BEFORE THE INSURANCE DEPARTMENT
OF THE
COMMONWEALTH OF PENNSYLVANIA

Statement Regarding the Acquisition of Control of or Merger with Domestic Insurers:

Hospital Service Association of Northeastern Pennsylvania
d/b/a Blue Cross of Northeastern Pennsylvania;
First Priority Life Insurance Company, Inc.;
HMO of Northeastern Pennsylvania, Inc.,
d/b/a First Priority Health

By Highmark Inc.

BCNEPA RESPONSE TO INFORMATION REQUEST 5.4.8.2 FROM THE PENNSYLVANIA INSURANCE DEPARTMENT

REQUEST 5.4.8.2:

Community Benefit Programs: Provide copies of any community health needs assessment, community benefit report or similar document (in draft or final form) prepared by or for BCNEPA or any BCNEPA Affiliate in the past four years.

RESPONSE:

BCNEPA certifies to the best of its information, knowledge and belief that the following attached documents are responsive to this request.

- Blue Ribbon Foundation Annual Reports (4);
- Community Health Re-investment Filings with the Department (4);
- Internal Population Analysis (16);
- Community Needs Assessments partially funded by BCNEPA (3)

Hospital Service Association of
Northeastern Pennsylvania
d/b/a Blue Cross of Northeastern
Pennsylvania ("BCNEPA")
19 North Main Street
Wilkes-Barre, PA 18711

Divider Page

2010 Annual Report to the Community

The Blue Ribbon Foundation
of BlueCross of Northeastern Pennsylvania

Independent Licensee of the Blue Cross and Blue Shield Association
®Registered Mark of the Blue Cross and Blue Shield Association

Since 2002, The Blue Ribbon Foundation of Blue Cross of Northeastern Pennsylvania has been helping community-based nonprofits deliver education and prevention programs that address many of the health conditions that can impair quality of life and drive up health care costs for us all. These community organizations and others recognize the value of preventing disease before it occurs.

The Blue Ribbon Foundation remains committed to its mission of helping people live healthier lives. We are honored and privileged to support the work of so many dedicated partners whose initiatives are addressing the most prevalent health issues in our region. The results are real and prove that wise health choices today produce measurable health outcomes in the future.

Mission

The mission of The Blue Ribbon Foundation is to improve the health status and wellness of all residents in our communities.

Vision

The vision for The Blue Ribbon Foundation is to be the leader in promoting innovative partnerships and supporting solutions for improved health and wellness that will produce measurable results.

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Kimberly Kockler, Vice President, Government Affairs

Sheila Petras, Director, Quality Improvement

Nina Taggart, M.D., Corporate Medical Director, Vice President of Clinical Programs

Staff

Jennifer R. Deemer, Grant and Program Specialist, The Blue Ribbon Foundation

Cynthia A. Yevich, Executive Director, The Blue Ribbon Foundation

NEPA-001382

Pocono Medical Center
Skin Cancer Screenings for the Uninsured

"Regular screenings are critical for the early identification and successful treatment of melanoma. Uninsured individuals, however, often don't have access to preventive screenings. The Foundation's support has helped us reach so many individuals who might not have been seen until their condition was serious."

Beth M. Taylor
Director, Wellness Institute
Pocono Medical Center

Maternal and Family Health Services
Nurse-Family Partnership Program

"This is a great program for first-time moms who may not have a role model. My role model is my nurse, and I know she'll be there for me to help me set a solid foundation for my son, Jaden. She gave me the knowledge and the confidence to be a good mother."

Tiffany Bromack
Participant

Lycoming County United Way
"Healthy Smiles" Program

"Studies show that when children learn good dental hygiene habits early, they are more likely to practice them for life. The program created by the partnership between The Blue Ribbon Foundation and the Lycoming County United Way is meeting a real need among children in our community."

Tonya L. Welshans
Public Health Educator
Pennsylvania Department of Health

NEPA-001383

Overview

In 2010, The Blue Ribbon Foundation of Blue Cross of Northeastern Pennsylvania awarded funds under three grant categories:

- **Access to Health Care for the Uninsured & Underinsured Grants**
  Access to Health Care Grants support community partners as they strive to improve the quality, or increase the quantity, of health care services for un- and underinsured individuals of any age. Funded projects address the following priority areas: Unfunded Pharmaceutical Needs; Medical Supplies; Medical Personnel; Diagnostic Testing; Translation Services; and Dental Needs.

- **Health & Wellness Impact Grants**
  Health & Wellness Impact Grants support projects that address the root causes of specific diseases and health conditions, and ultimately help to moderate escalating health care costs. Priority areas include: Behavioral Health Awareness; Cancer Awareness; Cardiovascular Disease Awareness; Diabetes Awareness; Drug, Alcohol or Tobacco Awareness; and Overweight and Obesity Awareness.

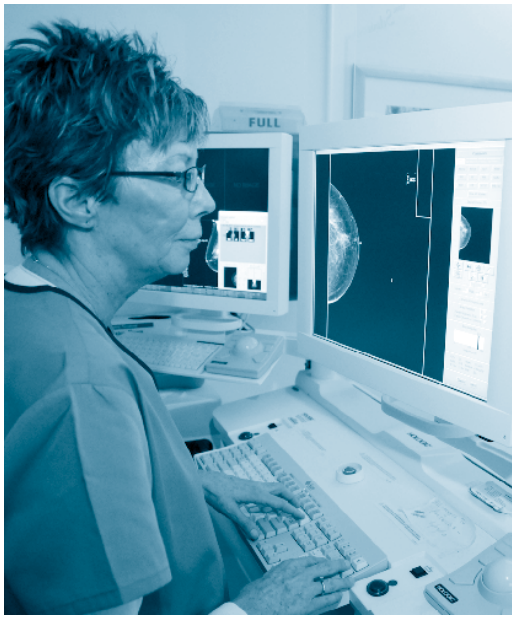
- **Health & Wellness Mini-Grants**
  Health & Wellness Mini-Grants support community health programs that fall under the following priority areas: Healthy Children and Families; Health Education and Prevention; and Human Services.

All Blue Ribbon Foundation-funded projects must produce measurable health and wellness outcomes, and must demonstrate collaboration and partnership among community organizations. Eligible applicants must demonstrate their tax classification as described in Internal Revenue Service Code, Section 501(c)(3) and Section 509(a), and must be located within or serve residents of Blue Cross of Northeastern Pennsylvania's 13-county services area (Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne and Wyoming Counties).

NEPA-001384

2010 Blue Ribbon Foundation Grants

Alzheimer's Association, Greater Pennsylvania Chapter
Caregivers' Education Series
Bradford, Clinton, Lackawanna, Luzerne, Lycoming, Sullivan, Susquehanna, Tioga, and Wyoming Counties
$5,600
This Caregivers' Education Series will educate family caregivers -- especially those facing a new diagnosis -- on the basics of Alzheimer's disease, communication and behavior management, legal issues, and caring for the caregiver. The series will be offered at no cost in four locations, reaching no less than 100 families from across nine counties.



"We are thankful for The Blue Ribbon Foundation's commitment to improve the health of the uninsured. Their grant will help us provide timely breast cancer screenings and education to Carbon County women who otherwise couldn't afford it."

Joseph C. Guardiani
Director of Fund Development
& Government Relations
Blue Mountain Health System

Blue Mountain Health System
Mammography & Diagnostic Ultrasounds for the Uninsured
Carbon County
$11,925
Blue Mountain Health System will use Foundation funds to expand its digital mammography and diagnostic ultrasound screening program. An additional 85 un/underinsured women will be screened and treated in the coming year.

Clinton County Healthy Communities
Clinton County Community Dental Clinic
Clinton County
$9,950
Clinton County Healthy Communities (CCHC) will use Foundation funding to expand dental services for low-income, un/underinsured children and families. An estimated 450 new patients will be treated, and those who are tobacco users will also receive tobacco prevention and oral health education.

Deutsch Institute
Adaptive Exercise Program
Lackawanna, Luzerne and Wayne Counties
$7,000
The Deutsch Institute will expand its exercise program for special needs adults to include four other community-based programs, reaching an additional 160 individuals across three counties. Sessions will help participants increase their cardio and respiratory endurance, muscle strength, balance and flexibility.

Devereux Pocono Center
Exercise Education for Special Needs Adults
Monroe, Pike and Wayne Counties
$4,000
"Get Moving, Get Fit" is a structured physical activity program that will serve 45 adults with disabilities who live at Devereux facilities and who are unable to participate in mainstream programs. The initiative complements a nutrition education program at Devereux that started in 2008 with help from a previous Blue Ribbon Foundation grant.

NEPA-001385

H.A.N.D.S of Wyoming County
Penn State Cooperative Extension's
"Eating Smart – Being Active" Program
Wyoming County
$2,610
"Eating Smart - Being Active" is a nutrition education program for low-income families with young children. Twenty parents and caregivers will learn about healthy and affordable meals, practical shopping, food safety and staying active. An additional 100 youngsters, ages 3-to-5, will receive age-appropriate nutrition and physical education sessions as well.

"Individuals with developmental disabilities have unique health and exercise needs. The Blue Ribbon Foundation helped us customize a fitness program designed to increase our residents' strength and flexibility."

Angela Beers
Former Director of Development
Devereux Pocono Center

Luzerne County Community College Foundation
LCCC Dental Clinic for the Uninsured
Carbon and Luzerne Counties
$12,000
The LCCC Dental Clinic provides screenings, evaluations, and education for low-income and uninsured people of all ages. A clinic expansion in early 2011 is projected to increase the number of uninsured patients by 40%. Foundation funds will be used to purchase commonly needed dental supplies and serve 745 new patients.

Lycoming County United Way
"Healthy Smiles" Dental Education for Pre-School Children
Lycoming County
$8,430
"Healthy Smiles" will provide dental education to 800 at-risk children, ages 3 to 5, in preschool and child care settings across Lycoming County. Parents and caregivers will also receive resource materials to help them reinforce good behaviors at home.

Maternal and Family Health Services
Nurse-Family Partnership (NFP)
Client Education
Lackawanna, Luzerne, Susquehanna, and Wayne Counties
$10,000
The Maternal and Family Health Services Nurse-Family Partnership (NFP) program provides regular home visits by an RN to low-income expectant women to ensure a safe, healthy pregnancy, healthy birth weight deliveries, and quality care-giving for the child during the first year after birth. Foundation funding will help NFP serve 200 new families in the coming year.

NEPA-001386

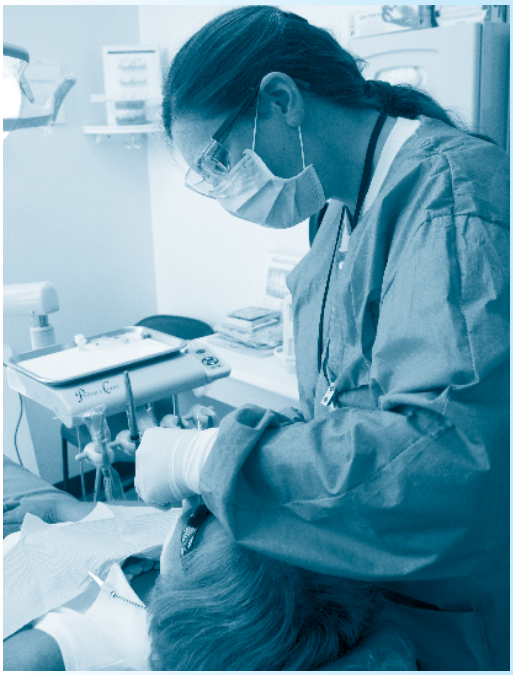
Pocono Medical Center
Skin Cancer Screenings for the Uninsured
Monroe County
$9,590
Pocono Medical Center will expand its annual free skin cancer screening event into a regularly available service for Monroe County's un/underinsured. No less than 250 individuals will be screened and educated about risk factors, sun protection, early signs of skin cancer and strategies for self-examination.

Pocono Services for Families and Children
Health Literacy Training Program
Monroe County
$6,500
Pocono Services for Families and Children will deliver health literacy training to 160 Head Start families in the coming year. Nationwide data shows that once trained, families experience a marked decrease in emergency room and clinic visits, as well as the number of school days and work days missed.

Scranton Counseling Center
S.W.E.A.T Program
Lackawanna County
$10,000
This grant will help add a nutrition and physical education component to the Scranton Counseling Center's existing summer program for low-income youth with emotional, behavioral and/or social problems. The S.W.E.A.T. (Summer Wellness Education, Activities and Therapeutic) Program engages 100 at-risk children for eight weeks each summer.

Scranton Primary Health Care Center
Dental Supplies for the Uninsured
Lackawanna, Lycoming, Monroe, Pike, Wayne and Wyoming Counties
$15,000
Scranton Primary Health Care Center will use Foundation funds to provide dental services and oral cancer screenings to 120 un/underinsured adults from six counties. Approximately 500 patients who smoke will also receive tobacco prevention/cessation education.

Sullivan County Victim Services
Safety for Children in an Internet Era
Sullivan County
$5,000
Sullivan County Victim Services (SCVS) will use Foundation funding to add Cyber-Bullying Safety and Internet Harassment Avoidance training to its school-based program. In partnership with the Sullivan County School District, SCVS will offer age-appropriate presentations to 400 students, pre-school through 12th grade, and education sessions for 100 parents and caregivers.



"Routine dental care is so important for good overall health, but there's a real lack of oral health resources for low-income and uninsured patients in this area. Our work at the Edward Dulworth Dental Center can continue because of partners like The Blue Ribbon Foundation."

Mary Lou Czyzyk, R.N.
Executive Director
Scranton Primary Health Care Center

NEPA-001387

"As the only free clinic in Scranton for the uninsured, we've seen growth in the need for our services during these tough economic times. Thanks to The Foundation's grant, we'll have the necessary pharmaceuticals and supplies on hand to treat patients of all ages."

Andrea Mantione, MSN, CRNP
Director, Leahy Community Health and Family Center
The University of Scranton

United Way of Lackawanna and Wayne Counties
Success By 6 Nutrition Education Program
Lackawanna County
$5,500
Success By 6 (SB6) will partner with 12 Pre-K Counts classrooms across Lackawanna County to provide nutrition education for more than 240 at-risk youngsters, ages 3 to 5. Close to 100 parents and caregivers will also be trained on preparing healthy and affordable meals, identifying healthy snacks, portion control and reading nutrition labels.

University of Scranton
The Edward R. Leahy Center Clinic for the Uninsured
Lackawanna County
$12,000
This grant will enable the University of Scranton's Leahy Center Clinic for the Uninsured to increase its available inventory of single course treatments for acute episodic conditions, preventive treatments, lab supplies and disposable medical supplies. An estimated 1,000 new un/underinsured individuals of all ages will benefit in the coming year.

Valley Prevention Services
"Too Good for Drugs"
School-Based Prevention Program
Lycoming County
$5,900
Valley Prevention Services (VPS) will use Foundation funds to launch "Too Good For Drugs," an evidence-based prevention program designed for elementary school-aged youngsters. VPS educators will conduct age-appropriate presentations for 250 second and third grade students in Lycoming County.

Victims' Intervention Program
School-Based Cyber Safety Program
Pike and Wayne Counties
$3,900
Victims' Intervention Program will use Foundation funds to add Cyber Safety and Internet Harassment Avoidance training to its school-based programming in all Wayne County School Districts. An estimated 550 fourth grade students will participate during the 2010/2011 academic year.

NEPA-001388

Volunteers of America
Supporting Stronger Families
Luzerne County
$7,000
Foundation funding will enable Family Support Coaches from Volunteers of America to meet regularly with 60 low-income, high-risk families in Luzerne County. Services include parenting education, crisis resolution, and referrals for mental health screenings and substance abuse counseling if needed.

