



# Potentially Avoidable Utilization (PAU) Reporting User Guide for Rate Year 2025

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<b>POTENTIALLY AVOIDABLE UTILIZATION PROGRAM</b> .....	<b>2</b>
BACKGROUND .....	2
ACCESSING REPORTS .....	2
PAU DETAILS REPORTS (EXCEL) .....	4
PAU SUMMARY REPORT (EXCEL) .....	4
AVOIDABLE ADMISSIONS REPORT (TABLEAU).....	4
<i>Methodology to Calculate PQIs per capita</i> .....	4
(1) Identify PQIs and PDIs.....	5
(2) Attribute PQIs, PDIs, and population to hospitals .....	6
(3) Calculate PQI and PDI rates.....	7
PAU SAVINGS REPORT (EXCEL) .....	7
<b>USER GUIDE</b> .....	<b>8</b>
TABLEAU FEATURES .....	8
TABLEAU FILTERS .....	9
REPORT SECTIONS .....	9
<i>Summary</i> .....	9
<i>Summary by PQI</i> .....	10
<i>Summary by PDI</i> .....	11
<i>PQI per zip</i> .....	12
<i>PQI per 1000 by Zip Code</i> .....	12
WORKFLOWS .....	13



# Potentially Avoidable Utilization Program

## Background

This user guide defines the methodology and clarifies how to use the various PAU reporting outputs. The Health Services Cost Review Commission (HSCRC) writes the Potentially Avoidable Utilization (PAU) Savings policy and methodology behind these reports, which CRISP hosts on the CRS portal on the HSCRC's behalf. More information on the policy and methodology can be found [here](#).

The reporting outputs discussed in this user guide are the excel outputs of the *PAU Details Report*, *PAU Summary Report*, and *PAU Savings Report* and the Tableau output of the *Avoidable Admissions Tableau Report*. These reports will be covered in the order in which they are produced.

The PAU policy prospectively reduces Global Budget Revenues (GBRs) in anticipation of reductions in avoidable utilization. Potentially avoidable utilization is measured within the PAU policy through Sending Readmissions, Prevention Quality Indications (PQIs), and Pediatric Quality Indicators (PDIs). PQIs and PDIs are admissions for ambulatory care sensitive admissions that may be preventable with effective primary care and population health. In prior years, PQIs were attributed to the hospital where the visit occurred. The logic was changed in 2019 and PQIs and PDIs were assigned to hospitals based on the MPA attribution for their Medicare population and on a geographic attribution for non-Medicare patients. Since 2021, the attribution logic was changed to assign PQIs and PDIs on a geographic attribution only. Under this approach beneficiaries and their costs are assigned to hospitals based on their residency. The following section describes how the PQIs are identified and assigned to hospitals.

