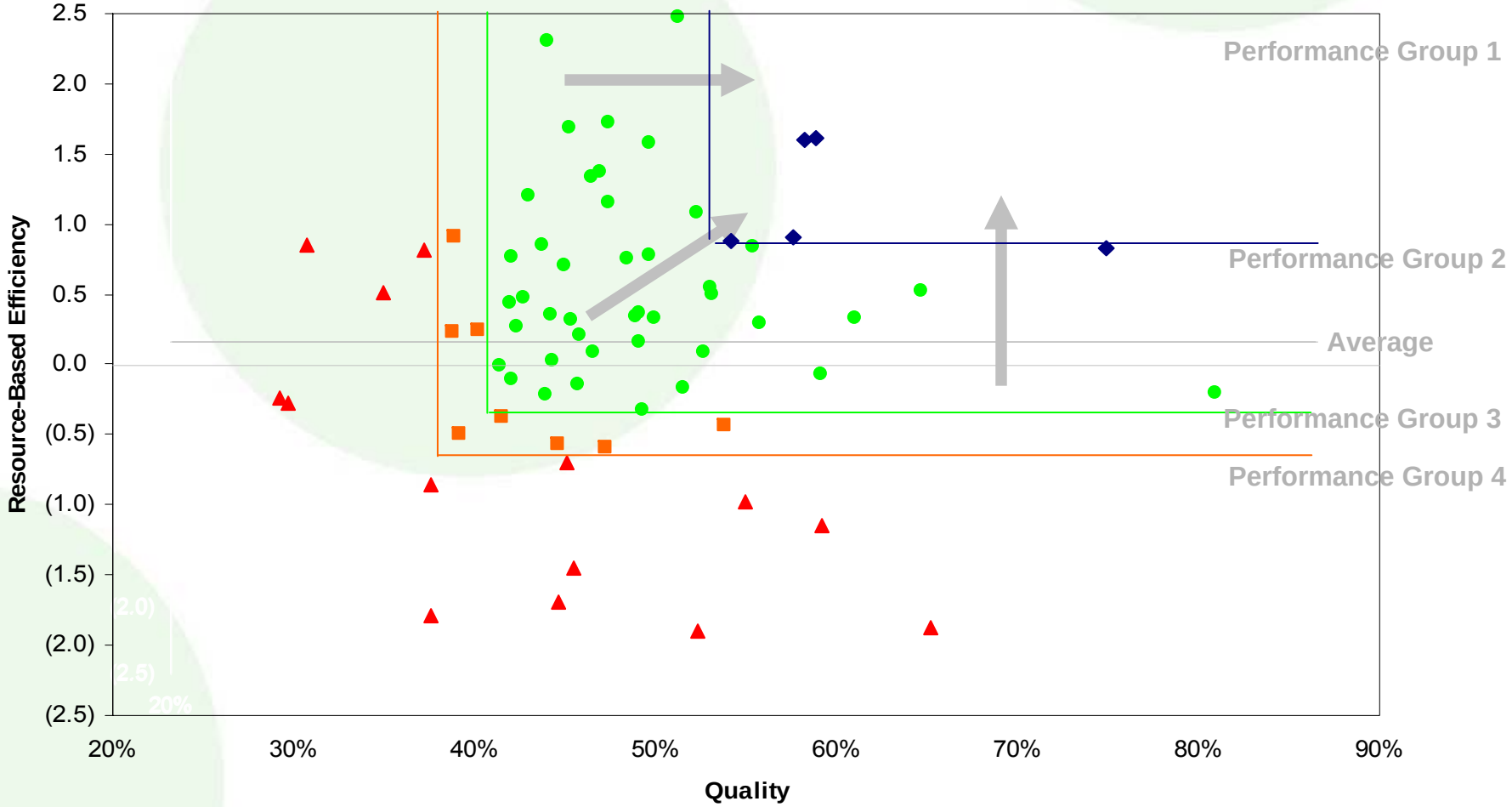
Hospitals Arrayed in Four Performance Groups
Quality + Efficiency



Example: Pneumonia

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Savings Opportunity

- LHRP scoring methodology was applied to national Premier Hospital commercial payment data
- Potential yield demonstrated if hospitals improve to be in the LHRP Top Performance Group
- Results are reasonably consistent across all five LHRP conditions:
  - 5-8% of hospitals fall into top performance group; average payments 25% to 35% lower than Grand Mean
  - The majority of hospitals (50% - 65%) fall into performance group 2; average payments 10%[1] lower than Grand Mean
  - 25% to 30% of hospitals are in performance group 4 – greatest opportunity for improvement

[1] 20% lower for PCI

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How is the Program Implemented?