Wayne Memorial Community Health Centers
Healthier Babies Through Breastfeeding
Wayne County
$9,930
Wayne Memorial Community Health Centers will use Foundation funds to launch a breastfeeding education program designed to increase the number of breastfed infants among the un/underinsured women the Clinic serves. An estimated 150 new un/underinsured moms and their babies, from birth through six months, will benefit.

Women's Resource Center
Teen Relationship Violence – Prevention Education Program
Lackawanna County
$6,500
The Women's Resource Center will create and launch a new, highly interactive approach to violence prevention education for young women in Lackawanna County. In the coming year, the program will engage 370 age-targeted women identified by local colleges and community partners.

YWCA of Northcentral Pennsylvania
Liberty House–Case Management Services
Lycoming County
$10,000
Liberty House is a bridge housing program that also offers health screenings, drug and alcohol counseling, domestic violence prevention education, parenting education, and nutrition information to homeless women and their children in Lycoming County. Foundation funds will be used to maintain nearly 1,000 hours of essential caseworker services for 85 homeless women in the coming year.

"The Blue Ribbon grant helped us create a unique and highly interactive violence prevention curriculum. We're now delivering it at local colleges and social service agencies, reaching close to 400 teens in a manner and communication style they respect."

Peg Ruddy
Executive Director
Women's Resource Center

NEPA-001389

United Way Organizations

As part of its continuing partnership with nonprofit agencies that respond to the needs of our neighbors, The Blue Ribbon Foundation's Board of Directors authorized nearly $122,000 in contributions to be shared by United Ways throughout northeastern and north central Pennsylvania.

Funding supports health-related programs offered by United Way agencies in the 13 counties served by Blue Cross of Northeastern Pennsylvania.

"We join with all United Ways across northeastern and north central Pennsylvania in expressing our appreciation to Blue Cross and its Blue Ribbon Foundation. In our region alone, their support is helping more than 25 United Way partner agencies meet the needs of at-risk families every day."

Scott Lowery
Executive Director
Lycoming County United Way

COUNTY	ORGANIZATION	AMOUNT
Bradford & Sullivan Counties	Bradford County United Way	$ 7,171
Carbon County	United Way of Carbon County	$ 1,000
Carbon County	Greater Weatherly Area Community Chest	$ 1,000
Clinton County	Clinton County United Way	$ 2,895
Lackawanna & Wayne Counties	United Way of Lackawanna & Wayne Counties	$ 34,142
Luzerne County	United Way of Greater Hazleton	$ 7,748
Luzerne County	United Way of Wyoming Valley	$ 30,974
Lycoming County	Lycoming County United Way	$ 13,036
Monroe County	United Way of Monroe County	$ 12,303
Pike County	United Way of Pike County	$ 3,497
Susquehanna County	Susquehanna County United Way	$ 3,340
Tioga County	Mansfield Area United Fund	$ 1,000
Tioga County	Wellsboro Area United Fund	$ 1,000
Wyoming County	Wyoming County United Way	$ 2,588

NEPA-001390

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19 North Main Street
Wilkes-Barre, Pennsylvania 18711
570-200-6305

www.bcnepa.com/ceBRFoundation.aspx

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Divider Page

2011 Annual Report to the Community

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Nina M. Taggart, M.A., M.D., M.B.A, Corporate Medical Director, Vice President of Clinical Programs

Staff

Jennifer R. Deemer, Grant and Program Specialist, The Blue Ribbon Foundation

Cynthia A. Yevich, Executive Director, The Blue Ribbon Foundation

NEPA-001395

Overview

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- **Health & Wellness Impact Grants**
  Health & Wellness Impact Grants support projects that address the root causes of specific diseases and health conditions, and ultimately help to moderate escalating health care costs. Priority areas include: Behavioral Health Awareness; Cancer Awareness; Cardiovascular Disease Awareness; Diabetes Awareness; Drug, Alcohol or Tobacco Awareness; and Overweight and Obesity Awareness.

- **Health & Wellness Mini-Grants**
  Health & Wellness Mini-Grants support community health programs that fall under the following priority areas: Healthy Children and Families; Health Education and Prevention; and Human Services.

All Blue Ribbon Foundation-funded projects must produce measurable health and wellness outcomes, and must demonstrate collaboration and partnership among community organizations. Eligible applicants must demonstrate their tax classification as described in Internal Revenue Service Code, Section 501(c)(3) and Section 509(a), and must be located within or serve residents of Blue Cross of Northeastern Pennsylvania's 13-county service area (Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne and Wyoming Counties).

NEPA-001396

2011 Blue Ribbon Foundation Grants

American Lung Association
"Better Breathers Clubs" COPD Education
Lackawanna, Tioga and Wayne Counties
$4,000.00
Early detection, lifestyle changes and proper chronic care management can help minimize the effects of Chronic Obstructive Pulmonary Disease (COPD) and limit hospitalizations. Through the "Better Breathers Club" program, the American Lung Association (ALA) will educate more than 120 hospital staff, lung disease patients and caregivers in three counties on topics such as the basics of COPD, treatment, behavior change and lifestyle and disease management.

American Red Cross of the Poconos
School-Based Emergency Preparedness Workshops
Monroe and Pike Counties
$6,488.00
The American Red Cross of the Poconos will use Foundation funding to deliver school-based safety workshops to 500 4th and 5th graders in the East Stroudsburg Area School District during the 2011/12 school year. The 90-minute workshops will provide students with age-appropriate information and hands-on training on topics such as being home alone, emergency preparedness, first aid/pet first aid, home fires, lightning and thunderstorms, flooding, and how and when to contact the County's 9-1-1 Center.

Boys and Girls Clubs of Northeastern PA
Kids in Control – Personal Safety Education
Lackawanna and Luzerne Counties
$5,000.00
The Boys and Girls Clubs of Northeastern Pennsylvania will partner with medical, legal and emergency management professionals to offer the "Kids in Control" Personal Safety Program to 100 youngsters, ages 6-to-11. The 12-lesson curriculum is designed to help Club members learn and practice the skills they need to be safe at the Club, at home and out in the community. The program will be offered at the main Club in Scranton, and at three of the Club's Luzerne County centers affiliated with low-income housing developments.

"I liked the Kids in Control program because we learned new things about staying safe and had a lot of fun doing it."

Samara Haigler, Age 10
Boys & Girls Club Member

NEPA-001397

"The information and support I've received from EOTC's Parents as Teachers program has helped me become a better parent to my daughter. Helping my children learn while they are young is important to me."

Demara Burley
EOTC Program Participant

Burn Prevention Foundation
"The Great Escape" School-Based Education Program
Lackawanna and Luzerne Counties
$5,500.00

"The Great Escape" is a school-based education program designed to instruct students on the importance of planning and practicing a home exit in case of fire. Foundation funds will be used to deliver the in-school program to 5th through 8th graders. The lesson plan provides audio and visual examples of how to create an escape plan. Web-based and take-home materials are also shared with the students' families. Though the grant will help the Burn Prevention Foundation ultimately reach more than 43,000 students across 13 counties, outcome data for our grant will be collected by the Scranton and Hazleton Fire Departments from 475 students in Luzerne and Lackawanna County school districts.

Employment Opportunity and Training Center (EOTC) of NEPA
Parents as Teachers Home Visiting Program
Lackawanna County
$5,595.00

EOTC's Parents as Teachers (PAT) Program addresses the needs of at-risk families by delivering a home-based curriculum focused on improving parenting skills and early intervention. This Foundation grant will enable EOTC to serve 75 additional families through its Home Visiting Program in the coming year. Families will be visited by a PAT-certified educator two times per month. Sessions will include health and developmental screenings for all children, and coaching for parents on topics such as guided parent-child interaction, hygiene, appropriate parenting behavior, and home management skills.

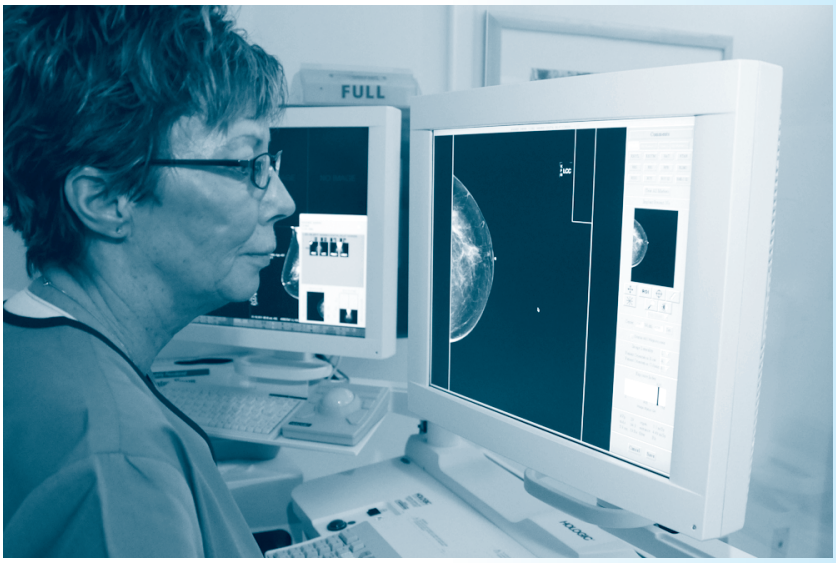
NEPA-001398

Infant Development Program
Early Intervention Parent-Child Home Program
Clinton County
$5,000.00

According to Pennsylvania's Office of Child Development and Early Learning (OCDEL), 75% of Clinton County children under the age of 5 are living in economically at-risk families. The Infant Development Program's Early Intervention Parent-Child Home Program helps meet the needs of these families by providing home-based instruction. Home visits by a certified family services assistant include health and developmental evaluations for all children, and parenting education on the stages of healthy child development, nurturing skills, and coaching. Foundation funding will enable the program to add 30 hours of home visit time each week, serving 20 new families (no less than 40 individuals) in the coming year.

Northeast Regional Cancer Institute
Cancer Patient Navigation Program
Lackawanna, Luzerne and Wayne Counties
$8,372.00

The Cancer Institute's community-based Cancer Patient Navigation Program is designed to increase colon, breast and cervical cancer screening compliance in Lackawanna, Luzerne and Wayne Counties. A patient navigator will offer support from screening through diagnosis, treatment and after-care for 500 un/underinsured residents in these three counties. The Cancer Institute will partner with six free and federally qualified health clinics to identify program participants and help them overcome barriers such as financial status, communication, transportation, and fear of the healthcare system. In addition, all patients identified without a medical home will be connected or re-connected to a primary care provider.



"Many cancers are effectively treated when detected early. Thanks to Blue Ribbon Foundation support, we will be able to reach 500 un/underinsured patients with screening and support services to safeguard their health."

Laura Toole, LCSW
Director, Community and Patient Services
Northeast Regional Cancer Institute

NEPA-001399

Ruth's Place House of Hope
Trauma Services for At-Risk Women
Luzerne County
$9,750.00
Ruth's Place will use Foundation funding to provide on-site trauma services for 110 shelter residents. Individual and group services will be provided by a certified trauma specialist, and shelter staff will become trained to continue to manage a trauma support program for residents beyond the initial year of funding.

Tioga Dental Services
Dental Services for Un/Underinsured Children
Bradford, Lycoming and Tioga Counties
$9,990.00
Established in 2009 to serve low-income un/underinsured families, Tioga Dental Services (TDS) is the only facility in the northern tier that accepts patients of all ages on Medical Assistance. In the coming year, TDS will use Foundation funds to expand its pediatric preventive dental program to serve an additional 370 un/underinsured children under age 6 with high risk of dental caries.

United Way of Wyoming Valley
Behavioral Education for Childcare Providers
Luzerne County
$5,000.00
Foundation funding will enable the United Way of Wyoming Valley's Success By 6 team to help early childhood educators meet the needs of the growing number of children with behavioral issues and mental health challenges in Head Start programs. Behavioral education will be offered to no less than 24 Head Start childcare providers at 12 sites across Luzerne County, all of which serve children identified as at-risk. The program includes three, two-hour sessions with a certified behavioral education specialist. In addition, an estimated 240 children enrolled at the sites will be evaluated for social and behavioral issues and intervention will be provided if needed.

"Good oral health habits start early and are vital to staying healthy. We're grateful that The Blue Ribbon Foundation is helping us expand no cost dental services to un/underinsured children in Tioga and neighboring counties."

Robert Borzak
Executive Director
Tioga Dental Services

NEPA-001400

"The Blue Ribbon Foundation has been a valued partner since we opened our doors. This grant will help us provide medically-necessary diagnostic services to 475 patients who otherwise would not be able to afford them."

Kelly Ranieli
Executive Director
Volunteers in Medicine

Women's Resources of Monroe County, Inc.
Safety Planning for At-Risk Women
Monroe County
$5,000.00

Women's Resources of Monroe County has experienced a substantial increase in the number of families in crisis, providing support and emergency shelter to hundreds of victims. Foundation funding will be used to provide more than 300 hours of shelter advocate services to 54 women in the coming year. Each woman will prepare a safety plan for themselves and any children in their care, and will also be matched with other agencies as needed for ongoing health and support services.

Volunteers in Medicine
Diagnostic Services for the Un/Underinsured
Luzerne County
$10,000.00

The Volunteers in Medicine (VIM) clinic was established in downtown Wilkes-Barre in 2008. It provides free primary and preventive health care to working individuals in Luzerne County with a household income at or below 200 percent of the Federal Poverty Guidelines who have no health insurance. The VIM clinic will use Foundation funding to provide medically-necessary diagnostic testing and lab services, such as X-rays, mammograms, ultrasounds, lipid panels, urinalysis and MRIs, to 475 patients in the coming year.

NEPA-001401

"We are most grateful for The Blue Ribbon Foundation's continued support for our efforts in Lackawanna and Wayne Counties. This year's contribution significantly bolstered our ability to reach those most in need during these difficult economic times."

Gary Drapek
President
United Way of Lackawanna and Wayne Counties

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Pike County	United Way of Pike County	$3,497
Susquehanna County	Susquehanna County United Way	$3,340
Tioga County	Mansfield Area United Fund	$1,000
Tioga County	Wellsboro Area United Fund	$1,000
Wyoming County	Wyoming County United Way	$2,588

The Blue Ribbon Foundation of BlueCross of Northeastern Pennsylvania

Independent Licensee of the Blue Cross and Blue Shield Association
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19 North Main Street
Wilkes-Barre, Pennsylvania 18711
570-200-6305

www.bcnepa.com/ceBRFoundation.aspx

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Divider Page

2012 Annual Report to the Community

The Blue Ribbon Foundation
of BlueCross of Northeastern Pennsylvania

Independent Licensee of the Blue Cross and Blue Shield Association
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Since 2002, The Blue Ribbon Foundation of Blue Cross of Northeastern Pennsylvania has been helping community-based nonprofits deliver education and prevention programs that address many of the health conditions that can impair quality of life and drive up health care costs for us all. These community organizations and others recognize the value of preventing disease before it occurs.

The Blue Ribbon Foundation remains committed to its mission of helping people live healthier lives. During its first decade of service, The Foundation awarded nearly $10 million in grant funding to 170 nonprofits to help meet the health and wellness needs of more than 186,000 at-risk individuals. We are honored and privileged to support the work of so many dedicated partners whose initiatives are addressing the most prevalent health issues in our region.

Mission

The mission of The Blue Ribbon Foundation is to improve the health status and wellness of all residents in our communities.

Vision

The vision for The Blue Ribbon Foundation is to be the leader in promoting innovative partnerships and supporting solutions for improved health and wellness that will produce measurable results.

Board of Directors

Denise S. Cesare

Judith O. Graziano

Alan S. Hollander, Esquire

Sr. M. Martin de Porres McHale

John J. Menapace

John P. Moses, Esquire

Paul H. Rooney, Jr.