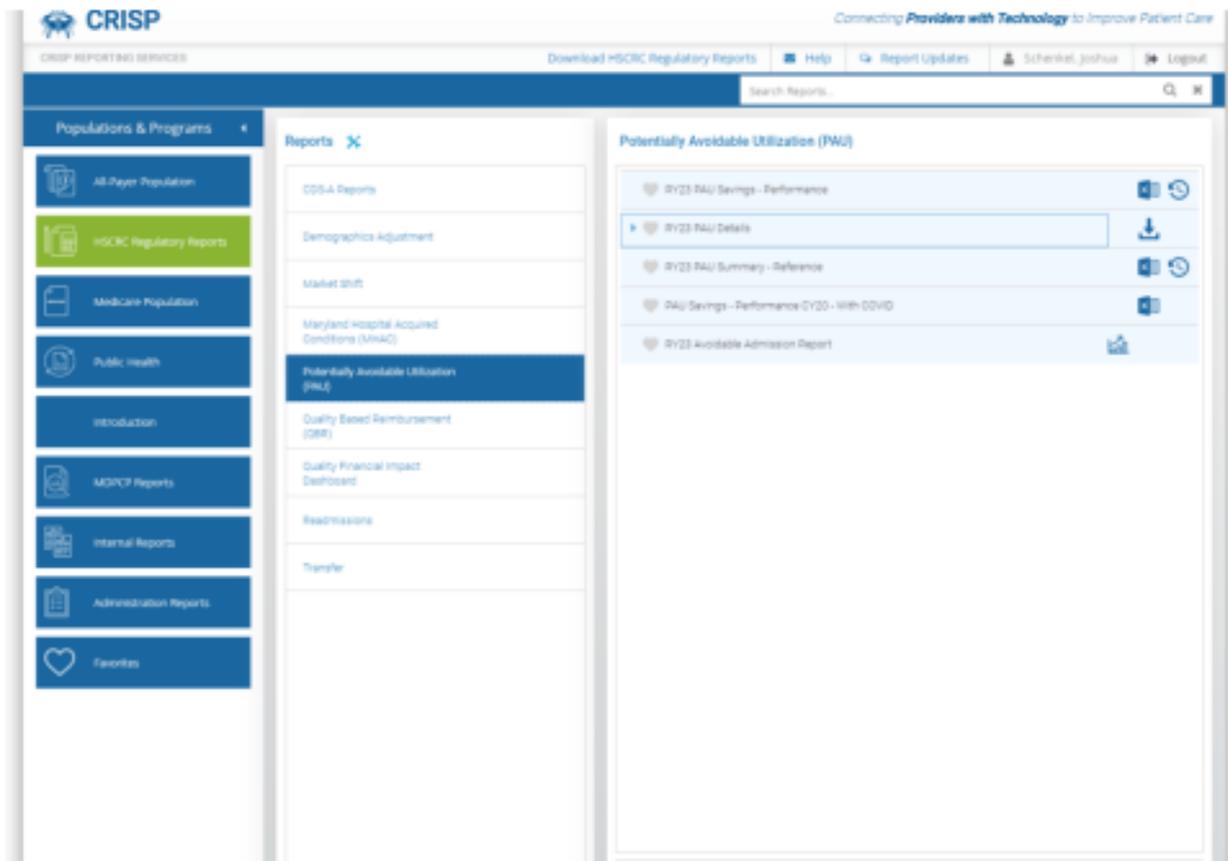
## Accessing Reports

All PAU Policy Reports can be accessed by visiting [reports.crisphealth.org](https://reports.crisphealth.org) and logging-in with a CRS username and password:

*Step 1.* Log in to the CRISP Reporting Services Portal by visiting [reports.crisphealth.org](https://reports.crisphealth.org). Once in the CRS Portal, a dashboard of different blue report “cards” will appear based on the access of the user. Clicking the card named “HSCRC Regulatory Reports” followed by the highlighted field labelled “Potentially Avoidable Utilization (PAU)” in the “Reports” panel will bring up the available reports for this category. The following screen shots represent the user’s workflow:



Step 2. By clicking the excel and Interactive Report icons (see below), you will have access to the most up to date tableau dashboard reports. Additionally, the question icon will pull up documentation such as user guides and data dictionaries, and the Clock icon will pull up all archived reports.





## PAU Details Reports (Excel)

The PAU Details Reports are provided to each hospital for encounter level analyses of flagged PQIs and Readmissions. These monthly reports should be understood as one row per encounter and includes both Inpatient and Observation encounters. One detail report enumerates encounters from the beginning of the calendar year through the available data unless otherwise specified.

Details include encounter dates, cost information, clinical flags, and binary flags for PQIs, PDIs, and non-PQI readmissions. *It is important to note* that PAU Detail files enumerate PQIs and PDIs that occur at the file-subject hospital, but through attribution these PQIs/PDIs may be attributed to another hospital in the final PAU adjustments. These reports should be downloaded by hospitals for additional encounter level analyses.

## PAU Summary Report (Excel)

The PAU Summary Report is provided monthly as a hospital level aggregate of year-to-date performance in the key PAU measures. Included in the report are measures of non-PQI readmissions, PQIs, PDIs, and cost and revenue information. Row 5 details any intra-excel calculations that occur within the sheet.

The PAU Summary Report intends to summarize the information found in the PAU Details Reports, and as such includes hospital level admissions and readmissions before attribution is applied. Therefore, these numbers may ultimately differ from downstream products like the PAU Savings Report, which is produced after attribution methodology is applied.

## Avoidable Admissions Report (Tableau)

The Avoidable Admissions Report provides a comprehensive package that enables viewers to see per capita prevention quality indicator (PQI) and pediatric quality indicator (PDI) values. In the Avoidable Admission Report, PQIs and PDIs are assigned to hospitals based on the MPA attribution. The following section describes how the PQIs are identified and assigned to hospitals.

### Methodology to Calculate PQIs per capita

The next section walks through the steps needed to display PQIs on a per capita basis:

1. Identify PQIs (numerator)
2. Attribute PQIs and population (denominator) to hospitals
3. Calculate PQI rates

*(1) Identify PQIs and PDIs*

PQIs and PDIs are specified according to the [Agency for Healthcare Research and Quality \(AHRQ\)](#). HSCRC updates PQI and PDI software when AHRQ releases new versions and follows coding updates. HSCRC applies the PQI and PDI software to inpatient discharges and observations stays greater than or equal to 24 hours in case-mix data. This differs from the standard AHRQ application on only inpatient discharges. The report currently uses PQI and PDI v2022 and is updated annually as new PQI and PDI software is released.<sup>1</sup>