- Publicly available data for purchasers and consumers:
  - Overall Performance Group score displayed on The Leapfrog Group Web site, by condition.
- As a data set
  - The quality and efficiency results can be incorporated into pay for performance programs not done the “Leapfrog Way”
  - The performance information can augment consumer education & decision support strategies

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How is the Program Implemented?, cont'd

- As an off-the-shelf hospital I&R program
  - By employers, groups of employers, or health plans in a given market
  - Can use Bridges to Excellence for administration
  - Follow the "Leapfrog Way" of implementing
    - Use LHRP quality and efficiency data
    - Use our Rewards Principles
    - Use Leapfrog methodology to incorporate payment data from their market
    - Receive technical assistance from LFC

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Program Implementation: Rewards Principles

Principle 1: Rewards paid out are based on a 50/50 share of savings, by cohort, which accrue due to hospital improvement (shift from lower performing cohorts) and case shift into that cohort. If there are no savings in a cohort, that cohort does not receive rewards.

Principle 2: All top cohort hospitals are eligible for bonuses. Hospitals that show sustained improvement are eligible for bonuses. First year bonuses should be considered an investment in the program.

Principle 3: Top two cohorts will get increased market share through patient shift (co-pay or co-insurance differential).

Principle 4: Rewards are calculated every six months based on market and cohort activity in previous six months.

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Purchasers and Plans Can Execute Program in One of Two Ways

- License program:
  - Abide by Leapfrog program rules for rewards
  - Encourage hospital participation
  - Supplement LHRP resource-use data with plan payment data
  - Participate in best practice sharing with others
  - Receive extensive implementation support from Leapfrog
  - Allowed to use Leapfrog brand
- License data:
  - Access summary data only (no detailed cost or quality information)
  - Data sets are state-specific
  - Incorporate data into any program they currently have
  - Users can refer to these data as Leapfrog/JCAHO data but cannot use the Leapfrog brand

More details at: https://leapfrog.medstat.com/hrp/index.asp

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LHRP: Early Implementer/Participation Status

Early Implementers

- *Memphis Business Group on Health, FedEx* (TN) (program licensee)
- *GE, Verizon, Hannaford Brothers (*Upstate NY) (program licensee)
- *Human Resources Policy Association*
- *CIGNA* (data licensee)
- Others on the horizon …

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More details at:

https://leapfrog.medstat.com/hrp/

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Appendix

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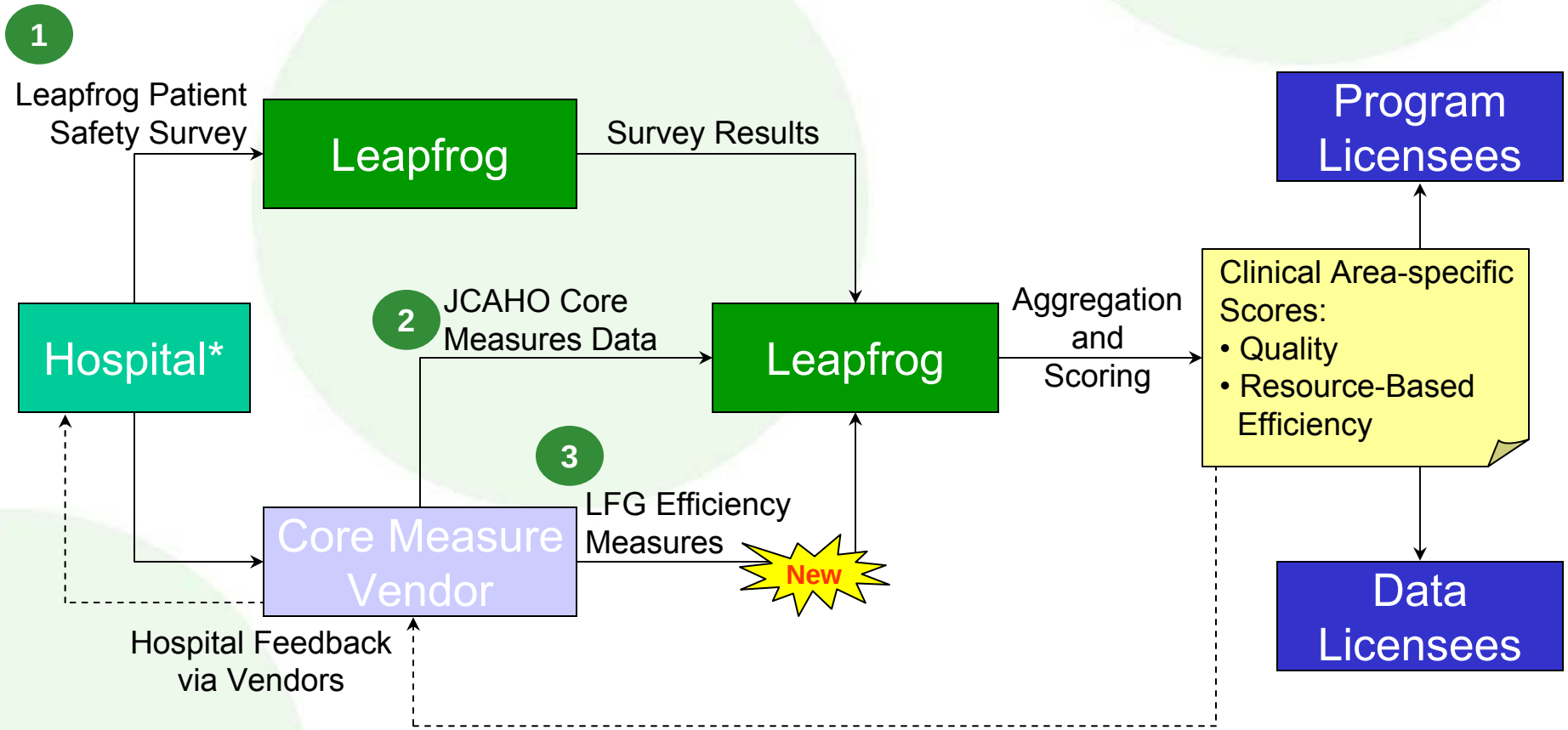
Data Reporting: Process Flow



*All reported data must be hospital-specific to be reward-eligible

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Measures & Weighting – CABG

Measure	Source	Weight	Scoring
Mortality	LFG	34.00%	Full credit if • Public risk-adjusted mortality rate better than state median **OR** • STS risk-adjusted mortality rate better than national average … else no credit
Volume	LFG	12.00%	Full credit if • Volume ≥ 450 … else no credit
Prophylactic antibiotic received within one hour prior to surgical incision	JCAHO (SIP-1b)	3.50%	% compliance times weight
Prophylactic antibiotic selection for surgical patients	JCAHO (SIP-2b)	3.50%	% compliance times weight
Prophylactic antibiotics discontinued within 24 hours after surgery end time	JCAHO (SIP-3b)	3.50%	% compliance times weight
Process measures: • CABG using internal mammary artery • Aspirin at discharge • Beta blocker within 24 hours after surgery • Beta blockers prescribed at discharge • Lipid-lowering therapy prescribed at discharge • Extubation within 24 hours after surgery	LFG	18.50%	Full credit if • Higher adherence (80%+) for at least two measures … else no credit

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Measures & Weighting – CABG (cont'd)

Measure	Source	Weight	Scoring
Computerized physician order entry (CPOE)	LFG	8.33%	• Fully implemented: Full credit (8.33%) • Good progress: 2/3 credit (5.55%) • Good early stage effort: 1/3 credit (2.78%) … else no credit
Intensivist ICU staffing (IPS)	LFG	8.33%	• Fully implemented: Full credit (8.33%) • Good progress: 2/3 credit (5.55%) • Good early stage effort: 1/3 credit (2.78%) … else no credit
Leapfrog Quality Index (NQF Safe Practices)	LFG	8.33%	• Fully implemented: Full credit (8.33%) • Good progress: 2/3 credit (5.55%) • Good early stage effort: 1/3 credit (2.78%) … else no credit

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Measures & Weighting – PCI

Measure	Source	Weight	Scoring
Mortality	LFG	34.00%	Full credit if • Public risk-adjusted mortality rate better than state median **OR** • ACC risk-adjusted mortality rate better than national average … else no credit
Volume	LFG	12.00%	Full credit if • Volume ≥ 400 … else no credit
Process measures: • Aspirin at arrival • 1st balloon inflation within 90 minutes	LFG	29.00%	Full credit if • Higher adherence (80%+) for both measures … else no credit
Computerized physician order entry (CPOE)	LFG	8.33%	• Fully implemented: Full credit (8.33%) • Good progress: 2/3 credit (5.55%) • Good early stage effort: 1/3 credit (2.78%) … else no credit