Internal Grant Review Committee

Kevin T. Brennan, Vice President, Provider Operations

TJ Fjelseth, SPHR, Vice President, Human Resources

Suzanne M. Fletcher, Vice President, Finance & Administrative Services

Catherine M. Gorski, BS, MHA, Director, Quality Improvement

Kimberly Kockler, Vice President, Government Affairs

Kara Malitsky, Pharm.D., R.Ph, Director, Pharmacy Management

Nina M. Taggart, MA, MD, MBA, Chief Medical Officer & Vice President, Clinical Operations

John J. Viteritti, DO, Medical Director, Network Management & Provider Operations

Staff

Jennifer R. Deemer, Grant and Program Specialist, The Blue Ribbon Foundation

Cynthia A. Yevich, Executive Director, The Blue Ribbon Foundation

NEPA-001406

Overview

In 2012, The Blue Ribbon Foundation of Blue Cross of Northeastern Pennsylvania awarded funds under three grant categories:

- **Access to Health Care for the Uninsured & Underinsured Grants**
  Access to Health Care Grants support community partners as they strive to improve the quality, or increase the quantity, of health care services for un- and underinsured individuals of any age. Funded projects address the following priority areas: Unfunded Pharmaceutical Needs; Medical Supplies; Medical Personnel; Diagnostic Testing; Translation Services; and Dental Needs.

- **Health & Wellness Impact Grants**
  Health & Wellness Impact Grants support projects that address the root causes of specific diseases and health conditions, and ultimately help to moderate escalating health care costs. Priority areas include: Behavioral Health Awareness; Cancer Awareness; Cardiovascular Disease Awareness; Diabetes Awareness; Drug, Alcohol or Tobacco Awareness; and Overweight and Obesity Awareness.

- **Health & Wellness Mini-Grants**
  Health & Wellness Mini-Grants support community health programs that fall under the following priority areas: Healthy Children and Families; Health Education and Prevention; and Human Services.

All Blue Ribbon Foundation-funded projects must produce measurable health and wellness outcomes, and must demonstrate collaboration and partnership among community organizations. Eligible applicants must demonstrate their tax classification as described in Internal Revenue Service Code, Section 501(c)(3) and Section 509(a), and must be located within or serve residents of Blue Cross of Northeastern Pennsylvania's 13-county services area *(Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne and Wyoming Counties)*.

NEPA-001407

2012 Blue Ribbon Foundation Grants

Blue Mountain Health System
Digital Mammograms for the Uninsured
Carbon County
$9,975.00

According to the National Cancer Institute, the annual age-adjusted death rate from breast cancer in Carbon County is higher than both the Pennsylvania and United States rates. The Blue Mountain Health System (BMHS) Mammography & Diagnostic Ultrasounds Program provides free mammograms to uninsured women in Carbon County. BMHS will use Foundation funding to expand this screening program to include an additional 95 un/underinsured women. Any women identified as needing follow-up intervention will be treated by BMHS regardless of ability to pay.

Infant Development Program
"Stretch n' Grow" for Pre-School Children
Clinton County
$7,000.00

Stretch n' Grow is a national, research-based curriculum designed to address childhood obesity in pre-K children through physical movement, healthy nutrition choices, and lessons on safety and hygiene. Infant Development Program will have a certified Stretch n' Grow instructor visit nine pre-school classrooms in Clinton County every week for 35 weeks. No less than 130 at-risk youngsters ages 3 to 5 will be reached, and take-home materials will be shared with their parents/caregivers.

"I'm so glad my son has the opportunity to participate in Stretch n' Grow. This program is the perfect way to teach very young children what they need to know about exercise and nutrition."

MaryLu Sanders
Participant Parent
"Stretch n' Grow" for Pre-School Children

NEPA-001408

"Preventive dental care is a necessary step in avoiding serious health problems. We're grateful that The Blue Ribbon Foundation is helping us expand dental services to un- and underinsured children and adults throughout the Wyoming Valley."

Calandria Miller, DMD
Instructor
LCCC Dental Clinic

Luzerne County Community College Foundation
LCCC Dental Clinic
Lackawanna, Luzerne and Wyoming Counties
$8,000.00

The LCCC Dental Clinic provides dental screenings, evaluations, and education to a diverse population of patients. Services are provided by student clinicians in tandem with volunteer licensed and certified professionals. In 2010-2011, the Clinic served more than 830 uninsured children and adults, including the elderly and special needs individuals. LCCC will use Foundation funds to purchase commonly needed dental supplies to expand services to no less than 520 new uninsured patients.

Maternal and Family Health Services, Inc.
Prenatal Case Management for Un/Underinsured Women
Lackawanna County
$8,950.00

Through the Circle of Care program, Maternal and Family Health Services (MFHS) promotes healthy birth outcomes by providing comprehensive care to un/underinsured pregnant women in Lackawanna County. More than 80% of these women are considered high-risk maternity clients. MFHS will use Foundation funding to provide prenatal case management services to 200 high-risk patients, ensuring each woman receives an individual needs assessment with referrals, outreach and follow-up as necessary.

NEPA-001409

North Penn Comprehensive Health Services
Diabetes Care Management for the Uninsured
Tioga County
$10,000.00

North Penn Comprehensive Health Services' Diabetes Care Management Project is designed to increase compliance with recommended testing, improve diabetes self-management and minimize diabetes-related health effects among Tioga County's un/underinsured. Foundation funds will help purchase A1C test kits to support regular care for 400 patients. Participants will also meet with North Penn's Certified Diabetes Educator to learn more about healthy eating, being active, and reducing risks to better manage their diabetes.

Pocono Services for Families and Children
Health Literacy Training Program
Monroe County
$6,000.00

Pocono Services for Families and Children (PSFC) will use Foundation funds to deliver health literacy training to 104 Head Start families at four locations across Monroe County. Created by UCLA and Johnson & Johnson, the training program covers topics such as At-Home Treatment of Common Childhood Illnesses, Reading Prescription Labels, Oral Health, Obesity Prevention, Asthma, and Health Promotion. Nationwide data shows that once trained, families experience a marked decrease in emergency room and clinic visits, as well as the number of school days and work days missed.

"By giving our un- and underinsured patients immediate access to A1C testing and results, our clinics are able to discuss good diabetes management habits while the patient is still onsite."

Kimberly Miller, R.D.
Certified Diabetes Educator
North Penn Comprehensive Health Services

NEPA-001410

"With help from The Blue Ribbon Foundation, we are empowering low-income and uninsured families to make better decisions about their health and health care, and strengthening these families as well as the communities we serve."

Tim Lee
Executive Director
Pocono Services for Families and Children

Scranton Primary Health Care Center, Inc.
Immunizations for the Un/underinsured
Lackawanna, Monroe, Pike and Wyoming Counties
$10,000.00

Un/underinsured individuals often do not receive recommended immunizations because of the cost, leaving this population at a higher risk for preventable diseases. The Scranton Primary Health Care Center will use this grant to purchase nearly 500 doses of vaccine to immunize 190 prenatal patients against influenza, and offer influenza, pneumonia, diphtheria, tetanus and/or whooping cough vaccinations to an additional 210 un/underinsured adults.

Susquehanna Community Health and Dental Center
Vaccine Project for the Uninsured
Lycoming County
$10,000.00

The Susquehanna Community Health and Dental Center provides medical services for any resident of Lycoming County, including more than 3,500 low-income and un/underinsured children and adults. The Clinic will use Foundation funding to purchase 261 doses of vaccine to immunize more than 200 un/underinsured patients against influenza, pneumonia, diphtheria, tetanus and whooping cough.

NEPA-001411

University of Scranton Leahy Clinic
Pharmaceutical Support for the Uninsured
Lackawanna County
$10,000.00

Since 2007, the University of Scranton Edward R. Leahy Center Clinic has served uninsured residents of Lackawanna County with free primary health care services. The Clinic will use Foundation funding to increase its available inventory of single course treatments for acute episodic conditions, preventive treatments, lab supplies and disposable medical supplies to serve an estimated 1,000 new un/underinsured individuals. The grant will also expand the on-site hours of a pharmacist to educate patients on the proper use of prescribed medications.

Valley Prevention Services
"Too Good for Drugs" School-Based Education
Lycoming County
$5,500.00

Valley Prevention Services (VPS) will deliver "Too Good For Drugs," an evidence-based prevention education program, to 175 first and fifth grade students in Lycoming County. The 10 lesson curriculum focuses on developing skills to resist peer pressures, goal setting, decision-making, managing emotions, effective communication, and social interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle.

"Thanks to the support of The Blue Ribbon Foundation, we will be able to provide medications, immunizations and education to individuals who otherwise do not have the means or the access to receive them."

Andrea Mantione, MSN, CRNP
Director & Nurse Practitioner
Leahy Clinic

NEPA-001412

Wilkes-Barre Family YMCA
C.A.T.C.H. After School Program
Luzerne County
$9,710.00

CATCH, which stands for "Coordinated Approach To Child Health," is an anti-obesity curriculum for youngsters that has been adopted by YMCA's across the U.S. with great results. The Wilkes-Barre Family YMCA will use Foundation funds to offer the curriculum during its after school program to 35 low-income, physically at-risk children, grades K through 6. Each child will participate in at least 30 minutes of daily physical activity and weekly nutrition education sessions for 35 weeks.

Women's Resource Center
Safety Planning Program
Lackawanna and Susquehanna Counties
$4,567.00

In 2012, Women's Resource Center (WRC) saw a substantial increase in the number of families in crisis seeking support and emergency shelter from domestic violence. Foundation funding will help provide more than 230 hours of shelter advocate services to 200 at-risk women served by Women's Resource Center. The advocate will meet with each woman to help them prepare a safety plan for themselves and any children in their care, and will also evaluate the need to match the family with other agencies for ongoing health and support services.

"I like C.A.T.C.H. because it is fun to exercise with other kids my age. We also learn about foods that are good for us."

Cali Dehnel, Age 5
Participant
C.A.T.C.H. After School Program

NEPA-001413

"We greatly appreciate The Blue Ribbon Foundation's generous contribution, especially in this challenging economy. The Foundation's continued support allows our United Way and others to focus on what we believe are the building blocks to a stronger community: Education, Income and Health."

Bill Jones
President and CEO
United Way of Wyoming Valley

COUNTY	ORGANIZATION	AMOUNT
Bradford & Sullivan Counties	United Way of Bradford County	$7,171
Carbon County	United Way of Carbon County	$1,000
Carbon County	Greater Weatherly Area Community Chest	$1,000
Clinton County	Clinton County United Way	$2,895
Lackawanna & Wayne Counties	United Way of Lackawanna and Wayne Counties	$34,142
Luzerne County	United Way of Greater Hazleton	$7,748
Luzerne County	United Way of Wyoming Valley	$30,974
Lycoming County	Lycoming County United Way	$13,036
Monroe County	United Way of Monroe County	$12,303
Pike County	United Way of Pike County	$3,497
Susquehanna County	United Way of Susquehanna County	$3,340
Tioga County	Mansfield Area United Fund	$1,000
Tioga County	Wellsboro Area United Fund	$1,000
Wyoming County	Wyoming County United Way	$2,588

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2013 Annual Report to the Community

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Since 2002, The Blue Ribbon Foundation of Blue Cross of Northeastern Pennsylvania has been helping community-based nonprofits deliver education and prevention programs that address many of the health conditions that can impair quality of life and drive up health care costs for us all. These community organizations and others recognize the value of preventing disease before it occurs.

The Blue Ribbon Foundation remains committed to its mission of helping people live healthier lives. In more than a decade of service, The Foundation awarded nearly $10 million in grant funding to 190 nonprofits to help meet the health and wellness needs of more than 191,000 at-risk individuals. We are honored and privileged to support the work of so many dedicated partners whose initiatives are addressing the most prevalent health issues in our region.

Mission

The mission of The Blue Ribbon Foundation is to improve the health status and wellness of all residents in our communities.

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The vision for The Blue Ribbon Foundation is to be the leader in promoting innovative partnerships and supporting solutions for improved health and wellness that will produce measurable results.

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Kara Malitsky, PharmD, RPh
Director, Pharmacy Management

Brian J. Rinker
Senior Vice President, Chief Administrative Officer

Nina M. Taggart, MA, MD, MBA, FAAO
Chief Medical Officer and Vice President, Clinical Operations

John J. Viteritti, DO
Medical Director, Network Management & Provider Operations

Staff

Cynthia A. Yevich
Executive Director, The Blue Ribbon Foundation

Christine Zavaskas
Grant and Program Specialist, The Blue Ribbon Foundation

NEPA-001417

Overview

In 2013, The Blue Ribbon Foundation of Blue Cross of Northeastern Pennsylvania awarded funds under three grant categories:

- **Access to Health Care for the Uninsured & Underinsured Grants**

  Access to Health Care Grants support community partners as they strive to improve the quality or increase the quantity of health care services for un/underinsured individuals of any age. Funded projects address the following priority areas: Unfunded Pharmaceutical Needs; Medical Supplies; Medical Personnel; Diagnostic Testing; Translation Services; and Dental Needs.

- **Health & Wellness Impact Grants**

  Health & Wellness Impact Grants support projects that address the root causes of specific diseases and health conditions and ultimately help to moderate escalating health care costs. Priority areas include: Behavioral Health Awareness; Cancer Awareness; Cardiovascular Disease Awareness; Diabetes Awareness; Drug, Alcohol or Tobacco Awareness and Overweight and Obesity Awareness.

- **Health & Wellness Mini-Grants**

  Health & Wellness Mini-Grants support community health programs that fall under the following priority areas: Healthy Children and Families, Health Education and Prevention and Human Services.

All Blue Ribbon Foundation funded projects must produce measurable health and wellness outcomes and must demonstrate collaboration and partnership among community organizations. Eligible applicants must demonstrate their tax classification as described in Internal Revenue Service Code, Section 501(c)(3) and Section 509(a), and must be located within or serve residents of Blue Cross of Northeastern Pennsylvania's 13-county service area (Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne and Wyoming Counties).

NEPA-001418

2013 Blue Ribbon Foundation Grants

American Lung Association in Pennsylvania
Asthma Care Package Program

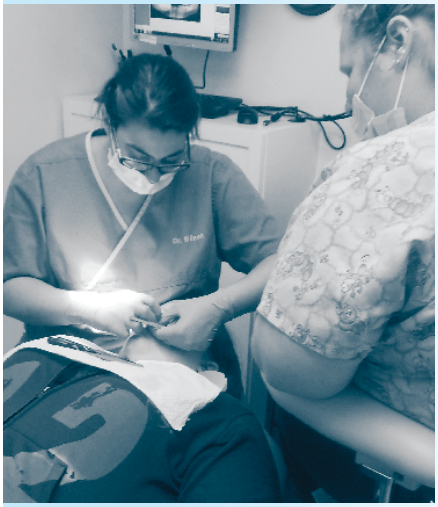
Lackawanna, Luzerne, Tioga, Wayne and Wyoming Counties
$8,601

The American Lung Association in Pennsylvania will distribute 235 Asthma Care Packages to un/underinsured asthmatic children and adults who have been newly diagnosed with the disease. The packages will contain educational materials and supplies to help patients effectively manage their asthma and reduce the need for unplanned emergency room or doctor visits.

Blue Mountain Health System, Inc.
Healthy Smiles, Happy Kids Mobile Dental Van

Carbon County
$10,000

The Healthy Smiles, Happy Kids Mobile Dental Van visits Carbon County schools to provide dental services to un/underinsured children. With Blue Ribbon Foundation funding, staff of the Dental Van will purchase the supplies necessary to prevent, diagnose and treat dental disease in 225 new patients.



"Proper oral health care is vital to staying healthy. We thank The Blue Ribbon Foundation for its generous support of our efforts to provide higher quality, cost effective dental care for our uninsured patients."

Laurie Welch
Executive Director
Clinton County Healthy Communities

Children's Advocacy Center of Northeastern Pennsylvania
Medical Professionals Education Initiative

Carbon, Lackawanna, Luzerne, Monroe, Pike, Susquehanna, Wayne and Wyoming Counties
$6,050

The Children's Advocacy Center of Northeastern Pennsylvania will launch the Medical Professionals Education Initiative to inform local medical professionals and health care students about the signs, symptoms and behaviors of child abuse. Eight training sessions and educational presentations will be delivered to 420 participants.

