

Pittsburgh, PA

Ranking & Performance Summary

Overall and Dimension Rankings

Dimension	Quartile	Rank
Overall	3	156
Access	1	43
Prevention & Treatment	2	131
Potentially Avoidable Hospital Use & Cost	3	210
Healthy Lives	3	184

Summary of Indicator Rankings

	Count
<i>Total Number of Indicators*</i>	
Top 10th Percentile	2
Top Quartile	9
2nd Quartile	9
3rd Quartile	10
Bottom Quartile	7
Bottom 10th Percentile	3

* There are 43 total indicators. Several are combined, leaving 35 scored indicators. Missing data may result in some HRRs having fewer indicators.

Estimated Impact of Improving Performance

The Commonwealth Fund Scorecard on Local Health System Performance, 2012, enables local areas to compare their performance with that of others across key indicators of health system performance. It provides local stakeholders with achievable targets for improvement by assessing each area's performance compared with performance attained by the top 1 percent of hospital referral regions. By moving toward benchmark levels of health system performance, local areas could save lives, improve access to and quality of care, and reduce unnecessary spending.

The table shows the estimated impact if this local area's performance improved to the rate of the top 1 percent of hospital referral regions for select Scorecard indicators. (Refer to this local area's individual performance profile to see actual rates.) These examples illustrate only a few important opportunities for improvement. Because some indicators affect the same individuals, these numbers should not be added.

Indicator	If Pittsburgh, PA, improved its performance to the level of the top 1 percent of hospital referral regions for this indicator, then:	
Insured adults	98,979	more adults (ages 18–64) would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed.
Insured children	6,313	more children (ages 0–17) would be covered by health insurance (public or private), and therefore would be more likely to receive health care when needed.
Adults with a usual source of care	53,162	more adults (age 18 and older) would have a usual source of care to help ensure that care is coordinated and accessible when needed.
Adult preventive care	98,037	more adults (age 50 and older) would receive recommended preventive care, such as colon cancer screenings, mammograms, Pap tests, and flu shots at appropriate ages.
Avoidable hospital admissions	11,513	fewer hospitalizations for ambulatory care-sensitive conditions would occur among Medicare beneficiaries (age 65 and older).
	\$75,360,184	dollars would be saved from the reduction in hospitalizations.
Medicare readmissions	6,070	fewer hospital readmissions would occur among Medicare beneficiaries (age 65 and older).
Hospitalization of nursing home residents	1,542	fewer long-stay nursing home residents would be hospitalized.
	\$11,120,629	dollars would be saved from the reduction in hospitalizations.
Inappropriate drug prescribed	5,912	fewer Medicare beneficiaries would receive an inappropriately prescribed medication.

n/a = data are not available for this indicator for this HRR.

Health System Performance Data & Benchmarks

Dimension and Indicator	Data Year	Pittsburgh		All-HRR Median	Top 10th Percentile	Top 1st Percentile	PA State Rate
		HRR Quartile	HRR Rate				
Access							
Percent of adults ages 18–64 insured	2009–2010	1	87.1	80.2	87.5	92.6	86.0
Percent of children ages 0–17 insured	2009–2010	1	97.1	93.8	96.3	98.2	94.7
Percent of adults reported no cost-related problem seeing a doctor when they needed to within the past year	2009–2010	1	89.8	85.3	90.7	93.9	88.9
Percent of at-risk adults visited a doctor for routine checkup in the past two years	2009–2010	1	87.9	85.2	90.4	92.9	87.1
Percent of adults visited a dentist, dental hygienist, or dental clinic within the past year	2010	2	71.0	69.7	77.9	82.7	72.2
Prevention and Treatment							
Percent of adults with a usual source of care	2009–2010	1	89.7	82.4	88.8	92.0	89.0
Percent of adults age 50 and older received recommended screening and preventive care	2008 & 2010	2	44.7	44.2	50.8	54.5	45.9
Percent of adult diabetics received recommended preventive care	2008–2010	1	50.8	45.5	55.7	63.1	48.9
Percent of Medicare beneficiaries received at least one drug that should be avoided in the elderly (1)	2007	2	21.4	25.0	17.9	12.9	n/a
Percent of Medicare beneficiaries with dementia, hip/pelvic fracture, or chronic renal failure received prescription in an ambulatory care setting that is contraindicated for that condition (1)	2007	2	19.9	19.7	15.3	12.5	n/a
Percent of patients hospitalized for heart failure who received recommended care (2)	2010	1	96.2	94.7	97.5	98.9	95.9
Percent of patients hospitalized for pneumonia who received recommended care (2)	2010	1	96.0	95.1	96.9	98.3	95.6
Percent of surgical patients received appropriate care to prevent complications (2)	2010	1	97.1	96.2	97.4	98.6	96.9
Percent of hospitalized patients given information about what to do during their recovery at home	2010	3	82.4	82.6	86.2	87.9	82.5
Percent of patients reported hospital staff always managed pain well, responded when needed help to get to bathroom or pressed call button, and explained medicines and side effects	2010	4	61.3	63.2	67.1	70.3	62.4
Risk-adjusted 30-day mortality among Medicare patients hospitalized for heart attack (3)	7/2007– 6/2010	1	15.4	15.6	14.4	13.1	15.3
Risk-adjusted 30-day mortality among Medicare patients hospitalized for heart failure (3)	7/2007– 6/2010	1	10.3	11.4	9.9	9.1	10.6
Risk-adjusted 30-day mortality among Medicare patients hospitalized for pneumonia (3)	7/2007– 6/2010	1	11.5	11.8	10.6	9.5	11.3
Percent of home health care patients whose ability to walk or move around improved (4)	4/2010– 3/2011	2	54.7	53.4	56.7	58.6	53.9
Percent of home health care patients whose wounds improved or healed after an operation (4)	4/2010– 3/2011	2	87.6	88.0	90.3	92.0	87.5
Percent of high-risk nursing home residents with pressure sores (5)	2008–2009	4	12.4	10.9	7.9	6.1	n/a
Percent of long-stay nursing home residents who were physically restrained (5)	2008–2009	4	4.7	3.3	1.5	0.6	n/a
Percent of long-stay nursing home residents who have moderate to severe pain (5)	2008–2009	4	4.4	3.6	2.2	1.4	n/a
Percent of Medicare decedents with a cancer diagnosis without any hospice or who enrolled in hospice during the last three days of life	2007	4	62.0	55.6	46.6	38.6	58.0