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Measures & Weighting – PCI (cont'd)

Measure	Source	Weight	Scoring
Intensivist ICU staffing (IPS)	LFG	8.33%	• Fully implemented: Full credit (8.33%) • Good progress: 2/3 credit (5.55%) • Good early stage effort: 1/3 credit (2.78%) … else no credit
Leapfrog Quality Index (NQF Safe Practices)	LFG	8.33%	• Fully implemented: Full credit (8.33%) • Good progress: 2/3 credit (5.55%) • Good early stage effort: 1/3 credit (2.78%) … else no credit

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Measures & Weighting – AMI

Measure	Source	Weight	Scoring
Inpatient mortality	JCAHO (AMI=9)	15.33%	• Percent rank (0% = worst, 100% = best) times • 15.33% weight
Aspirin at arrival	JCAHO (AMI-1)	16.06%	% compliance times weight
Beta blocker at arrival	JCAHO (AMI-5)	14.61%	% compliance times weight
Aspirin prescribed at discharge	JCAHO (AMI-2)	5.80%	% compliance times weight
Beta blocker prescribed at discharge	JCAHO (AMI-6)	5.80%	% compliance times weight
ACEI for LVSD	JCAHO (AMI-3)	5.80%	% compliance times weight
Thrombolytic agent received within 30 minutes of arrival	JCAHO (AMI-7a)	5.80%	% compliance times weight
Adult smoking cessation advice/ counseling	JCAHO (AMI-4)	5.80%	% compliance times weight

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Measures & Weighting – AMI (cont'd)

Measure	Source	Weight	Scoring
Computerized physician order entry (CPOE)	LFG	8.33%	• Fully implemented: Full credit (8.33%) • Good progress: 2/3 credit (5.55%) • Good early stage effort: 1/3 credit (2.78%) … else no credit
Intensivist ICU staffing (IPS)	LFG	8.33%	• Fully implemented: Full credit (8.33%) • Good progress: 2/3 credit (5.55%) • Good early stage effort: 1/3 credit (2.78%) … else no credit
Leapfrog Quality Index (NQF Safe Practices)	LFG	8.33%	• Fully implemented: Full credit (8.33%) • Good progress: 2/3 credit (5.55%) • Good early stage effort: 1/3 credit (2.78%) … else no credit

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Measures & Weighting – Pneumonia

Measure	Source	Weight	Scoring
Initial antibiotic received within 4 hours of hospital arrival	JCAHO (PN-5b)	5.50%	• Percent rank (0% = worst, 100% = best) times • 5.50% weight
Influenza vaccination	JCAHO (PN-7)	7.50%	% compliance times weight
Pneumococcal vaccination	JCAHO (PN-2)	12.00%	% compliance times weight
Adult smoking cessation advice/ counseling	JCAHO (PN-4)	7.50%	% compliance times weight
Intensivist ICU staffing (IPS)	LFG	13.50%	• Fully implemented: Full credit (13.50%) • Good progress: 2/3 credit (9.00%) • Good early stage effort: 1/3 credit (4.50%) … else no credit
Oxygenation assessment	JCAHO (PN-1)	14.50%	% compliance times weight
Blood cultures (collected prior to antibiotic administration)	JCAHO (PN-5b)	14.50%	% compliance times weight

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Measures & Weighting – Pneumonia (cont'd)

Measure	Source	Weight	Scoring
Computerized physician order entry (CPOE)	LFG	12.50%	• Fully implemented: Full credit (12.50%) • Good progress: 2/3 credit (8.33%) • Good early stage effort: 1/3 credit (4.17%) … else no credit
Leapfrog Quality Index (NQF Safe Practices)	LFG	12.50%	• Fully implemented: Full credit (12.50%) • Good progress: 2/3 credit (8.33%) • Good early stage effort: 1/3 credit (4.17%) … else no credit

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Measures & Weighting – Deliveries

Measure	Source	Weight	Scoring
Inpatient neonatal mortality	JCAHO (PR-2)	23.00%	• Percent rank (0% = worst, 100% = best) times • 23.00% weight
NICU census	LFG	23.00%	Full credit if • NICU census ≥ 15 … else no credit
Antenatal steroids for certain high-risk deliveries	LFG	29.00%	Full credit if • Higher adherence (80%+) for at least two measures … else no credit
Third- or fourth-degree lacerations	JCAHO (PR-3)	8.33%	• Percent rank (0% = worst, 100% = best) times • 8.33% weight
Computerized physician order entry (CPOE)	LFG	8.33%	• Fully implemented: Full credit (8.33%) • Good progress: 2/3 credit (5.55%) • Good early stage effort: 1/3 credit (2.78%) … else no credit
Leapfrog Quality Index (NQF Safe Practices)	LFG	8.33%	• Fully implemented: Full credit (8.33%) • Good progress: 2/3 credit (5.55%) • Good early stage effort: 1/3 credit (2.78%) … else no credit