Clinton County Healthy Communities
Clinton County Community Dental Clinic

Clinton County
$7,750

The Clinton County Community Dental Clinic provides free or low-cost dental services and oral hygiene education to un/underinsured individuals throughout Clinton County. With this grant, the Clinic will expand the hours of a dentist and dental hygienist to serve 100 new un/underinsured adults currently on the Clinic's waiting list.

NEPA-001419

Diakon Lutheran Social Ministries

Transportation Assistance for Older Adults

Carbon and Luzerne Counties
$5,000

The Transportation Assistance for Older Adults program provides door-to-door transportation services to help older adults who live independently continue to meet their basic health needs. With Foundation funding, 74 older adults in lower Luzerne and Carbon Counties will continue to receive transportation assistance in the coming year.

East Stroudsburg University Center for Research and Economic Development

Speech-Language-Hearing Screenings for Monroe County Head Start

Monroe County
$6,731

Graduate students from the East Stroudsburg University Speech and Hearing Center will conduct free speech-language-hearing screenings for 276 preschool children and their younger siblings at six Monroe County Head Start Centers and the Annual Head Start Health Fair in Monroe County.

Family Health Clinic of Barnes-Kasson Hospital, Dental Unit

Dental Services for the Uninsured

Susquehanna County
$7,940

The Dental Unit at Barnes-Kasson Hospital's Family Health Clinic is the only facility within 100 miles that accepts patients of all ages on Medical Assistance. With this grant, the clinic will expand staff time and purchase the supplies necessary to provide preventive and restorative dental services to 85 additional un/underinsured children and adults.

Goodwill Industries of Northeastern Pennsylvania

Adult Day Care Healthy Lifestyle Program

Lackawanna, Monroe and Susquehanna Counties
$4,561

Goodwill Industries of Northeastern Pennsylvania will offer its Adult Day Care Healthy Lifestyle Program to 20 adults with developmental disabilities. The program will include a specialized exercise regimen to increase strength and mobility, as well as a nutrition component to encourage healthy eating.

"My daughter came home so excited to be exercising and starting a healthy lifestyle. The information that each family received was a great addition for the whole family."

Dawn E.
Parent

Adult Day Care Healthy Lifestyle Program

NEPA-001420

Greater Carbondale YMCA

In the Cardiac Direction

Lackawanna County

$10,000

The Greater Carbondale YMCA "In the Cardiac Direction" program provides a supervised, comprehensive approach to exercise and nutrition for at-risk adults. With Blue Ribbon Foundation funding, the YMCA will expand the program to include 14 limited-income individuals who would otherwise be unable to participate.

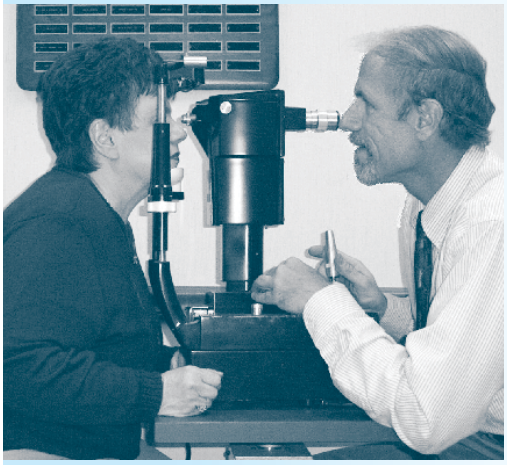
Greater Pittston YMCA

THRIVE Cancer Wellness Program

Lackawanna, Luzerne and Wyoming Counties

$10,200

The Greater Pittston YMCA will partner with the Northeast Regional Cancer Institute and The Center for Cancer Wellness, Candy's Place, to offer THRIVE, an individualized exercise and nutrition program for patients facing cancer treatment and recovery. This grant will make the program available to 20 low-income individuals who would otherwise be unable to participate.



Greater Scranton YMCA

C.A.T.C.H. After School Program

Lackawanna County

$7,200

The Greater Scranton YMCA will open its C.A.T.C.H. (Coordinated Approach To Child Health) after-school program to 55 limited-income, physically at-risk children, grades K to 6, who would otherwise be unable to participate. The children will engage in 45 minutes of daily physical activity (Monday–Friday) and weekly nutrition education sessions for 35 weeks.

Greater Wilkes-Barre Association for the Blind

Vision Loss Screenings and Education for Older Adults

Luzerne, Pike, Wayne and Wyoming Counties

$5,800

The Greater Wilkes-Barre Association for the Blind will provide free eye health education sessions and vision screenings to 360 older adults at 18 senior centers across four counties. Education topics will include low vision, cataracts, glaucoma, diabetic retinopathy and macular degeneration. Screened participants identified as requiring intervention will receive follow-up care at no cost.

"We are finding that more and more individuals, particularly older residents, are in need of our services. The Foundation's funding is helping us expand our programs to reach more people and to help them see and live better."

Jennifer Throop
Director of Services

Greater Wilkes-Barre Association for the Blind

NEPA-001421

"I have greatly appreciated Nurse-Family Partnership for all the knowledge and personal help that they have given me as a new mother."

Alisha Castle
Participant

Nurse-Family Partnership of Bradford County

Marywood University

Marywood Speech-Language-Hearing Clinic

Lackawanna County
$12,589

Graduate students from the Marywood University Speech-Language-Hearing Clinic will provide free speech, language and audiology screenings for 350 children at 14 Head Start Centers across Lackawanna County. Fifteen Head Start teachers will also receive training to help them recognize related delays in preschool students.

Memorial Hospital, Inc.

Nurse-Family Partnership of Bradford County

Bradford County
$5,000

The Nurse-Family Partnership of Bradford County is a visitation program that provides health education and screenings, counseling, life skills training and other prenatal intervention to low-income expectant women or new mothers and their babies. Foundation funding will help the program complete visitations to 52 eligible mothers in Bradford County.

Misericordia University

Hearing Screenings for Head Start Participants

Luzerne County
$11,026

Graduate students from the Misericordia University Speech-Language and Hearing Center will conduct hearing screenings for 300 preschool children on-site at 10 Head Start Centers in Luzerne County. Children identified as potentially having communication delays or disorders will be referred to low or no cost services for further evaluation and treatment.

Northeast Regional Cancer Institute

Colorectal Cancer Screening Project

Lackawanna, Luzerne, Pike, Susquehanna, Wayne and Wyoming Counties
$5,000

The Northeast Regional Cancer Institute will provide colorectal cancer screening test kits and individualized telephone follow-up to un/underinsured, at-risk individuals identified by partnering community-based free clinics, with the goal of helping 80 participants complete the screening process. Participants will also be connected to a medical home for continued preventive services.

NEPA-001422

"We wish to alert our senior population to this silent epidemic and provide resource information to prevent and to respond to this serious problem."

Charles Petrillo
Senior Attorney
North Penn Legal Services

North Penn Legal Services

Senior Training, Outreach and Prevention (STOP) Elder Abuse Project

Luzerne and Wyoming Counties
$3,100

North Penn Legal Services will offer its Senior Training, Outreach and Prevention (STOP) Elder Abuse Project in Luzerne and Wyoming Counties. Eight free workshops will be held at senior centers and assisted living centers to educate 250 seniors and their caregivers about the warning signs of elder abuse.

Pennsylvania Elks Major Projects, Inc.

Home Service and Medical Care Coordination Program

Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne and Wyoming Counties
$9,996

The Home Service and Medical Care Coordination Program will provide 671 hours of home visitation and medical care coordination by registered nurses to 200 special needs individuals across 13 counties. Services will include medical advocacy, interpreting clinical findings, assessing the need for medical equipment and health education.

Pocono Alliance

Bridges Out of Poverty Program

Monroe County
$10,000

The Bridges Out of Poverty program is designed to help families in poverty make a permanent shift to a stable, healthy future through education, parent/child mentoring and systemic changes. With Foundation funding, 15 Monroe County families will participate in the intensive 22-week training module and be connected to community mentors for ongoing support.

Pocono Family YMCA

C.A.T.C.H. After School Program

Carbon, Monroe and Pike Counties
$10,300

Pocono Family YMCA will expand its C.A.T.C.H. (Coordinated Approach To Child Health) initiative to include 240 additional physically and/or financially at-risk children in its after-school, preschool, community and summer programs. The children will engage in weekly evidence-based nutrition education and structured physical activity.

NEPA-001423

Scranton Lackawanna Human Development Agency

Head Start Screening Program

Lackawanna, Pike, Susquehanna and Wayne Counties
$9,919

Scranton Lackawanna Human Development Agency will use Foundation funding to support a lead and anemia screening program for preschool children at 30 Head Start Centers across four counties. An estimated 1,200 low-income youngsters will be screened, and participants identified with elevated lead levels and/or anemia will be referred for intervention.

Susquehanna Health Foundation

Nurse-Family Partnership Program

Lycoming County
$4,924

The Nurse-Family Partnership is a visitation program that provides health education and screenings, counseling, life skills training and other prenatal intervention to low-income expectant women or new mothers and their babies. Foundation funding will help the program purchase the materials needed to complete developmental screenings and assessments for 125 babies in Lycoming County.

"The workshop was very informative and I appreciated the tips we received to help avoid a medication error."

Betty Estabrook
Participant

Medication Safety Education for Older Adults

The Wright Center Medical Group

Dental Services for the Uninsured

Lackawanna, Susquehanna and Wayne Counties
$10,000

The Wright Center Medical Group has opened a dental center for un/underinsured individuals at the organization's Jermyn location. Foundation funding will help the center purchase an inventory of dental supplies to provide preventive and restorative dental services to 600 un/underinsured individuals from three counties.

Trehab

Medication Safety Education for Older Adults

Susquehanna County
$3,660

Trehab will provide the Medication Safety Education for Older Adults program to approximately 300 seniors and 50 caregivers at 12 senior centers and nursing homes across Susquehanna County. Workshops will address topics such as safe and appropriate medication practices, recognizing and managing common side effects and how to reduce or avoid medication errors.

NEPA-001424

Victims' Intervention Program

Expect Respect School-Based Prevention Education

Pike and Wayne Counties
$5,968

Victims' Intervention Program will deliver the Expect Respect School-Based Prevention Education program to more than 560 8th and 9th graders in Pike and Wayne Counties. The program will focus on topics such as bullying, sexual harassment, dating abuse and leadership skills to promote healthy relationships and violence prevention.

Volunteers in Medicine

Volunteers in Medicine Dental Clinic for the Uninsured

Luzerne County
$10,000

The Volunteers in Medicine Dental Clinic for the Uninsured provides screenings, cleanings, fillings and extractions to eligible Luzerne County residents. The Clinic will use Foundation funding to expand the hours of a dental assistant and purchase the dental and educational supplies necessary to serve 500 additional adults.

Women's Resources of Monroe County

"Where We Live" Child Abuse Prevention Education for Parents

Monroe County
$5,193

Women's Resources of Monroe County will offer the "Where We Live" child abuse prevention education program to 70 at-risk Monroe County families. The program consists of a four-week series of educational workshops that discuss topics such as warning signs and how to report suspected abuse.

"Many of our patients express heartfelt gratitude for the care they receive at the VIM Dental Clinic. Their dental problems are addressed and resolved before they become severe health issues."

Dr. Richard Grossman
Volunteer dentist

Volunteers in Medicine Dental Clinic for the Uninsured

NEPA-001425

"We are most grateful for The Blue Ribbon Foundation's continued support during these difficult economic times. The generous contribution of $7,748 will allow us to continue serving families most at risk in the Greater Hazleton area."

Pat Ward
President and CEO
United Way of Greater Hazleton

County	Organization	Amount
Bradford and Sullivan Counties	United Way of Bradford County	$ 8,641
Carbon County	United Way of Carbon County	$ 1,000
Carbon County	Greater Weatherly Area Community Chest	$ 1,000
Clinton County	Clinton County United Way	$ 2,895
Lackawanna and Wayne Counties	United Way of Lackawanna and Wayne Counties	$ 34,658
Luzerne County	United Way of Greater Hazleton	$ 7,748
Luzerne County	United Way of Wyoming Valley	$ 30,974
Lycoming County	Lycoming County United Way	$ 13,036
Monroe County	United Way of Monroe County	$ 13,099
Pike County	United Way of Pike County	$ 3,737
Susquehanna County	United Way of Susquehanna County	$ 3,361
Tioga County	Mansfield Area United Fund	$ 1,000
Tioga County	Wellsboro Area United Fund	$ 1,000
Wyoming County	Wyoming County United Way	$ 2,588

NEPA-001426

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of BlueCross of Northeastern Pennsylvania
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19 North Main Street
Wilkes-Barre, Pennsylvania 18711
570.200.6305

bcnepa.com/Community/BlueRibbon.aspx

IND069 1/14
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19 North Main Street, Wilkes-Barre, Pennsylvania 18711-0302

November 24, 2009

Confidential & Proprietary Information

The Honorable Joel Ario
Insurance Commissioner
Pennsylvania Insurance Department
1341 Strawberry Square
Harrisburg, PA 17120

Dear Commissioner Ario,

The following is submitted in compliance with the Agreement on Community Health Reinvestment (the "CHR agreement") executed February 2, 2005 by and among the Insurance Department of the Commonwealth of Pennsylvania (the "Department"), Capital Blue Cross, Highmark Inc., Independence Blue Cross, and Hospital Service Association of Northeastern Pennsylvania d/b/a Blue Cross of Northeastern Pennsylvania ("BCNEPA").

This application, submitted for the Department's review, describes the calculation of BCNEPA's Annual Community Health Reinvestment ("ACHR") for Calendar Year 2010.

Calculation of BCNEPA 2010 ACHR

The following sets forth the calculation of the ACHR financial commitment for BCNEPA and its subsidiaries for calendar year 2010 as defined in paragraph 4(a) of the CHR agreement (in thousands of dollars):

BCNEPA Consolidated Health Premium	$ 511,005
Assessment Percentage	1.6%
Subtotal	$ 8,176
Less Health Premium/State Income Tax	$ 5,811
Annual Community Health Reinvestment	$ 2,365

Changes for 2010 ACHR versus 2009 ACHR

- The projected BCNEPA consolidated Health Premium decreased from $561,701,000 in 2009 to $511,005,000 in 2010 due to a decrease in actual and projected membership along with the elimination of our CBHNP Medicaid book of business & resulting premium.
- The projected health premium/state income tax decreased from $5,960,000 in 2009 to $5,811,000 in 2010 due to the decrease in the proportion of our business subject to taxation.
- As a result of these two items, the resulting ACHR decreased from $2,964,320 to $2,364,856.

- The total required ACHR for 2009 as submitted in our November 26, 2008 application was $2,964,320, all of which was allocated towards the Low Income Health Portion. 95 percent of $2,964,320 is $2,816,104. The total required ACHR of $2,364,856 is less than $2,816,104, therefore per Section 4 (d) of the CHR Agreement, the entire ACHR of $2,364,856 will be allocated to the Commonwealth Directed Low Income Health Insurance Portion.

Disposition of BCNEPA 2010 ACHR

BCNEPA intends to remit quarterly payments commencing on March 1, 2010. The initial quarterly payment will represent 25% of the CHR obligation allocated to the Commonwealth Directed Low Income Health Insurance Portion.

The table below sets forth the projected dollar amount and timing of quarterly payments during 2010:

	March 1	June 1	September 1	December 1	Total
Net Payment to Commonwealth	$591,214	$591,214	$591,214	$591,214	$2,364,856

Other Charitable Activities

Even though the CHR formula results in no required 2010 assessment for other "Permitted Community Health Reinvestment Endeavors", please note that BCNEPA will still be contributing to support community based health initiatives in 2010 as outlined below.