**Table 1. Numerator Measures:**

Prevention Quality Indicator (PQI) and Selected Pediatric Quality Indicator (PDI) Measures

Variable in Report	Measure	AHRQ Description: numerator
Overall Composite	PQI 90 Prevention Quality Overall Composite	Prevention Quality Indicators (PQI) overall composite, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, dehydration, bacterial pneumonia, or urinary tract infection.
Diabetes Composite	PQI 93 Prevention Quality Diabetes Composite	Prevention Quality Indicators (PQI) composite of diabetes admissions, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications (PQI 1), diabetes with long-term complications (PQI 3), uncontrolled diabetes without complications (PQI 14), diabetes with lower-extremity amputation (PQI 16).
Acute Composite	PQI 91 Prevention Quality Acute Composite	Prevention Quality Indicators (PQI) composite of acute conditions, ages 18 years and older. Includes admissions with a principal diagnosis of one of the following conditions: dehydration (PQI 10), community-acquired bacterial pneumonia (PQI11), or urinary tract infection (PQI12).
COPD/Asthma	COMBINED: PQI 05 Chronic Obstructive Pulmonary Disease Older adults + PQI 15 Asthma Younger Adults	Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma, ages 40 years and older.  Admissions for a principal diagnosis of asthma, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system.
Hypertension	PQI 07 Hypertension	Admissions with a principal diagnosis of hypertension, ages 18 years and older. Excludes kidney disease combined with dialysis access procedure admissions, cardiac procedure admissions.

1. [https://qualityindicators.ahrq.gov/modules/pqi\\_resources.aspx#techspecs](https://qualityindicators.ahrq.gov/modules/pqi_resources.aspx#techspecs)



Congestive Heart Failure	PQI 08 Heart Failure	Admissions with a principal diagnosis of heart failure per, ages 18 years and older. Excludes cardiac procedure admissions.
Pediatric Asthma	PDI 14 Asthma Admission rate	Admissions with a principal diagnosis of asthma, ages 2 through 17 years <i>CRISP report uses ages 0 through 17, due to the availability of ACS Census age groups</i> . Excludes cases with a diagnosis code for cystic fibrosis and anomalies of the respiratory system.
Pediatric Diabetes	PDI 15 Diabetes Shortterm complications admission rate	Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma), ages 6 through 17 years. <i>CRISP report uses ages 5 through 17.</i>
Acute Pediatric	PDI 16 Gastroenteritis admission rate + PDI 18 Urinary Tract Infection Admission rate	Discharges with a principal diagnosis of gastroenteritis, or with a principal diagnosis of dehydration with a secondary diagnosis of gastroenteritis, age 3 months to 17 years. Excludes cases with gastrointestinal abnormalities or bacterial gastroenteritis. <i>CRISP report uses ages 0 through 17.</i>  Admissions with a principal diagnosis of urinary tract infection, ages 3 months to 17 years. Excludes cases with kidney or urinary tract disorders, cases with a high- or intermediate risk immunocompromised state (including hepatic failure and transplants). <i>CRISP report uses ages 0 through 17.</i>

## (2) Attribute PQIs, PDIs, and population to hospitals

PQI numerators and population denominators in this report are attributed to hospitals based on the MPA geographic attribution logic only with an adjustment to Academic Medical Centers (AMCs). See details below. This differs from prior years, where PQIs were based on the Medicare Performance Adjustment (MPA) attribution for Medicare beneficiaries with Part A and Part B enrollment, followed by geographic attribution for any non-Medicare beneficiaries.

### Medicare Performance Adjustment attribution

The Medicare Performance Adjustment (MPA) utilizes Medicare claims data to attribute beneficiaries and their costs to hospitals based on their residence. Zip codes are assigned to hospitals based on hospital primary service areas (PSAs) listed in hospitals' Global Budget Revenue (GBR) agreements. Zip codes not contained in a hospital's PSA are assigned to the hospital with the greatest share of hospital use in that zip code, or, if that hospital is not sufficiently nearby, to the nearest hospital.

Please see the [MPA Report](#) for more details on attribution.



## Denominator

*MPA attributed population:* Total number of beneficiaries attributed to a hospital under the MPA geographic attribution.

Population counts by zip code, age, and gender are sourced from the 5-year American Community Survey. ACS values will be updated as soon as they are available. The last available ACS values will be used until newer data is available.

The denominators are aggregated in Tableau so that when corresponding filters are selected, both the numerator and denominator change appropriately.

### *(3) Calculate PQI and PDI rates*

To calculate rates, the Tableau report divides a hospital's attributed numerator by the hospital's attributed population, multiplied by 1000 to calculate the PQI rate per 1000.<sup>2</sup> Some individual PDIs use specific pediatric populations - see Table 1 for specifications. All PQIs use the adult population over age 18 attributed to the hospital. If a PQI or PDI is displayed as a rate, the calculation is annualized. For example, if the report shows data from January-April, the count/1000 will be divided by 4 and multiplied by 12 to create the annualized rate.