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Leapfrog Hospital Rewards Program Ranking Overall Quality and Efficiency Scores

- Four tiers along each axis
  - 1: Best quartile
  - 2: Not significantly below best quartile ($p > .10$)
  - 3: Significantly below best quartile ($p < .10$)
  - 4: Significantly below best quartile ($p < .05$)
- Performance Groups – performance on both axes
  - Top performance group = 1st tier (best quartile) on both axes
  - Bottom performance group = 4th tier on either axis

. . . by clinical area

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Summary Data: Data Licensee

Quality and efficiency scores may be used internally

- Quality score as % of total points available
- Efficiency score expressed as standard deviation from average

Hospital	Overall Quality Rate	Overall Effic'y Rate	Tier Quality	Tier Effic'y	Tier Cohort
Hosp A1	88.92%	1.028	1st	1st	1st
Hosp A2	49.53%	0.251	2nd	2nd	2nd
Hosp A3	87.91%	0.002	1st	2nd	2nd
Hosp A4	66.41%	-2.569	1st	4th	4th
Hosp A5	84.56%	-1.597	1st	4th	4th
Hosp A6	81.60%	0.826	1st	1st	1st
Hosp A7	32.57%	-0.506	2nd	2nd	2nd
Hosp A8	23.10%	-1.508	3rd	4th	4th
Hosp A9	40.80%	0.740	2nd	2nd	2nd
Hosp B1	15.85%	0.741	4th	1st	4th
Hosp B5	34.49%	0.414	2nd	2nd	2nd
Hosp B6	62.96%	1.437	2nd	1st	2nd
Hosp B7	4.43%	0.477	4th	2nd	4th
Hosp B8	57.76%	-0.746	2nd	3rd	3rd
Hosp C1	21.78%	-2.510	3rd	4th	4th
Hosp C2	8.33%	0.498	4th	2nd	4th
Hosp C4	51.96%	0.597	2nd	2nd	2nd
Hosp C5	20.80%	-0.610	4th	3rd	4th
Hosp C6	17.44%	0.849	4th	1st	4th
Hosp C7	47.57%	0.181	2nd	2nd	2nd
Hosp C8	38.54%	1.334	2nd	1st	2nd
Hosp C9	25.84%	0.350	3rd	2nd	3rd
Hosp D2	59.56%	0.344	2nd	2nd	2nd
Hosp D3	39.36%	1.338	2nd	1st	2nd
(masked)	21.05%	0.279	4th	2nd	4th
(masked)	81.97%	0.953	1st	1st	1st
(masked)	11.61%	0.603	4th	2nd	4th
(masked)	67.37%	0.212	1st	2nd	2nd
(masked)	7.14%	0.424	4th	2nd	4th
(masked)	74.12%	0.240	1st	2nd	2nd

Data Licensees may publicly display the quality, efficiency, and overall Performance Group information

Example: Deliveries/Newborn Care

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Hospital Data Feedback

		Mortality-Related					Major Morbidity-Related	
		LFG Outcomes		LFG Volume		Total	LFG: PCI Process	
		PCI	Weight	PCI	Weight	Weight	80%+	Weight
Hosp ID	Hospital	Mortality	Earned	Volume	Earned	Earned	Adhere	Earned
00-0032	Hosp A1, City, State	Better	34.00%	2,739	12.00%	46.00%	No	0.00%

- Hospitals receive their score and weight earned for each individual quality measure within each clinical area in which they participate.

		Resource-Based Efficiency								
		Average Length of Stay								
		#	Average	Expected	Average	Expected	Readmits	Severity	Std	Readm
Hosp ID	Hospital	Cases	$ALOS_r$	$ALOS_r$	$ALOS_s$	$ALOS_s$	<= 14	Index	ALOS	Rate
00-0032	Hosp A1, City, State	499	1.983	2.121	1.364	1.400	33	1.112	3.011	6.6%

- Hospitals receive their scores on each individual element within the efficiency measure for each clinical area in which they participate.

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