In 2010, BCNEPA will continue the practice applying Plan surplus for those individuals not covered under group policies. The estimated amount of plan surplus to be applied is on a pre-tax basis, excluding investment income for the following Individual Products:

Product	
BlueCare Cooperative BlueCare Direct Pay Major Medical Special Care BlueCare Security	$ 12 Mill

BCNEPA continues to remain focused on the long-term health care and economic interests of our community. Through the Blue Ribbon Foundation, we help local health-oriented non-profits.

The information in this letter is intended to serve as a basis to assess BCNEPA's compliance with the CHR agreement, and is not intended to represent an exhaustive list of community based health initiatives in which BCNEPA is involved.

All of the pages of this letter have been stamped "Confidential and Proprietary Information" due to the additional details provided. A separate letter has been provided for the public record.

We look forward to receiving your approval of the application in its entirety. In the event that the application is not approved in its entirety, we reserve the right to submit a revised application.

Please feel free to contact me at (570) 200-6360 or John Fulginiti, at (570) 200-6402 if you have any questions or need additional information.

Sincerely,

William J. Farrell
Senior Vice President, Finance and Enterprise Chief Financial Officer

CC: Denise S. Cesare, President & CEO, BCNEPA
Sandra Ykema, Department Counsel, Pennsylvania Insurance Department
Rosemarie Greco, Director, Governor's Office of Health Care Reform
Brian Rinker, Sr. Vice President, Health Plan Operations, BCNEPA
Timothy Nebel, Vice President, Chief of Staff, BCNEPA
Gertrude McGowan, Vice President Legal, Interim Gen. Counsel & Secretary, BCNEPA
Kimberly Kockler, Vice President, Government Affairs, BCNEPA
Mitch Kalish, Vice President, Chief Actuary, BCNEPA

Confidential & Proprietary Information

Please feel free to contact me at (570) 200-6360 or John Fulginiti, at (570) 200-6402 if you have any questions or need additional information.

Sincerely,

William J. Farrell
Senior Vice President, Finance and Enterprise Chief Financial Officer

CC: Denise S. Cesare, President & CEO, BCNEPA
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Gertrude McGowan, Vice President Legal, Interim Gen. Counsel & Secretary, BCNEPA
Kimberly Kockler, Vice President, Government Affairs, BCNEPA
Mitch Kalish, Vice President, Chief Actuary, BCNEPA

BCC: Suzanne M. Fletcher, Vice President, Finance, BCNEPA
John Fulginiti, Director Actuarial, BCNEPA

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19 North Main Street, Wilkes-Barre, Pennsylvania 18711-0302

March 23, 2011

Mr. Stephen J. Johnson, CPA
Deputy Insurance Commissioner
Office of Corporate and Financial Regulation
1345 Strawberry Square
Harrisburg, PA 17120

Dear Mr. Johnson:

Enclosed please find the Community Health Reinvestment Activities filing for the Hospital Service Association of Northeastern Pennsylvania (d/b/a Blue Cross of Northeastern Pennsylvania), per the requirements of Article XXV of The Insurance Company Law of 1921, as amended by section 9 of Act 62, 2008.

If the Insurance Department ("Department") has any questions pertaining to the activities outlined in this filing or needs additional information, please contact me at 570.200.6403. Please send notice of the Department's approval or disapproval of this filing directly to me. Thank you.

Sincerely,

Mitch Kalish
Vice President, Chief Actuary

cc: William Farrell, Senior Vice President, Chief Financial Officer
Suzanne Fletcher, Vice President, Finance & Purchasing
Brian Rinker, Senior Vice President, Chief Administrative Officer
Kim Kockler, Vice President, Government Affairs
Michael Lampe, Vice President, Corporate Affairs
Cynthia Yevich, Senior Director, Corporate Affairs
Trish Savitsky, Vice President, Corporate Assurance & Compliance
John Fulginiti, Director, Technical Analyst
John Moore, Director, Financial Services

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12-B0007 2/07

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PLAN PROPOSAL FOR
COMMUNITY HEALTH REINVESTMENT ACTIVITIES

Proposal for Fiscal Year July 1, 2011 to June 30, 2012

FEIN: 2 4 [redacted] 0 6 1 5 1 7 7 **NAIC:** 5 4 7 4 7

I. HOSPITAL PLAN CORPORATION OR PROFESSIONAL HEALTH SERVICE PLAN CORPORATION NAME AND ADDRESS:

Hospital Service Association of Northeastern Pennsylvania
d/b/a Blue Cross of Northeastern Pennsylvania
19 North Main Street
Wilkes-Barre, PA 18711

II. PLANNED EXPENDITURES:

	Projected Expenditures
1. Proposed annual community health reinvestment activities for health care coverage for persons unable to pay for coverage (list and describe proposed endeavors below):	
a. Subsidy of Income Based Products: Special Care (6,458 members)	**$ 6,341,000**
2. Proposed annual community health reinvestment activities for programs for prevention and treatment of disease or injury or the promotion of health or wellness (list and describe proposed endeavors below):	
a. The Blue Ribbon Foundation of Blue Cross of Northeastern Pennsylvania's *Health & Wellness Impact Grants* and *Health & Wellness Mini-Grants* make funds available to community nonprofits to support health and wellness education, prevention, early intervention, and lifestyle change programs. All Blue Ribbon Foundation grants are approved by The Foundation's Board of Directors. Funded projects must meet The Foundation's published eligibility criteria (attached). All Board meetings are pending for the period July 1, 2011, to June 30, 2012, so it is impossible to provide a detailed breakdown of grant expenditures. Rest assured that no grants will be approved during this period that fall outside our published grant criteria.	**$ 40,000**
b. Blue Cross of Northeastern Pennsylvania partners with Susquehanna Health in *The LifeCenter*, a retail health and wellness storefront dedicated to community health outreach, classes and seminars, and free or reduced-cost screenings.	**$60,000**
c. BCNEPA supports the health and human services programs of United Way agencies throughout our 13 counties through annual corporate contributions to 14 community-based United Way campaigns. An estimated $122,000 in United Way support is expected to be distributed in the second quarter of 2012.	**$122,000**
3. Community health reinvestment activities proposed in your application under paragraph 3 of the Agreement dated February 5, 2005 and published at 35.Pa.B. 4155 or any successor or other agreements (list and describe proposed endeavors below):	
a. Subsidy of Income Based Products: Special Care	**See 1. a.**
b. Subsidy of Non-Income Based Products: BlueCare Cooperative,	**See 4. a.**

BlueCare Major Medical, BlueCare Student and BlueCare Security	
4. Other proposed annual community health reinvestment activities (list and describe proposed endeavors below):	
a. Subsidy of Non-Income Based Products: BlueCare Cooperative (4,548 members), BlueCare Major Medical (3,911 members) and BlueCare Security (31,180 members) **Products** — **Estimated 7/11 - 6/12 Losses** Blue Care Cooperative — $ 4.7 million Blue Care Major Medical — $ 2.2 million Blue Care Security — $ 1.3 million Total — **$ 8.2 million**	**$ 8,165,000**
TOTALS	**$ 14,729,000**

***NOTE: IF A PROPOSED ACTIVITY APPLIES TO MORE THAN ONE CATEGORY, IT MAY BE REPORTED IN EACH APPLICABLE CATEGORY; HOWEVER, THE PROJECTED EXPENDITURE MAY ONLY BE COUNTED ONCE**

Note from Blue Cross of Northeastern Pennsylvania:

This disclosure contains forward-looking statements that are based on Management's expectations, estimates, projections and assumptions. These statements are not guarantees of future performance and involve certain risks and uncertainties, which are difficult to predict. Therefore, actual future results and trends may differ materially from what is forecast in forward-looking statements due to a variety of factors. The company does not undertake any obligation to update or publicly release any revisions to forward-looking statements to reflect events, circumstances or changes in expectations after the date of this report.

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19 North Main Street, Wilkes-Barre, Pennsylvania 18711-0302

March 27, 2012

Mr. Stephen J. Johnson, CPA
Deputy Insurance Commissioner
Office of Corporate and Financial Regulation
1345 Strawberry Square
Harrisburg, PA 17120

Dear Mr. Johnson:

Enclosed please find the Community Health Reinvestment Activities filing for the Hospital Service Association of Northeastern Pennsylvania (d/b/a Blue Cross of Northeastern Pennsylvania), per the requirements of Article XXV of The Insurance Company Law of 1921, as amended by section 9 of Act 62, 2008.

If the Insurance Department ("Department") has any questions pertaining to the activities outlined in this filing or needs additional information, please contact me at 570.200.6403. Please send notice of the Department's approval or disapproval of this filing directly to me. Thank you.

Sincerely,

Mitch Kalish
Vice President, Chief Actuary

cc: William Farrell, Senior Vice President, Chief Financial Officer
Suzanne Fletcher, Vice President, Finance & Purchasing
Brian Rinker, Senior Vice President, Chief Administrative Officer
Kim Kockler, Vice President, Government Affairs
JoAnn Baldo, Director, Compliance and Audit Services
Cynthia Yevich, Senior Director, Corporate Affairs
John Fulginiti, Director, Actuarial
John Moore, Director, Financial Services

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PLAN PROPOSAL FOR
COMMUNITY HEALTH REINVESTMENT ACTIVITIES

Proposal for Fiscal Year July 1, 2012 to June 30, 2013

FEIN: 2 4 [redacted] 0 6 1 5 1 7 7 **NAIC:** 5 4 7 4 7

I. HOSPITAL PLAN CORPORATION OR PROFESSIONAL HEALTH SERVICE PLAN CORPORATION NAME AND ADDRESS:

Hospital Service Association of Northeastern Pennsylvania
d/b/a Blue Cross of Northeastern Pennsylvania
19 North Main Street
Wilkes-Barre, PA 18711

II. PLANNED EXPENDITURES:

	Projected Expenditures
1. Proposed annual community health reinvestment activities for health care coverage for persons unable to pay for coverage (list and describe proposed endeavors below):	
a. Subsidy of Income Based Products: Special Care (5,986 members) & CHIP (11,735 members) **Products** — **Est. 7/12 – 6/13 Losses** **Special Care** — **$ 5.8 million** **CHIP** — **$ 1.2 million** **Total** — **$ 7.0 million**	**$ 7,000,000**
2. Proposed annual community health reinvestment activities for programs for prevention and treatment of disease or injury or the promotion of health or wellness (list and describe proposed endeavors below):	
a. The Blue Ribbon Foundation of Blue Cross of Northeastern Pennsylvania makes grants available to community nonprofits to support health and wellness education, prevention, and access to care programs. All Blue Ribbon Foundation grants are approved by The Foundation's Board of Directors. Funded projects must meet The Foundation's published eligibility criteria. All Board meetings are pending for the period July 1, 2012, to June 30, 2013, so it is impossible to provide a detailed breakdown of grant expenditures. No grants will be approved during this period that fall outside our published grant criteria.	**$ 50,000**
b. Blue Cross of Northeastern Pennsylvania partners with Susquehanna Health in *The LifeCenter*, a retail health and wellness storefront dedicated to community health outreach, classes and seminars, and free or reduced-cost screenings.	**$65,000**
c. BCNEPA supports the health and human services programs of United Way agencies throughout our 13 counties through annual corporate contributions to 14 community-based United Way campaigns. An estimated $122,000 in United Way support is expected to be distributed in the second quarter of 2013.	**$122,000**

3. Community health reinvestment activities proposed in your application under paragraph 3 of the Agreement dated February 5, 2005 and published at 35.Pa.B. 4155 or any successor or other agreements (list and describe proposed endeavors below):	
a. Subsidy of Income Based Products: Special Care	**See 1. a.**
b. Subsidy of Non-Income Based Products: Assure EPO, PPO Conversion, Direct Select, FPH Conversion, FPH Direct, Security 65.	**See 4. a.**
4. Other proposed annual community health reinvestment activities (list and describe proposed endeavors below):	
a. Subsidy of Non-Income Based Products: **Products** — **Estimated 7/12 - 6/13 Losses** Assure EPO (4,505 est. members) $ .9 million PPO Conversion (2,555 est. members) $ 2.3 million Direct Select (1,479 est. members) $ 1.0 million FPH Conversion (777 members) $ .8 million FPH Direct (1,033 est. members) $ .7 million Security 65 (26,978 est. members) $ .4 million Total for 37,327 est. members **$ 6.1 million**	**$ 6,096,000**
TOTALS	**$ 13,309,000**

***NOTE: IF A PROPOSED ACTIVITY APPLIES TO MORE THAN ONE CATEGORY, IT MAY BE REPORTED IN EACH APPLICABLE CATEGORY; HOWEVER, THE PROJECTED EXPENDITURE MAY ONLY BE COUNTED ONCE**

Note from Blue Cross of Northeastern Pennsylvania:

This disclosure contains forward-looking statements that are based on Management's expectations, estimates, projections and assumptions. These statements are not guarantees of future performance and involve certain risks and uncertainties, which are difficult to predict. Therefore, actual future results and trends may differ materially from what is forecast in forward-looking statements due to a variety of factors. The company does not undertake any obligation to update or publicly release any revisions to forward-looking statements to reflect events, circumstances or changes in expectations after the date of this report.

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BlueCross of Northeastern Pennsylvania

19 North Main Street, Wilkes-Barre, Pennsylvania 18711-0302
www.bcnepa.com

March 27, 2013

Mr. Stephen J. Johnson, CPA
Deputy Insurance Commissioner
Office of Corporate and Financial Regulation
1345 Strawberry Square
Harrisburg, PA 17120

Dear Mr. Johnson:

Enclosed please find the Community Health Reinvestment Activities (CHRA) filing for the Hospital Service Association of Northeastern Pennsylvania (d/b/a Blue Cross of Northeastern Pennsylvania), per the requirements of Article XXV of The Insurance Company Law of 1921, as amended by section 9 of Act 62, 2008.

As you are aware, this filing represents a prospective view of anticipated CHR activities for the period July 1, 2013 through June 30, 2014. Unlike previous filing years, this prospective look ahead is being done during a period of unprecedented change in our industry as we prepare for full implementation of the Affordable Care Act (ACA). While the immediate and longer term impacts of health care reform continue to evolve, full implementation of the ACA as it pertains to insurance market reforms will likely impact the content of future filings under Act 62, 2008.

If the Insurance Department ("Department") has any questions pertaining to the activities outlined in this filing or needs additional information, please contact me at 570-200-6402. Please send notice of the Department's approval or disapproval of this filing directly to me. Thank you.