## PAU Savings Report (Excel)

The PAU Savings Report is the final monthly product of the PAU reporting process. This report summarizes the primary measures of the PAU policy (sending readmissions, PQIs, and PDIs), and annualizes them for projection purposes. Please refer to the report's second tab (Data Dictionary) for information regarding the distinct fields in the report. A succinct breakdown of what's included can be found below:

Tab	Description
<i>PAU Readmissions Performance</i>	Hospital-level performance on key non-PQI/PDI, sending readmission indicators and associated charges.
<i>PQI Avoid Admits Performance</i>	Hospital-level performance on key Prevention Quality Indicators (PQIs) and associated charges.
<i>PDI Avoid Admits Performance</i>	Hospital-level performance on key Pediatric Quality Indicators (PDIs) and associated charges.

2. In the literature, PQIs and PDIs are typically reported as per 100k. Multiply rate by 100 to get a comparable rate with other sources.

## Tableau Features

On each tableau dashboard, there are menu options for the user to select, which are listed below. Additionally, the tableau report hosts multiple dashboards. The available dashboards are listed at the top.



Menu Option	Description
<i>Refresh</i>	If the tableau is taking too long to load with the filters, the refresh button is useful to refresh the tableau.
<i>Revert</i>	This option is intended to revert the report to its default view, undoing all user selections and/or filtering.
<i>Pause</i>	This option allows the user to pause the update of data as the user is filtering. Tableau reports process filter selections as the user makes them, and the tableau may take longer to process. If process time seems too long, utilize the 'Pause' button to prevent the report from processing each filter upon selection, resuming by clicking the pause button again only when you are ready for Tableau to proceed with processing the desired filters selected.
<i>Help</i>	When this menu option is selected, this tableau user guide will automatically open.
<i>Print</i>	This option allows you print selected tabs from the tableau. When you click the icon, a menu with various printing options shows up. The user can print multiple tabs and with the desired filters, and the user has options to adjust the page scaling, paper size, and paper orientation for printing
<i>Crosstab</i>	The crosstab option allows user to extract a dataset into excel and provides more columns for details. You will have to separately download a new crosstab if you want crosstabs of data tables showing different filter options.



## Tableau Filters

Filters can be selected. Certain filters are only available based on the tab selected. Below is a description of the filters that can be applied throughout the Tableau report.

Filter	Description
<i>Year</i>	Year in which the PQI occurred. Please note: the MPA attribution is less applicable the farther away you go from the current year. This is because the MPA attribution is point in time and uses provider lists from current or prior year. The farther back you go, the more PQIs and population will be attributed either under the geographic part of the MPA or under the non-MPA population.
<i>Hospital Name</i>	Hospital to which the PQIs are attributed. This is not necessarily the hospital where the visit occurred.
<i>Attribution Category</i>	MPA attributed patients reflect the MPA attributed Medicare beneficiaries. Non-MPA attributed beneficiaries are the non-Medicare FFS patients.
<i>Payer</i>	Primary expected payer as listed in case mix data
<i>Gender</i>	Patient Gender
<i>Age Group</i>	Patient Age, distributed into available ACS census age groups
<i>Race</i>	Patient Race, distributed into available ACS census race groups

## Report Sections

### Summary

The summary tab allows users to track their hospital's attributed PQIs and PDIs by attributed beneficiaries under the MPA. It allows users to compare their hospital's overall PAU Performance to peer hospitals and the statewide per capita.

Metric	Definition
<i>Total Experienced Actual Revenue</i>	Total actual revenue reported per hospital
<i>Non-PQI/PDI Readmissions (sending hospital)</i>	Number of sending 30 days, all cause, all hospital inpatient readmissions (excluding planned readmissions based on specifications for Maryland Readmission Reduction Incentive Program) assigned to each hospital
<i>Non-PQI/PDI Readmissions estimated Revenue</i>	Estimated revenue associated with 30-day, all-cause readmissions that were not flagged as a PQI or PDI
<i>Non-PQI/PDI Readmissions Performance</i>	Estimated readmission revenue / Total actual experienced revenue
<i>PQI(PDI) Attributed Population</i>	YTD count of PQIs (PDIs) attributed population to a hospital



<i>Annualized Observed PQI (PDI) Cases</i>	YTD count of total PQIs (PDIs) observed at a hospital
<i>PQI (PDI) 90 Risk Adjusted Rate</i>	Attributed PQI's for a hospital divided by the attributed population. Risk Adjustment for PQIs and PDIs based on current AHRQ risk adjustment methodology