Commonwealth Fund Scorecard on Local Health System Performance, 2012

Dimension and Indicator	Data Year	HRR Quartile	HRR Rate	All-HRR Median	Top 10th Percentile	Top 1st Percentile	State Rate
Potentially Avoidable Hospital Use and Cost							
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, per 100,000 beneficiaries	2009	4	8,773	6,184	4,045	2,691	6,793
Readmissions within 30 days of discharge as percent of all admissions among Medicare beneficiaries	2008	4	20.2	17.7	15.1	13.1	18.8
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	2009	4	249	197	162	139	193
Percent of long-stay nursing home residents hospitalized within six-month period	2008	2	18.0	20.0	11.9	8.3	17.9
Percent of first-time nursing home residents readmitted within 30 days of hospital discharge to the nursing home	2008	3	22.0	20.6	15.8	12.7	20.8
Percent of home health care patients with a hospital admission	4/2010– 3/2011	3	27.3	26.6	22.4	19.9	25.1
Medicare imaging costs per enrollee	2008	2	\$254	\$288	\$189	\$143	\$287
Total Medicare (Parts A & B) reimbursements per enrollee (6) (expressed as a ratio to all-HRR median)	2008	4	\$9,882 (1.24)	\$7,952	\$6,432	\$5,699	\$8,714
Total reimbursements per commercially insured enrollee ages 18–64 (6) (expressed as a ratio to all-HRR median)	2009	1	\$2,972 (0.90)	\$3,314	\$2,801	\$2,524	\$3,079
Healthy Lives							
Potentially preventable mortality, deaths per 100,000 population (7)	2005–2007	3	101.6	91.3	71.6	59.1	91.0
Breast cancer deaths per 100,000 female population (8)	1996–2005	2	27.9	28.9	22.6	19.4	26.0
Colorectal cancer deaths per 100,000 population (8)	1996–2005	3	23.3	22.8	16.9	12.8	19.9
Infant mortality, deaths per 1,000 live births (8)	1996–2005	3	7.3	6.8	4.9	4.0	7.2
Percent of live births with low birth weight (8)	1996–2005	3	8.1	7.5	6.0	5.4	8.0
Suicide deaths per 100,000 population (8)	1996–2005	2	14.0	15.4	8.2	4.7	11.0
Percent of adults who smoke	2009–2010	3	19.3	19.0	12.6	8.4	19.3
Percent of adults ages 18–64 who are obese (BMI >= 30)	2009–2010	3	31.3	29.5	23.8	17.9	29.3
Percent of adults ages 18–64 who have lost six or more teeth because of tooth decay, infection, or gum disease	2009–2010	3	12.0	10.1	5.9	3.6	10.7
Percent of adults ages 18–64 report fair/poor health, 14 or more bad mental health days, or activity limitations	2009–2010	2	29.0	29.5	23.5	19.6	28.8

n/a = data are not available for this indicator for this HRR.

(1) Metric forms part of the score reflecting potentially inappropriate prescribing among elderly Medicare beneficiaries.

(2) Metric forms part of the score reflecting receipt of recommended hospital care.

(3) Metric forms part of the score reflecting hospital mortality.

(4) Metric forms part of the score reflecting quality of home health care.

(5) Metric forms part of the score reflecting quality of nursing home care.

(6) Total Medicare per-person spending estimates include payments made for hospital (part A) and outpatient (part B) services. Estimates exclude extra payments to support graduate medical education and treating a disproportionate share of low-income patients; adjustments are made for regional wage differences. Commercial spending estimates, generated from a sophisticated regression model, include reimbursed costs for health care services from all sources of payment, including the health plan, enrollee, and any third-party payers, incurred during 2009. Outpatient prescription drug charges are excluded, as were enrollees with capitated plans and their associated claims. Commercial spending estimates were adjusted for enrollee age and sex, the interaction of age and sex, partial-year enrollment, and regional wage differences.

(7) Data for this indicator come from county-level 2005–07 NVSS-M data files, aggregated to the HRR level, for most HRRs. Estimates for the Anchorage, AK, and Honolulu, HI, HRRs represent state-level data and are compiled from years 2006–07.

(8) Data for this indicator come from the Community Health Status Indicators (CHSI) database. CHSI data are reported at the county level. Counties with small populations require more years of data for stable estimates. HRR level estimates can, but do not necessarily, include data from each year between 1996–2005, depending on the population sizes in the counties in the HRR.

NOTE: Refer to Appendix B in the Scorecard on Local Health System Performance, 2012, for indicator descriptions, data sources, and other notes about methodology.