Sincerely,

John Fulginiti
Director, Actuarial/Technical Analyst

Cc: William Farrell, Sr. Vice President, Finance & Enterprise CFO/Treasurer
Suzanne Fletcher, Vice President, Finance & Administrative Services
Brian Rinker, Sr. Vice President, Chief Administrative Officer
Kim Kockler, Vice President Government Affairs
JoAnn Baldo, Director, Compliance and Audit Services
Cynthia Yevich, Senior Director, Corporate Affairs
John Moore, Director, Financial Services

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PLAN PROPOSAL FOR
COMMUNITY HEALTH REINVESTMENT ACTIVITIES

Proposal for Fiscal Year July 1, 2013 to June 30, 2014

FEIN: 2 4 [redacted] 0 6 1 5 1 7 7 **NAIC:** 5 4 7 4 7

I. HOSPITAL PLAN CORPORATION OR PROFESSIONAL HEALTH SERVICE PLAN CORPORATION NAME AND ADDRESS:

Hospital Service Association of Northeastern Pennsylvania
d/b/a Blue Cross of Northeastern Pennsylvania
19 North Main Street
Wilkes-Barre, PA 18711

II. PLANNED EXPENDITURES:

	Projected Expenditures
1. Proposed annual community health reinvestment activities for health care coverage for persons unable to pay for coverage (list and describe proposed endeavors below):	
a. Subsidy of Income Based Products: Special Care (5,933 members) **Products** — **Est. 7/13 – 12/13 Losses** **Special Care** — **$ 3.1 million** Note: The Special Care losses noted above are for the period 7/13– 12/13 due to the Individual Exchange effective 1/1/14.	**$ 3,100,000**
2. Proposed annual community health reinvestment activities for programs for prevention and treatment of disease or injury or the promotion of health or wellness (list and describe proposed endeavors below):	
a. The Blue Ribbon Foundation of Blue Cross of Northeastern Pennsylvania makes grants available to community nonprofits to support health and wellness education, prevention, and access to care programs. All Blue Ribbon Foundation grants are approved by The Foundation's Board of Directors. Funded projects must meet The Foundation's published eligibility criteria. All Board meetings are pending for the period July 1, 2013, to June 30, 2014, so it is impossible to provide a detailed breakdown of grant expenditures. No grants will be approved during this period that fall outside our published grant criteria.	**$130,000**
b. Blue Cross of Northeastern Pennsylvania partners with Susquehanna Health in *The LifeCenter*, a retail health and wellness storefront dedicated to community health outreach, classes and seminars, and free or reduced-cost screenings.	**$65,000**
c. BCNEPA supports the health and human services programs of United Way agencies throughout our 13 counties through annual corporate contributions to 14 community-based United Way campaigns. An estimated $122,000 in United Way support is expected to be distributed in the third quarter of 2013.	**$122,000**

3. Community health reinvestment activities proposed in your application under paragraph 3 of the Agreement dated February 5, 2005 and published at 35.Pa.B. 4155 or any successor or other agreements (list and describe proposed endeavors below):	
a. Subsidy of Income Based Products: Special Care	**See 1. a.**
b. Subsidy of Non-Income Based Products: Assure EPO, PPO Conversion, FPH Conversion & Security 65.	**See 4. a.**
4. Other proposed annual community health reinvestment activities (list and describe proposed endeavors below):	
a. Subsidy of Non-Income Based Products: **Products** — **Estimated 7/13 - 6/14 Losses** • *Assure EPO (3,023 est. members) $ 2.0 million • *PPO Conversion (2,175 est. members) $ 1.0 million • *FPH Conversion (804 members) $ .4 million • *FPH Direct (est. 206 members) $ .1 million Security 65 (27,308 est. members) $ .6 million Total for 33,516 est. members **$ 4.1 million** • * Indicates that the losses noted above are for the period 7/13– 12/13 due to the Individual Exchange effective 1/1/14.	**$ 4,100,000**
TOTALS	**$ 7,500,000**

***NOTE: IF A PROPOSED ACTIVITY APPLIES TO MORE THAN ONE CATEGORY, IT MAY BE REPORTED IN EACH APPLICABLE CATEGORY; HOWEVER, THE PROJECTED EXPENDITURE MAY ONLY BE COUNTED ONCE**

Note from Blue Cross of Northeastern Pennsylvania:

This disclosure contains forward-looking statements that are based on Management's expectations, estimates, projections and assumptions. These statements are not guarantees of future performance and involve certain risks and uncertainties, which are difficult to predict. Therefore, actual future results and trends may differ materially from what is forecast in forward-looking statements due to a variety of factors. The company does not undertake any obligation to update or publicly release any revisions to forward-looking statements to reflect events, circumstances or changes in expectations after the date of this report.

Divider Page

Population Analysis
First Priority Health
2013

First Priority Health Population Analysis (June 2012 - May 2013)

Introduction:

Blue Cross of Northeastern Pennsylvania (BCNEPA) is an independent licensee of the Blue Cross Blue Shield Association, which has been serving the health care reimbursement needs of the northeastern Pennsylvania service area since 1938. The organization's mission is to provide integrated health care services and products to improve the quality, accessibility and affordability of health care in the populations we serve.

BCNEPA is the parent company of First Priority Health (FPH), which is a jointly owned subsidiary with Highmark, Inc. FPH, offers Health Maintenance Organization (HMO/ HMO Plus), Point of Service ("POS") and the Children's Health Plan ("CHIP"). The Quality Improvement (QI) Program Description addresses the activities servicing the HMO/HMO Plus populations covered under the FPH line of business.

A. Demographic Profile

Information to profile the demographics of the First Priority Health Membership, which includes BlueCare HMO and HMO Plus (FPH), was derived from an analysis of the US Census Bureau, the American Community Survey, 2012-2013 NCQA CAHPS 5.0 surveys and internal profiling of age and sex distribution of FPH members, using the Med Stat Advantage Suite software. Table 1 provides a comparison of gender distribution among Pennsylvania, the thirteen (13) county service areas of First Priority Health and active First Priority Health membership.

Table 1: 2013 Gender Distribution

	Female	**Male**	**Data Source**
Pennsylvania	52%	48%	Census (2010)
Service Area	51%	49%	Census (2010)
FPH Membership	52%	48%	Truven Health Analytics
30,725	16,060	14,665	

1. Age Distribution

Comparison of age distribution among the several data sources cannot be completed due to the variations in the age bands. However, analysis of FPH membership age distributing using Med Stat data obtained from membership files indicates the following:

Table 2: 2013 Age Distribution*

AGE	FPH	
	2013	***2012***
0 – 5	6.21%	6.23%
6 – 10	6.09%	6.17%
11 – 24	22.05%	21.81%
25 – 29	5.36%	5.18%
30 – 39	12.67%	12.82%
40 – 49	17.35%	17.98%
50 – 59	19.85%	19.87%
60 – 69	9.70%	9.29%
70 – 79	0.70%	0.62%
80+	0.03%	0.04%

* MED STAT Data excludes CHIP

2. Ethnic Background

Frequency of ethnic origins as noted in the census data for the thirteen (13) county service area indicates the following ranking of ethnic backgrounds in the table below.

Table 3: Ethnic Origin

Ethnic Origin	**Rank Order 2013**
1. German	27.6%
2. Irish	17.8%
3. Italian	12.4%
4. English	8.2%
5. Polish	6.9%
6. USA	4.6%

3. Racial Distribution

The racial distribution within Pennsylvania, for FPH's thirteen (13) county service area and as reported by FPH Membership indicates the following in Tables 4 and 5 below. Plan data is obtained through 2013 CAHPS surveys. County specific ethnicity information is not available for the FPH service area in annual DOH vital statistics reports.

Table 4: Racial Distribution 2013

	White	**Black**	**Asian**	**Other**	**Data Source**
Pennsylvania	83.5%	11.4%	3.0%	2%	US Census, American Community Survey
Service Area	94.1%	3.4%	0.83%	N/A	US Census, American Community Survey
FPH Membership	97.82%	0.73%	0.54%	1.27%	NCQA 2013 CAHPS ♦
♦2013 FPH CAHPS 5.0 Adult Survey. Response rates > 100% (More responses than respondents, some checked >1 response)					

Table 5: 2012 – 2013 Hispanic or Latino Origin

	2013	***2012***	**Source**
Pennsylvania	6.1	5.9	Census 2010
Service Area	4.2	3.9	Census 2010
FPH Membership	0.93	2.27	NCQA 2012– 2013 CAHPS

4. Education

Level of education as reported by respondents to the 2012-2013 CAHPS Surveys indicates the following in Table 6.

Table 6: Education Level

Education Attained	**FPH**	
	2013	***2012***
Less than 8th Grade	0.54	0.19
Some high School	1.81	3.24
High School Graduate/GED	36.82	34.54
Some College or 2 year Degree	31.95	32.25
4 year College Graduate	15.88	17.18
More than 4 year College Degree	13.00	12.6
Total	**100%**	**100%**

5. Tobacco Use

Prevalence of smoking as reported by respondents to the 2012 – 2013 FPH CAHPS Surveys are indicated in Table 7 below.

Table 7: Tobacco Use

	2013	***2012***	**Data Source**
FPH	17.45	19.66	NCQA CAHPS Survey
Pennsylvania	21.4	22	CDC, WHO*
Nation	19.6	20.8	CDC, WHO*
*Centers for Disease Control and Prevention (CDC) World Health Organization data (CDC) World Health Organization data			

B. Analysis of Demographics

- The gender distribution for First Priority Health is relatively stable and consistent with both the state and our service area. For the state, our 13 county service area and FPH, the population is slightly higher for females. Year to year trending notes the FPH population continues to steadily decrease.

- For the purpose of this report, the age bands derived from analysis of First Priority Health membership files will be utilized to direct plan activity for Quality Improvement interventions and programs. From a practical analysis standpoint, the age bands 40-49, 50-59 and 60-69 should be combined, since interventions for health promotion and disease state interventions are usually directed at the combined group. Overall, age distribution is essentially unchanged from 2012. Fifty percent of First Priority's Health's members are over the age of 40. Age is a contributing factor in increasing health care costs.

- Racial distribution, educational level and tobacco use are self-reported data obtained through the 2013 CAHPS survey. Data on the FPH population indicates 97.82% of the members are noted as "Caucasian," which is a 4.49% increase from 2012. The number of respondents noting "Black" and "Asian" and "Other" all decreased in 2013. The most significant drop was the Asian population group, which dropped 2.1% from last year. For the second year, survey results showed a decrease in the Hispanic/Latino membership. First Priority Health remains above both the state and the service area demographics in Caucasian membership, and below the state and service area in Black and Hispanic membership.

- Analysis of self-reported educational level indicated the majority of First Priority Health members are high school graduates and have some college level education. The FPH population noted a drop in the education level of members in the categories of some high school and two and four year college degrees.

- Self-reported tobacco use in FPH membership showed a 2.21% decrease from 2012. Smoking rates are below the state average of 21.4% and the national average of 19.6% (as reported by the Centers for Disease Control and Prevention). Smoking use has decreased overall from last year but still remains higher than 2011 statistics of 16.97%.

C. Health Services Utilization

All tables include data from claims incurred from 6/1/2012 – 5/31/2013 paid through 8/31/2013.

Table 8: 2013 Top Ten Inpatient Diagnoses – FPH

Inpatient Diagnosis				**Frequency**				**% of Total Dollars**
Rank Order				**Number**		**Percent**		
2013			2012	2013	2012	2013	2012	2013
1	Obstetrical Deliveries	HMO	1	378	386	19.37%	18.26%	11.34%
2	Coronary Artery Disease	HMO	2	153	206	7.84%	9.74%	12.96%
3	Alcohol and Drug Abuse	HMO	4	118	103	6.05%	4.87%	1.95%
4	Psychoses	HMO	3	99	108	5.07%	5.11%	2.23%
5	Major Joint & Limb Reattachment Upper & Lower Extremity	HMO	5	81	79	4.15%	3.74%	6.89%
6	Esophag, Gastroen Misc. GI Disorders w/o CC	HMO	7	53	51	2.72%	2.41%	1.47%
7	Cellulitis w/o MCC	HMO	8	48	36	2.46%	1.66%	0.89%
8	All Malignancies/Neoplasm	HMO	6	42	71	2.15%	3.36%	3.84%
9	Laparoscopic Cholecystectomy w/o CDE w/o CC/MCC	HMO	*	23	*	1.18%	*	0.66%
10	Nutritional & Misc. Metabolic Disorders w/o MCC	HMO	*	20	*	1.03%	*	0.40%
Total Inpatient Encounters and Claim Dollars		HMO		1,951			$26,906,225.59	

* Diagnosis not in the top 10 the previous year

The 2013 Top Ten Inpatient Diagnoses show the following characteristics:

- Obstetrical Deliveries and Coronary Artery Disease remain top ranking drivers for inpatient length of stays. These combined diagnoses accounted for 27.21% in utilization and 24.30% in total dollars in cost.

- Behavioral Health Care issues remain a driver for inpatient services. Alcohol and Drug Abuse and Psychoses fell in 3rd and 4th place for the HMO. Although these diagnoses are high in utilization [11.12%], they are lower in cost [4.18%]. In comparing the adult population against the pediatric populations [0-19 years old], behavioral health related diagnoses were also top drivers of utilization. Alcohol/Drug Dependence, Depressive Neuroses and Psychoses remained in the top ten from the previous year.

- Orthopedics, as reflected in the joint and limb reattachment admissions, remains a key driver and has remained the same in rank at 5th place.

- Total neoplasm/malignancy grouping reflects the incidence of cancer at all sites and remains a key inpatient driver. Within the neoplasm/malignancy inpatient admissions, the top ranking inpatient stay is for mastectomy related to breast cancer.

- Even though Alcohol and Drug abuse and Psychoses are ranked higher than Orthopedics and Neoplasm in number and frequency, they are less in total dollars. Combined the Behavioral Health diagnoses total $1,124,523.48 compared to $2,886,637.98 [Orthopedics and Neoplasm combined].

- Female reproductive system issues are reflected in uterine diagnoses unrelated to pregnancy and delivery.

- Several diagnoses moved up into the top ten from last year. Laparoscopic cholecystectomies placed 9th and Nutritional and Misc. Metabolic Disorders placed 10th.

Table 9: 2013 Top Ten Outpatient Diagnoses – FPH

Outpatient Diagnosis				Frequency				% of Total Dollars
Rank Order				Number		Percent		
2013			2012	2013	2012	2013	2012	2013
1	Behavioral/Alcohol and Drug Abuse	HMO	1	53,553	64,467	6.36%	6.74%	4.03%
2	All Malignancies/Neoplasm	HMO	2	47,449	46,221	5.64%	4.83%	11.86%
3	All Cardiac DXs	HMO	3	35,353	38,143	4.20%	3.99%	4.81%
4	Routine Child Health Exam	HMO	4	20,722	22,665	2.46%	2.37%	0.94%
5	All Diabetes DXs	HMO	5	19,923	21,441	2.37%	2.24%	1.42%
6	Sprains	HMO	6	15,818	19,154	1.88%	2.00%	1.33%
7	Fractures/Dislocations	HMO	9	15,275	14,786	1.81%	1.55%	2.06%
8	Abdominal Pain	HMO	7	14,240	17,227	1.69%	1.80%	1.99%
9	Hyperlipidemia	HMO	8	13,686	16,789	1.63%	1.76%	0.46%
10	Screen Mammogram	HMO	*	11,204	*	1.33%	*	1.07%
Total Outpatient Encounters and Claim Dollars		HMO		841,956		$69,807,280.62		

* Diagnosis not in the top 10 the previous year

■All Cardiac DXs includes all coronary related diagnoses except chest pain.

The 2013 Top Ten Outpatient Diagnoses show the following characteristics:

- Six out of the top ten diagnoses have remained in the same rank as in 2012. New to the top ten diagnoses this year for the HMO are screening mammograms.

- Behavioral Health remains as the number one outpatient diagnosis. The frequency of encounters dropped from 64,467 last year to 53,553. Although the frequency of encounters is high for these diagnoses, the percent of total cost is lower averaging around 3%.

- Cancer (all sites) diagnoses are rolled up and reported as single encounter diagnoses group. They remain ranked in the top 3. This group accounts for $ 8,278,415.13 in claims.

- The chronic conditions of Hyperlipidemia/Hypercholestermia, Cardiac and Diabetes accounts for 8.2% of all outpatient encounters this year. Hyperlipidemia continues to be a top ten utilizer in frequency but dropped down 1 level. In terms of dollars spent on care, Hyperlipidemia is very low, accounting for 0.46% of total claim dollars.

- Diabetes is reported as an aggregate grouping of diagnosis codes 250.0-250.9. It remains in 5th position, the same as last year.

- Routine Child Health exams maintained their same rankings as 2012. It is one of the lower total dollar utilizers at $ 658,585.03.

- GYN exam, although still not in top ten per frequency, ranks high according to the total outpatient dollars utilized.

- Sprains and Fractures/Dislocations continue to remain in the top ten over the past five years in both frequency and percent of total dollars spent costing the Plan $2,364,288.56.