### PAU Savings Performance Report

Statewide	Total Experienced Revenue (Actual)	Non-PQI/PDI Readmissions				PQIs			PDIs		Hospital Name	YTD
		Non-PQI/PDI Readmissions (ending)	Non-PQI/PDI Readmission Revenue (Actual)	Non-PQI/PDI Readmission Performance	PQI Attributed Population	Annualized (Observed) PQI Cases	PQI 90 Risk Adjusted Rate	PQI Attributed Population	Annualized (Observed) PDI Cases	PQI 90 Risk Adjusted Rate		
\$0-\$43,000,000	29,204	\$282,742,662	4.68%	4,730,020	24,594	22.96	820,510	764	0.62			
230001 Meritx Medical	\$181,026,419	508	\$9,264,248	5.01%	122,627	2,077	16.90	23,240	52	0.92		
230002 University Of Va	\$894,694,870	964	\$26,886,914	3.01%	71,799	1,474	23.33	11,913	42	0.62		
230003 UVA Carleal Reg Ho	\$170,494,843	333	\$9,893,090	5.75%	101,569	1,312	14.20	23,677	3	0.18		
230004 Holy Cross Hosp	\$294,138,207	476	\$10,247,728	3.49%	202,450	1,943	7.99	46,464	22	0.60		
230005 Freedom Health	\$149,628,112	421	\$10,787,843	7.19%	214,681	1,982	9.00	48,344	37	0.83		
230006 UVA Health Syst	\$90,285,805	287	\$4,187,738	4.63%	84,553	598	15.90	6,548	0	0.00		
230008 Hens Medical Co	\$290,027,326	370	\$6,332,686	2.18%	85,624	1,730	22.71	14,541	41	2.04		
230009 Johns Hopkins Ho	\$1,242,567,611	1,542	\$61,520,176	4.95%	232,020	2,871	22.87	16,671	64	2.68		
230011 Ascension Sain	\$220,148,207	545	\$11,847,277	5.38%	80,488	1,248	12.72	17,019	18	0.99		
230012 Sina Hospital	\$395,281,800	597	\$16,929,487	4.28%	112,028	2,188	18.47	21,940	43	2.03		
230015 Hahnemann Foun	\$270,620,070	269	\$16,045,212	6.00%	107,179	1,917	17.84	18,742	24	1.23		
230016 Sentinels West	\$138,280,459	173	\$4,788,188	3.46%	187,848	1,299	8.40	38,299	9	0.23		
230017 Sentinels Regional	\$54,635,344	93	\$726,225	1.32%	26,874	127	8.40	2,905	4	1.54		
230018 MedStar Montgo	\$46,620,505	307	\$4,288,522	9.14%	81,940	598	8.74	19,474	22	1.16		
230019 TuftsHealth Peab	\$228,157,143	418	\$10,994,489	4.77%	122,497	1,297	13.76	21,677	11	0.42		
230022 Sunbeam Hospital	\$187,977,083	381	\$10,044,179	5.36%	289,187	967	4.38	39,966	10	0.24		
230023 Arma Anandol Ho	\$294,087,081	775	\$11,741,025	3.99%	286,654	2,954	9.55	58,731	30	0.54		
230024 MedStar Union M	\$294,048,969	460	\$10,487,023	3.57%	79,643	1,943	20.99	12,720	20	2.02		
230027 UPMC - Allegh	\$88,141,771	388	\$6,481,288	7.35%	68,162	1,049	24.83	9,193	2	0.28		
230028 MedStar St. Mary	\$90,995,852	233	\$3,887,588	4.28%	90,784	1,211	13.96	18,871	9	0.43		
230029 Johns Hopkins Ho	\$330,285,622	364	\$13,370,076	4.05%	88,024	1,714	23.01	16,007	29	1.74		
230030 UVA Stone Regio	\$41,969,383	14	\$488,660	1.16%	33,253	188	4.78	8,978	0	0.00		
230032 Christchurch, A	\$73,508,887	123	\$1,981,124	2.67%	76,499	1,189	14.99	18,431	2	0.18		
230033 Carroll Hospital C	\$121,984,148	461	\$7,382,981	6.03%	281,207	1,390	12.81	28,898	18	0.71		
230034 MedStar Harbo	\$69,529,145	329	\$2,946,609	4.30%	85,020	676	22.46	7,468	21	2.76		
230036 UVA Orange Reg	\$76,029,312	194	\$4,248,481	5.58%	122,821	1,297	9.87	27,670	9	0.32		

### Summary by PQI

The summary by PQI tab allows users to view the number of PQIs assigned to their hospital by PQI. It breaks down the count of the specific PQIs as well as the PQI rate per 1000. Users can use this tab to identify PQIs which most impact their attributed adult population. The filters can be used to calculate the PQIs for a more specific population.