Table 10: 2013 Top Ten Emergency Department Diagnoses – FPH

ER Diagnosis				**Frequency**				**% of Total Dollars**
Rank Order				**Number**		**Percent**		
2013			2012	2013	2012	2013	2012	2013
1	Injury▲	HMO	1	1,373	1,849	21.80%	24.94%	16.28%
2	Abdominal Pain	HMO	2	360	398	5.74%	5.37%	8.81%
3	Chest Pain	HMO	3	361	377	5.75%	5.09%	12.8%
4	Respiratory♦	HMO	4	305	366	4.08%	4.94%	2.58%
5	Behavioral Health	HMO	7	177	182	2.80%	2.45%	1.90%
6	Headache(784.xx +346.xx)	HMO	6	160	187	1.91%	2.55%	2.43%
7	Cellulitis	HMO	5	120	192	1.91%	2.59%	1.25%
8	All Cardiac DXs	HMO	10	108	92	1.72%	1.24%	3.54%
9	Syncope and Collapse	HMO	9	93	112	1.48%	1.51%	2.30%
10	UTI	HMO	8	89	132	1.14%	1.78%	1.46%
Total ER Encounters and Claim Dollars		HMO		6,272				$4,866,163.99

* Diagnosis not in the top 10 the previous year
▲Injury includes Sprains, Open Wounds, Contusion, Fractures/Dislocations, and Injuries
♦ Respiratory includes Bronchitis, Pharyngitis, Acute URI and Asthma

The 2013 Top Ten Emergency Department (ED) diagnoses show the following characteristics:

- Injury (Sprains, Open Wounds, Contusions, Fractures/Dislocations and Injuries) is noted as top drivers for ED utilization. However, the frequency of utilization has declined from last year in terms of percentage in addition to the total cost.

- The top four ER diagnoses: Injury, Abdominal Pain, Chest Pain and Respiratory remained in the same rank as last year. These 4 diagnoses account for approximately 40% of total costs.

- Behavioral Health/ Drug and Alcohol Abuse diagnoses (290-319) and Headache continue be a high utilizer accounting for 4.71% of Plan's total ED costs. Even though the most frequent ER diagnosis is Anxiety followed by Alcohol Abuse, treatment costs for Alcohol Abuse are higher. Behavioral Health jumped to spot number 5 in the top 10 compared to 7th in 2012.

- Of interest are the All Cardiac Diagnosis category that includes hypertension, heart dysrhythmias, and CAD. Treatment for this group climbed the ranks to 8th position in terms of frequency. In 2012 they came in 10th. This diagnostic group is a high utilizer in terms of cost, ranging around 3.54% in dollars [$172,452.22].

Table 11: Pharmacy Utilization Top 20 Drugs by Prescription Count – FPH – 6/1/2012 – 5/31/2013

FPH 2013			***2012***
Medication	**Indication**	**2013 Rx Count**	**Rank**
1. Lisinopril	High Blood Pressure/Heart Disease	9393	5
2. Simvastatin	High Blood Cholesterol	9191	1
3. Levothyroxine Sodium	Thyroid Disorders	9149	6
4. Amoxicillin	Infections	8781	2
5. Omeprazole	Ulcer Disease	8618	4
6. Azithromycin	Infections	8100	3
7. Hydrocodone- Acetaminophen	Pain	7379	7
8. Citalopram HBR	Depression	6437	8
9. Alprazolam	Anxiety	5183	10
10. Metoprolol Succinate	High Blood Pressure/Heart Disease	4933	11
11. Atorvastatin Calcium	High Blood Cholesterol	4921	NR
12. Sertraline HCL	Depression	4846	13
13. Metformin HCL	Diabetes	4671	12
14. Amox Tr-Potassium Clavulanate	Infections	4295	14
15. Hydrochlorothiazide	High Blood Pressure	4183	15
16. Amlodipine Besylate	High Blood Pressure/Heart Disease	4170	19
17. Montelukast Sodium	Asthma	4095	9
18. Fluoxetine HCL	Depression	3703	16
19. Metoprolol Tartrate	High Blood Pressure/Heart Disease	3591	NR
20. Synthroid	Thyroid Disorders	3541	20
Total-Top 20 Drugs By Rx Count		**119,180**	**133,988**
Report Total-All Drugs		**386,074**	**423,551**

Table 12: Pharmacy Cost Rank (Plan Cost) Top 20 – FPH – 6/1/2012 – 5/3/2013

FPH 2013			*2012*
Medication	**Indication**	**2013 Rx Cost**	**Rank**
1. Humira	Inflammatory Conditions	855,821.83	4
2. Enbrel	Inflammatory Conditions	663,097.77	2
3. Advair Diskus	Asthma	463,924.72	7
4. Abilify	Mental/Neuro Disorders	440,559.36	6
5. Copaxone	Multiple Sclerosis	399,350.31	9
6. Avonex	Multiple Sclerosis	369,809.84	3
7. Nasonex	Allergies	305,732.08	12
8. Methylphenidate ER	Attention Disorders	281,416.73	13
9. Incivek	Hepatitis	259,012.18	10
10. Dextroamphetamine-Amphetamine	Attention Disorders	246,051.13	16
11. Lantus Solostar	Diabetes	228,688.59	NR
12. Vytorin	High Blood Cholesterol	225,896.32	17
13. Humalog	Diabetes	225,433.41	19
14. Diovan	High Blood Pressure/Heart Disease	219,089.27	NR
15. Oxycontin	Pain	218,455.35	14
16. Cymbalta	Depression	214,064.77	NR
17. Rebif	Multiple Sclerosis	206,091.66	NR
18. Suboxone	Chemical Dependence	205,044.46	NR
19. Flovent HFA	Asthma	176,607.77	NR
20. Januvia	Diabetes	174,152.45	NR
Total-Top 20 Drugs By Plan Cost		**$6,378,300.00**	**7,948,446**
Total-All Drugs		**$21,662,762.29**	**26,170,538**

The 2013 Pharmacy data shows the following characteristics:

- In 2013, there are seven drugs that hold the highest count utilization and highest cost for the plan. They include: Lisinopril, Simvastatin, Levothyroxine Sodium, Amoxicillin, Omeprazole, Azithromycin and Hydrocodone/APAP. These same drugs were also in the top 7 for 2012 but in a different order.

- There are three multiple sclerosis medications in the top 20 for cost in 2013. They include Copaxone, Rebif and Avonex. Copaxone and Avonex were in the top 10 for cost in 2012. Rebif moved into the top 20 for FPH for the first time by ranking 17th in cost. The combined 2013 Rx cost for the three medications was $975,251.81 for FPH.

- Humira and Enbrel, treatments for rheumatoid arthritis, as well as psoriatic arthritis and ankylosing spondylitis, were ranked first and second in cost. The 680 prescription count costs the plan $1,559,976.17.

- Medications that are high for prescription count include cholesterol medications, high blood pressure/heart disease and infection medications.

- The pattern of drug utilization reflects and is consistent with the diagnoses found to be leading causes of both inpatient and outpatient utilization, with cardiac disease and behavioral health as key issues. Chronic disease management with cardiac, asthma and diabetes remains present in pharmacy utilization and costs.

- Cancer diagnoses ranked #2 in relation to outpatient utilization. Last year the cancer medication Gleevec ranked 20th in terms of cost. This year the medication jumped up to 8th place.

D. Health Services Analysis

- Total membership in the FPH population declined in 2013, losing 2445 members. Females make up 52% of the membership compared to males [48%].

- Age, sex and ethnic/racial demographics are similar to last year's numbers. The amount of members of Hispanic origin has increased slightly. Gender distribution remains constant and falls in line with state averages. In regard to ethnic/racial demographics, FPH's membership falls below the state and service area averages.

- Results from the 2013 CAHPs surveys found more than 60% of FPH's membership has some level of college education or degree.

- Self-reported smoking prevalence in FPH membership dropped for 2013 to 17.45% down from 19.66% in 2012. This is below the Pennsylvania rate (21.4 %) and National rate (19.6 %) as reported by the Centers for Disease Control and Prevention (CDC).

- Several common themes tend to be found within the inpatient/outpatient/emergency and pharmacy utilization.

    - Cardiac disease and related diagnoses remain significant drivers of utilization in all areas monitored: inpatient, outpatient, emergency department and pharmacy.

    - Behavioral Health related diagnoses, including Depression and Alcohol /Drug Dependency issues, continue to be a significant cause for inpatient and pharmacy utilization. For inpatient and outpatient diagnoses, Alcohol and Drug Abuse jumped at least one level in each product line. Behavioral Health also ranked higher than Coronary Artery Disease. FPH members utilize a substantial amount of Behavioral Health related medications. Four of the top 20 medications in rank by number of prescriptions and five in plan cost are prescribed. Continuing efforts to coordinate continuity of care between inpatient and outpatient services for members with ongoing behavioral health needs may present an opportunity for improvement.

    - Respiratory related diagnoses, including chronic obstructive pulmonary disease, rhinitis, bronchitis, pharyngitis and asthma, remain a top ten reason for Emergency Room treatment.

    - Female reproductive system issues, specifically pregnancy related, are a driver for inpatient stays. However, care related to ante-natal and post-partum issues are not in the top ten for ER utilization as in past years.

- Trending of ER utilization shows a trend of more urgent care related diagnoses for 2013 the same as in 2012. Of significance is the All Cardiac Diagnoses group climbed higher in rank. New diagnoses for the ER included noninfectious Gastroenteritis and Lumbago.

- Oncology related diagnoses remain the second ranking cause for outpatient utilization. Malignant neoplasm of the breast remains a top ranking cause of outpatient services for neoplasm diagnoses and is followed by malignant neoplasm of lung.

- Omeprazole medications prescribed for gastrointestinal symptoms ranks high in both number and cost of prescriptions. It is the most expensive top 20 drug in terms of plan cost- $10,212.00. Use of this medication coincides with high ranking inpatient and outpatient diagnoses/DRGs: Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders and abdominal pain. Contributing diagnoses could include drug and alcohol issues, as well as orthopedic conditions. Alcohol is also a GI irritant, especially if excessively utilized. Many anti-inflammatory and pain medications can cause GI distress. Blue Health Solutions has developed a GERD (Gastro Esophageal Reflux Disease) Program as part of the Lifestyle Management suite of health maintenance programs which will provide education and support to members with GERD/heartburn and prescribed anti-ulcer/pro-motility medications.

E. Early Implementation

- Continue initiative to expand PCP dashboard to identify key member specific utilization and pharmacy information for continuity and coordination of care.

- Continue to develop Facility Contract incentives that address facility safety issues and quality of care, such as patient safety, readmission, infection, transition of care and evidenced based care protocols.

- Continue to encourage provider participation in the Physician Quality Incentive Program to improve clinical outcomes.

- Continue to collaborate and develop the Patient Centered Medical Home Pilot Program with Susquehanna Health to improve the health of BCNEPA members, improve communication between providers and members and reduce the cost of healthcare.

- Continue with HEDIS targeted initiatives through live outreach reminder calls to members, monthly member automated reminders, provider and member focused HEDIS webpages, and provider incentives based on specific HEDIS outcomes.

- The Episode of care incentive program (EIP) is a pilot program started in July 2012 in three large provider groups, consisting of both PCPs and Specialists. The EIP program is based on quality performance and cost of care outcomes. Providers are educated on the processes and patterns of care to identify areas for improvement. The first year results of the pilot EIP will be ready for delivery late December/early January. Results will be analyzed to determine if the pilot EIP will be extended to other providers in the network.

- Continue the Consumer Transparency Initiative, which provides consumers with information about providers and facilities. BCNEPA has an enhanced provider directory. This online tool enables consumers to make better informed choices regarding where to go for care. The expanded level of healthcare transparency focuses on demographics, patient experience/satisfaction, clinical quality and cost efficiency.

- The Patient Review of Physicians tool allows members to offer feedback on the experiences they have had with participating physicians in BCNEPA's 13 county network and to read reviews about other members' patient experience.

- Continue to develop and upgrade the features on the provider directory to educate members on network providers and facilities.

- Expand the automated outbound dialer to include customer service outreach calls to members, including gaps in care reminders and messaging related to preventive screenings and chronic condition monitoring, which may reduce avoidable inpatient and emergency utilization.

- Continue implementation of member recognition and interactive outbound dialer outreaches to increase effectiveness of messaging and ability for warm transfer to meet member needs.

- Continue to explore interventions to encourage members to use ER appropriately through education of other available resources, such as the 24/7 Nurse Now line, urgent care centers, high utilization member reports to physicians and physician compensation for members requiring non-scheduled urgent care in PCP office.

- Continue enhancements of member portal to be more user-friendly.

F. Maintenance Activities

- Continue the Physician Quality Incentive Program that began in 2011. This program has 2 incentive payouts in a calendar year to providers who meet improvement thresholds on preventative care, chronic care, overall efficiency/effectiveness, and administrative measures.

- Continue the Behavioral Health referral process between Perform Care (formally CBHNP) and FPH to encourage continuity of care between inpatient and outpatient care for members with both behavioral health and medical diagnoses needs.

- Continue opt-out participation in Asthma, CAD, Diabetes, CHF and COPD Management Programs to optimize number of members receiving targeted information to assist them in managing their health. Continue opt-in programs for Prenatal Care, Weight Management, Back Care and Depression.

- Continue Coordination of Care between the medical Disease Management and Case Management Programs and the Depression Disease Management Program with referrals of members with a positive depression screening from the medical programs to the Depression Program coordinator for further evaluation and follow-up.

- Continue the Tobacco Cessation Disease Management Program with targeted member and physician education on tobacco cessation.

- Continue initiatives to improve asthma care, comprehensive diabetes care (particularly eye examinations), behavioral health initiatives and preventive cancer screenings.

- Continue Medication Adherence Program with targeted mailings to members and prescribing physicians when medication fill ratios for chronic care medications fall below threshold.

- Continue collaboration with CM/DM for identification and outreach to high ER utilization by members with certain chronic diseases or non-emergent diagnoses and gaps in care for chronic disease.

- Continue inclusion of facilities and provider/practitioner offices in education about Preventative Health and Disease Management Programs available to membership.

- Continue Blue Health Solutions 24/7 hour Nurse Now line and Lifestyle Management programs as health coaching resources for all members.

- Blue Health Solutions member reminder letters for preventative and diagnosis specific care.

- Continue risk factor reduction programs through health assessment and health coaching for cholesterol management, stress reduction and tobacco cessation.

- Continue the current collaboration with Perform Care related to follow-up and discharge planning for Behavioral Health admissions to improve 7 day follow up visits.

- Continue exploration of Internet strategy to enable communication to the appropriate membership and providers and to facilitate the health care delivery process.

- Continue expansion of NaviNet to all providers to provide increase in timely information.

- Continue education and mailing on Member Health and Benefit Statement.

G. Opportunities/Recommendations

- Implementation of aggressive work plan to identify opportunities to engage network facilities and practitioners in targeted initiatives and contracting to improve patient outcomes, including preventive and chronic recommended screenings and discharge planning processes that address continuity of care and medication safety.

- Explore initiatives to encourage membership to access health benefit and educational information/programs available on BCNEPA internet, including Blue Health Solutions and care, health and lifestyle management programs.

- Develop gaps in care reporting biannually to PCPs that identifies members with missed screenings for chronic and preventive care.

- Explore expansion of Blue Health Solutions Case and/or Health Management programs to address the behavioral health issues identified in the pediatric population.

- Develop a UM Transition of Care (TOC) program to improve the continuity and coordination of care by coordinate services and provide support to members transitioning from one level of healthcare to another who are not identified to receive CM/DM services.

- Implementation of onsite and telephonic behavioral health case management by Perform Care for targeted adult and pediatric populations.

- Explore opportunities to facilitate earlier and more focused screening of new members by their PCP to identify health risks and augment member data collection.

- Explore development of new initiatives to promote preventive cancer screenings.

- Explore collaborative opportunities with community agencies.

- Collaboration with AllOne to encourage the utilization of Personal Health Records and Health Risk Assessment by membership.

- Continue recommended cholesterol screening mailings to include members with ischemic vascular disease.