Metric	Definition
<i>PQI Composite</i>	YTD count of PQIs attributed to the hospital for the given PQI. For more information on the PQIs see the numerator section.
<i>PQI Composite per 1000</i>	Calculates the PQIs per attributed population * 1000. This calculation is annualized.



### Avoidable Admissions Report Adults Summary by PQI

	Population Adult	Overall Composite	Overall Composite per 1000	Diabetes Composite	Diabetes Composite per 1000	Acute Composite	Acute Composite per 1000	CPDQ/ COPD/Asthma per 1000	Hyperten.	Hypertension per 1000	Congestive Heart Failure	Congestive Heart Failure per 1000	
Statewide	4,749,671	22,315	11.28	4,676	2.36	4,658	2.35	4,085	2.06	1,509	0.76	7,394	3.74
Selected Hospitals Subtotal	4,749,671	22,315	11.28	4,676	2.36	4,658	2.35	4,085	2.06	1,509	0.76	7,394	3.74
210001 Meritus Medical Center	122,769	857	16.76	150	2.93	207	4.05	236	4.61	53	1.04	211	4.13
210002 University Of Marylen.	71,841	609	20.15	147	4.92	79	2.63	118	3.93	55	1.83	205	6.86
210003 UM Capital Region Me.	101,575	521	12.31	137	3.23	80	1.90	76	1.78	40	0.96	188	4.44
210004 Holy Cross Hospital	203,385	628	7.41	136	1.59	155	1.83	82	0.97	86	0.42	220	2.60
210005 Frederick Health Hosp.	215,026	696	7.76	115	1.28	190	2.12	115	1.28	45	0.50	230	2.57
210006 UM-Harford Memorial	34,602	222	15.38	41	2.82	44	3.08	43	3.01	11	0.76	82	5.71
210008 Mercy Medical Center	86,821	702	19.39	163	4.51	94	2.59	148	4.10	59	1.63	238	6.58
210009 Johns Hopkins Hospital	102,822	821	18.92	197	4.61	95	2.22	174	4.05	71	1.66	274	6.39
210011 Ascension Saint Agnes	90,738	516	13.65	122	3.49	102	2.69	84	2.22	34	0.89	168	4.37
210012 Sinai Hospital	112,328	905	19.34	196	4.19	163	3.48	164	3.60	82	1.79	301	6.42
210015 Medstar Franklin Squa.	107,498	791	17.66	162	3.62	141	3.15	164	3.66	54	1.20	271	6.05
210016 Adventist White Oak	198,300	614	6.22	122	1.48	109	1.92	66	0.79	32	0.38	186	2.25
210017 Garnett Regional Medi.	18,869	78	9.93	9	1.15	31	3.85	15	1.91	1	0.13	22	2.80
210018 Medstar Montgomery	92,898	245	6.39	40	1.05	74	1.92	28	0.72	18	0.45	85	2.20
210019 TidalHealth Peninsula	122,858	672	11.17	122	2.39	91	1.77	130	2.66	55	1.07	174	3.39
210022 Suburban Hospital	191,422	388	4.96	65	0.81	105	1.69	35	0.44	26	0.32	128	1.61
210023 Anne Arundel Medical	289,948	1,218	10.08	213	1.76	289	2.39	163	1.35	47	0.39	506	4.19
210024 Medstar Union Memor.	80,066	637	19.10	159	4.74	85	2.56	134	4.03	52	1.56	207	6.22
210027 UPMC - Western Maryl.	63,231	422	16.02	71	2.69	76	2.88	100	3.80	32	1.21	143	5.43
210028 Medstar St. Mary's Ho	91,189	501	13.29	82	2.16	124	3.26	114	3.00	24	0.63	157	4.13
210029 Johns Hopkins Bayvie.	85,998	710	19.62	161	4.60	103	2.87	154	4.29	52	1.46	240	6.71
210030 UM Shore Regional He	23,425	61	5.26	8	0.77	17	1.75	11	1.15	1	0.16	16	3.59
210032 ChristianCare, Union	75,460	461	14.66	89	2.81	135	4.28	123	3.92	18	0.57	97	3.09
210033 Carroll Hospital Center	131,558	753	13.73	86	1.80	236	4.30	158	2.88	27	0.49	236	4.30
210034 Medstar Harbor Hospo.	95,086	277	18.97	63	4.29	39	2.64	76	5.17	21	1.44	79	5.43
210035 UM-Charles Regional	123,400	431	8.38	105	2.04	97	1.89	74	1.44	27	0.53	128	2.49

Year Selection: 2023

Hospital Name: [All]

Attribution Category: [All]

Gender: [All]

Age Group: [All]

Race: [All]

Payer (affects numerator only): [All]

Casemix Data Available Through: 5/31/2023

## Summary by PDI

The summary by PDI tab allows users to view the PDIs assigned for the pediatric population. It breaks down the count of the specific PDIs as well as the PDI rate per 1000. Users can use this tab to identify PDIs which most impact their attributed pediatric population. The filters can be used to calculate the PDIs for a more specific population.

### Avoidable Admissions Report Pediatrics Summary by PDI

	Population Pediatric	PDI Acute	PDI Acute per 1000	PDI Diabetes	PDI Diabetes per 1000	PDI Asthma	PDI Asthma per 1000
Statewide	1,351,505	222	0.39	48	0.12	354	0.63
Selected Hospitals Subtotal	1,351,505	222	0.39	48	0.12	354	0.63
210001 Meritus Medical Center	34,014	7	0.49	2	0.19	10	0.71
210002 University Of Maryland Medical Cen.	18,222	6	0.78	5	0.90	18	2.41
210003 UM Capital Region Medical Center	31,467	1	0.07			3	0.20
210004 Holy Cross Hospital	61,409	12	0.47			7	0.28
210005 Frederick Health Hospital, Inc	65,177	4	0.15			21	0.77
210006 UM-Harford Memorial Hospital	9,429	1	0.25			1	0.25
210008 Mercy Medical Center	22,195	7	0.79	3	0.52	19	2.03
210009 Johns Hopkins Hospital	25,674	7	0.68	4	0.47	22	2.03
210011 Ascension Saint Agnes Hospital	25,978	7	0.62	1	0.12	6	0.77
210012 Sinai Hospital	31,932	7	0.53	3	0.31	20	1.48
210015 Medstar Franklin Square	29,537	8	0.62	4	0.47	12	0.98
210016 Adventist White Oak Hospital	60,331	9	0.37			3	0.11
210017 Garnett Regional Medical Center	4,028	0	0.00	1	0.84	2	1.19
210018 Medstar Montgomery Medical Cent.	27,303	6	0.64			6	0.72
210019 TidalHealth Peninsula Regional, Inc.	31,893	10	0.78	1	0.10	6	0.60
210022 Suburban Hospital	95,099	2	0.10			10	0.43
210023 Anne Arundel Medical Center	82,313	16	0.47	3	0.12	7	0.20
210024 Medstar Union Memorial Hospital	15,614	3	0.43	3	0.53	13	1.64
210027 UPMC - Western Maryland	13,170	0	0.00	1	0.24		
210028 Medstar St. Mary's Hospital	28,566	5	0.41			1	0.06
210029 Johns Hopkins Bayview Medical Cen.	25,296	7	0.71	2	0.26	14	1.37
210030 UM-Shore Regional Health At Chest	4,947	0	0.00				
210032 ChristianCare, Union Hospital	21,912	1	0.11				
210033 Carroll Hospital Center	36,673	7	0.44	2	0.16	8	0.55
210034 Medstar Harbor Hospital Center	11,965	5	1.11	1	0.24	8	1.61
210035 UM-Charles Regional Medical Center	38,206	0	0.00			1	0.06
210037 UM-Shore Regional Health At Easton	24,256	2	0.20	1	0.13	2	0.20
210038 UMMC Midtown Campus	4,379	2	1.03	2	1.67	6	3.54

Year Selection: 2023

Hospital Name: [All]

Attribution Category: [All]

Gender: [All]

Age Group: [All]

Race: [All]

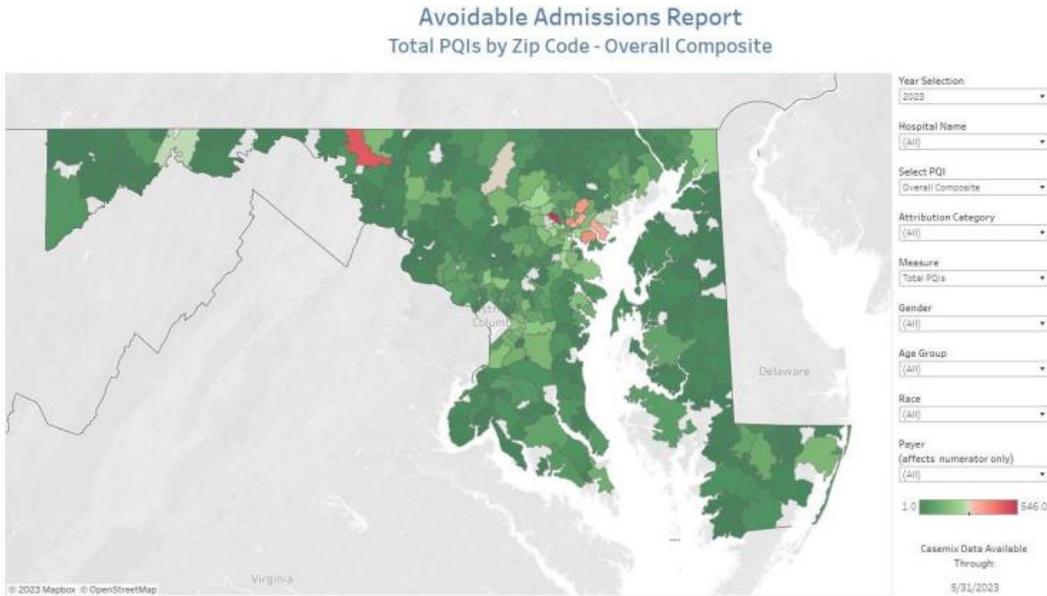
Payer (affects numerator only): [All]

Casemix Data Available Through: 5/31/2023

Metric	Definition
Population	Population shows the total number of beneficiaries attributed to a hospital. See the Denominator section for detailed methodology
PDI	YTD count of PDIs attributed to the hospital for the given PDI. For more information on the PDIs see the numerator section.
PDI per 1000	Calculates the PDIs per attributed population * 1000. This calculation is annualized.

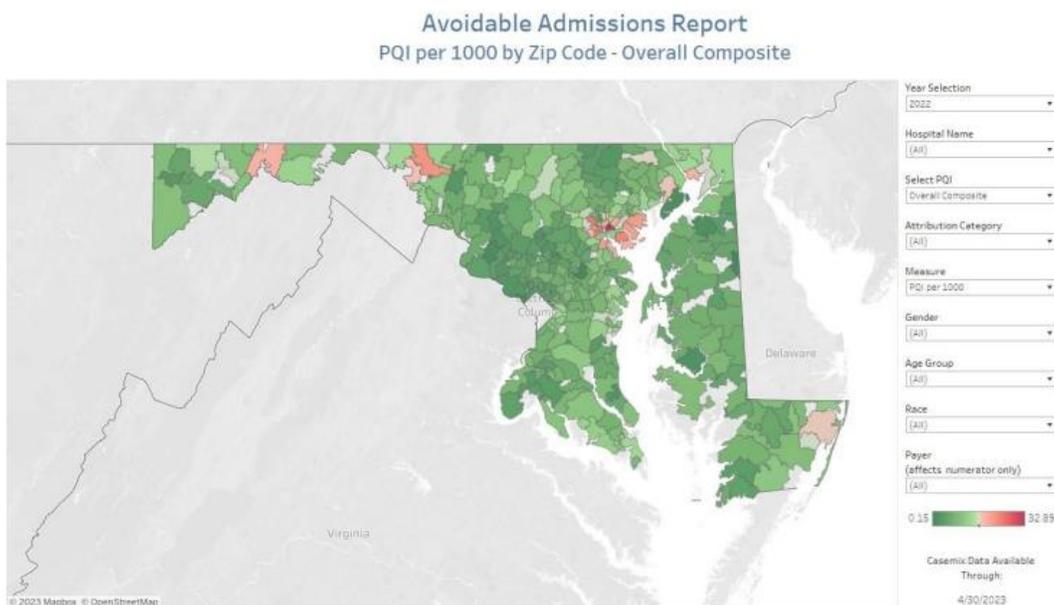
## PQI per zip

This dashboard allows users to view the annualized number of attributed PQIs by zip code. Users can view the areas that have a high number of PQI visits. The filters on the right allow you to view the PQIs for a more specific population.



## PQI per 1000 by Zip Code

This dashboard allows users to visualize the annualized PQI per 1000 rate by zip code. Turn the “Measure” filter to “PQI per 1000” to get this view. Users can use this view to identify areas that have higher than expected rates. The filters on the right allow you to view the PQIs for a more specific population.





## Workflows

This report is to show summary performance for regulatory purposes on all attributed beneficiaries. Future versions of the PAU User Guide will include descriptions of potential workflows between the Avoidable Admissions Report, CCLF Medicare Data and Analytics Engine (MADE).

### Connections with other reports

- PAU Detail-level files: Users can view visit level information for PQIs that are seen at their hospital, which may overlap with patients attributed under MPA or geography.
- PAU Savings: This report summarizes the primary measures of the PAU policy (sending readmissions, PQIs, and PDIs), and annualizes them for projection purposes. The report contains PQIs and PDIs attributed to your hospital. The Avoidable Admissions Tableau further breaks down the PQI and PDIs attributed to your hospital.
- MADE: Users can view patient details for Medicare beneficiaries for which their hospital has a treatment relationship or a care coordination agreement in MADE. PQI information is not available in MADE at this time.