- Explore collaboration with BHS regarding the feasibility of light touch CM for identified special needs members that do not meet criteria for existing CM/DM programs.

- Explore development of new and expanded initiatives to improve ongoing management of members with diabetes, including increasing members' awareness of and proactive participation in HbA1C, diabetic eye, cholesterol and nephropathy screening.

- Explore opportunities to provide education and targeted reminders on continued use of medication to members on chronic care medications (i.e., beta-blockers, anti-hypertensive and anti-depressants).

- Continue ongoing monitoring of pharmaceutical adherence for members with prescriptions for medications to manage chronic conditions and explore enhancing initiatives to remind members and alert prescribing physicians of medication non-adherence.

Divider Page

Population Analysis
First Priority Life Insurance Company
2013

First Priority Life Population Analysis (June 2012 - May 2013)

Introduction:

Blue Cross of Northeastern Pennsylvania (BCNEPA) is an independent licensee of the Blue Cross Blue Shield Association, which has been serving the health care reimbursement needs of the northeastern Pennsylvania service area since 1938. The organization's mission is to provide integrated health care services and products to improve the quality, accessibility and affordability of health care in the populations we serve.

BCNEPA is the parent company of First Priority Life Insurance Company (FPLIC), which is a jointly owned subsidiary with Highmark, Inc. FPLIC, offers Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO) and Traditional Indemnity benefit plans.

The Quality Improvement (QI) Program Description addresses the activities servicing the PPO/EPO lines of business that are serviced through FPLIC. As 2013 was the first year for NCQA CAHPS reporting, some data may be unavailable for trending.

A. Demographic Profile

Information to profile the demographics of the First Priority Life Insurance Company (FPLIC) membership, which includes PPO and EPO products, was derived from an analysis of the US Census Bureau, the American Community Survey, 2013 NCQA CAHPS 5.0 surveys and internal profiling of age and sex distribution of FPLIC members, using the Med Stat Advantage Suite software.

Table 1 provides a comparison of gender distribution among Pennsylvania, the thirteen (13) county service areas of First Priority Life Insurance Company and active FPLIC membership.

Table 1: 2013 Gender Distribution

	Female	**Male**	**Data Source**
Pennsylvania	52%	48%	Census (2010)
Service Area	51%	49%	Census (2010)
FPLIC Membership – PPO	51%	48%	Truven Health Analytics
149,844	76,756	73,088	
FPLIC Membership – EPO	48%	51%	Truven Health Analytics
26,248	12,632	13,616	

1. Age Distribution

Comparison of age distribution among the several data sources cannot be completed due to the variations in the age bands. However, analysis of FPLIC membership age distributing using Med Stat data obtained from membership files indicates the following:

Table 2: 2013 Age Distribution of FPLIC Membership:

AGE	**FPLIC PPO**		**FPLIC EPO**	
	2013	**2012**	**2013**	**2012**
0 – 5	6.02%	6.04%	4.40%	4.73%
6 – 10	5.85%	5.84%	5.14%	5.19%
11 – 24	21.36%	21.04%	19.48%	20.13%
25 – 29	5.67%	5.51%	7.05%	6.59%

AGE	FPLIC PPO		FPLIC EPO	
	2013	2012	2013	2012
30 – 39	12.16%	12.11%	14.29%	13.52%
40 – 49	16.79%	17.12%	21.09%	21.73%
50 – 59	20.30%	20.58%	20.64%	20.23%
60 – 69	11.05%	11.05%	7.64%	7.60%
70 – 79	0.62%	0.60%	0.25%	0.25%
80+	0.16%	0.10%	0.02%	0.01%

2. Ethnic Background

Frequency of ethnic origins as noted in the census data for the thirteen (13) county service area indicates the following ranking of ethnic backgrounds in the table below.

Table 3: Ethnic Origin

Ethnic Origin	Rank Order 2013
1. German	27.6%
2. Irish	17.8%
3. Italian	12.4%
4. English	8.2%
5. Polish	6.9%
6. USA	4.6%

3. Racial Distribution

The racial distribution within Pennsylvania, for BCNEPA's thirteen (13) county service area and as reported by FPLIC Membership indicates the following in Tables 4 and 5 below. Plan data is obtained through 2013 CAHPS surveys. County specific ethnicity information is not available for the FPLIC service area in annual DOH vital statistics reports.

Table 4: Racial Distribution 2013

	White	Black	Asian	Other	Data Source
Pennsylvania	83.5%	11.4%	3.0%	2%	US Census, American Community Survey
Service Area	94.1%	3.4%	0.83%	N/A	US Census, American Community Survey
FPLIC Membership	97.83%	1.08%	0.43%	1.74%	NCQA 2013 CAHPS ♦
♦2013 FPLIC CAHPS 5.0 Adult Survey. Response rates > 100% (More responses than respondents, some checked >1 response)					

Table 5: 2012 – 2013 Hispanic or Latino Origin

	2013	2012*	Source
Pennsylvania	6.1	5.9	Census 2010
Service Area	4.2	3.9	Census 2010
FPLIC Membership	1.77	NA	NCQA 2013 CAHPS

*2012 CAHPS data not available.

4. Education

Level of education as reported by respondents to the 2013 CAHPS Survey indicates the following in Table 6.

Table 6: FPLIC Education Level

Education Attained	2013
Less than 8th Grade	0.22
Some high School	2.81
High School Graduate/GED	32.18
Some College or 2 year degree	27.21
4 year College Graduate	13.61
More than 4 year College Degree	23.97
Total	**100%**

5. Tobacco Use

Prevalence of smoking as reported by respondents to the 2013 CAHPS Survey is indicated in Table 7 below.

Table 7: Tobacco Use

	2013	2012*	Data Source
FPLIC	14.44	NA	NCQA CAHPS Survey
Pennsylvania	21.4	22	CDC, WHO*
Nation	19.6	20.8	CDC, WHO*

*Centers for Disease Control and Prevention (CDC) ,World Health Organization data (WHO)

B. Analysis of Demographics

- The gender distribution for First Priority Life Insurance Company is relatively consistent with both the state and our service area. For the state, our 13 county service area, and FPLIC PPO, the population is slightly higher for females. In the FPLIC EPO population, males slightly out number female members. The FPLIC PPO and EPO populations are growing in members with increases of 4,384 and 3,949 respectively.

- For the purpose of this report, the age bands derived from analysis of FPLIC membership files will be utilized to direct plan activity for Quality Improvement interventions and programs. From a practical analysis standpoint, the age bands 40-49, 50-59 and 60-69 should be combined, since interventions for health promotion and disease state interventions are usually directed at the combined group. Overall, age distribution is essentially unchanged from 2012. Fifty percent of FPLIC's members are over the age of 40. Age is a contributing factor in increasing health care costs.

- Racial distribution, educational level and tobacco use are self-reported data obtained through the 2013 CAHPS survey. Data on the FPLIC population indicates 97.83% of the members are noted as "Caucasian." FPLIC remains above both the state and the service area demographics in Caucasian membership, and below the state and service area in Black and Hispanic membership. The 2013 data will serve as a benchmark going forward.

- Analysis of self-reported educational level indicated the majority of FPLIC members are high school graduates and have some college level education. A notable rate was the number of FPLIC members who have more than a 4 year college degree [23.97%].

- Self-reported tobacco use showed FPLIC members were the least likely to smoke with reported smoking rates of 14.44%. The smoking rate is below the state average of 21.4% and the national average of 19.6% (as reported by the Centers for Disease Control and Prevention).

C. Health Services Utilization

All tables include data from claims incurred from 6/1/2012 – 5/31/2013 paid through 8/31/2013.

Table 8: 2013 Top Ten Inpatient Diagnoses – FPLIC

Inpatient Diagnosis				Frequency				% of Total Dollars
Rank Order				Number		Percent		
2013			2012	2013	2012	2013	2012	2013
1	Obstetrical Deliveries	PPO	1	1,527	1,520	17.22%	17.30%	10.98%
	Obstetrical Deliveries	EPO	1	222	198	16.55%	15.78%	10.43%
2	Coronary Artery Disease	PPO	2	686	794	7.73%	9.04%	11.98%
	Alcohol and Drug Abuse	EPO	3	103	72	7.68%	5.74%	2.87%
3	Alcohol and Drug Abuse	PPO	4	518	376	5.84%	4.28%	2.20%
	Coronary Artery Disease	EPO	2	102	111	7.61%	8.84%	14.10%
4	Major Joint & Limb Reattachment Upper& Lower Extremity	PPO	3	471	394	5.31%	4.48%	8.42%
	Psychoses	EPO	6	59	44	4.40%	3.51%	2.49%
5	Psychoses	PPO	5	345	333	3.89%	3.79%	2.11%
	Ungroup-able	EPO	4	51	50	3.80%	3.98%	1.64%
6	All Malignancies/ Neoplasm	PPO	6	280	278	3.16%	3.16%	4.47%
	Major Joint Replacement or Reattach of Low Extremity w/o MCC	EPO	5	50	45	3.73%	3.59%	7.52%
7	Esophag, Gastroen Misc. GI Disorders w/o CC	PPO	8	242	232	2.73%	2.64%	1.08%
	Esophag, Gastroen Misc. GI Disorders w/o CC	EPO	7	33	35	2.46%	2.79%	1.05%
8	Un-groupable	PPO	7	230	257	2.59%	2.93%	1.12%
	All Malignancies /Neoplasm	EPO	8	26	33	1.94%	2.63%	3.71%
9	Cellulitis w/o MCC	PPO	9	123	126	1.39%	1.43%	0.56%
	Cellulitis w/o MCC	EPO	10	26	16	1.94%	1.27%	0.79%
10	Uterine & Adnexa Procedures w/o CC	PPO	10	81	100	0.91%	1.14%	0.52%

Inpatient Diagnosis				Frequency				% of Total Dollars
Rank Order				Number		Percent		
	Bronchitis & Asthma w/o CC/MCC	EPO	*	16	*	1.19%	*	0.39%
Total Inpatient Encounters and Claim Dollars		PPO		8,870		$127,198,514.87		
		EPO		1,341		$16,358,243.46		

* Diagnosis not in the top 10 the previous year

The 2013 Top Ten Inpatient Diagnoses show the following characteristics:

- Obstetrical Deliveries and Coronary Artery Disease remain top ranking drivers for inpatient length of stays. These combined diagnoses account for 49.11% in utilization and 47.49% in total dollars in cost.

- Behavioral Health Care issues remain a driver for inpatient services. Alcohol and Drug Abuse and Psychoses fell in 3rd and 5th for the PPO and 2nd and 4th for the EPO populations. Although these diagnoses are high in utilization [21.81% combined], they are lower in cost [9.67% combined]. In comparing the adult population against the pediatric populations [0-19 years old], behavioral health related diagnoses were also top drivers of utilization. Alcohol/Drug Dependence, Depressive Neuroses and Psychoses remained in the top ten from the previous year.

- Orthopedics, as reflected in the joint and limb reattachment admissions, remains a key driver but dropped in rank. In 2012, FPLIC PPO ranked 3rd but dropped down to 4th place. The EPO line of business also fell one place from 5th to 6th.

- Total neoplasm/malignancy grouping reflects the incidence of cancer at all sites and remains a key inpatient driver. Within the neoplasm/malignancy inpatient admissions, the top ranking inpatient stay is for mastectomy related to breast cancer.

- Female reproductive system issues are reflected in uterine diagnoses unrelated to pregnancy and delivery.

- Several respiratory diagnoses moved into the top ten this year. Bronchitis and Asthma diagnoses ranked 10th for the EPO population.

Table 9: 2013 Top Ten Outpatient Diagnoses –FPLIC

Outpatient Diagnosis Rank Order				Frequency Number		Frequency Percent		% of Total Dollars
2013			2012	2013	2012	2013	2012	2013
1	All Malignancies/Neoplasm	PPO	2	152,135	139,370	4.21%	4.07%	10.23%
	All Cardiac DXs	EPO	1	23,012	22,427	4.65%	4.75%	5.10%
2	Behavioral/Alcohol and Drug Abuse	PPO	3	149,822	128,753	4.14%	3.76%	2.90%
	Behavioral/Alcohol and Drug Abuse	EPO	3	22,182	18,555	4.48%	3.93%	3.07%
3	All Cardiac DXs	PPO	1	147,195	141,962	4.07%	4.15%	4.40%
	All Malignancies/Neoplasm	EPO	2	17,025	18,569	3.44%	3.93%	8.60%
4	Routine Child Health Exam	PPO	4	93,513	90,823	2.59%	2.66%	1.62%
	All Diabetes DXs	EPO	4	12,428	11,695	2.51%	2.48%	1.48%
5	All Diabetes DXs	PPO	5	78,908	76,233	2.18%	2.23%	1.18%
	Routine Child Health Exam	EPO	5	11,627	11,202	2.35%	2.37%	1.81%
6	Sprains	PPO	6	73,297	69,541	2.03%	2.03%	1.48%
	Abdominal Pain	EPO	6	10,971	9,567	2.22%	2.03%	2.75%
7	Abdominal Pain	PPO	7	65,291	65,461	1.81%	1.91%	2.10%
	Sprains	EPO	8	10,524	8,787	2.13%	1.86%	1.71%
8	Hyperlipidemia	PPO	8	58,830	57,508	1.63%	1.68%	0.48%
	Hyperlipidemia	EPO	7	9,577	9,350	1.94%	1.98%	0.47%
9	Fractures/Dislocations	PPO	9	58,400	53,578	1.62%	1.57%	1.85%
	Fractures/Dislocations	EPO	9	7,778	8,545	1.57%	1.81%	2.00%
10	Lumbago	PPO	10	52,926	48,731	1.46%	1.42%	0.88%
	Chest Pain	EPO	*	7,553	*	1.53%	*	1.77%
Total Outpatient Encounters and Claim Dollars		PPO		3,615,852		$323,392,440.47		
		EPO		494,884		$39,020,475.38		

* Diagnosis not in the top 10 the previous year

■All Cardiac DXs includes all coronary related diagnoses except chest pain.

The 2013 Top Ten Outpatient Diagnoses show the following characteristics:

- Behavioral Health continues to be a high utilizer for outpatient services. For both PPO and EPO membership, Behavioral Health diagnoses placed second in the top ten. The frequency/patient average is 6.5 and 5.9 respectively for these groups. Although the frequency of encounters is high for these diagnoses, the percent of total cost is lower averaging around 3%.

- Of interest is the second place rank for Behavioral Health diagnoses, jumping one place from 2012. Behavioral Health placed above Cardiac and All Malignancies/Neoplasm in frequency.

- All Cardiac diagnoses remained the number one diagnosis for the FPLIC EPO population. Interestingly, this DRG group fell to third place for the PPO. Total claims in this diagnostic group cost the plan $16,205,395.38 in 2013.

- Cancer (all sites) diagnoses are rolled up and reported as single encounter diagnoses group. They remain ranked in the top 3for FPLIC. This group accounts for $36,442,570.78 in claims for both products.

- The chronic conditions of Hyperlipidemia/Hypercholestermia, Cardiac and Diabetes for both products averages 6.5% of all outpatient encounters this year. Hyperlipidemia continues to be a top ten utilizer in frequency but dropped down 1 level for the EPO product. PPO rates stayed consistent with the prior year's 8th place. In terms of dollars spent on care, Hyperlipidemia is very low, accounting for 0.47% of total claim dollars.

- Diabetes is reported as an aggregate grouping of diagnosis codes 250.0-250.9. For the PPO population, it remains in 5th position, the same as last year. Diabetes ranking for the EPO population, also maintained the same position as last year in 4th place.

- Routine Child Health exams maintained their same rankings as 2012. In both products, it is one of the lower total dollar utilizers.

- GYN exam, although still not in top ten per frequency, ranks high according to the total outpatient dollars utilized.

- Sprains and Fractures/Dislocations continue to remain in the top ten over the past five years in both frequency and percent of total dollars spent.

- New to the top ten diagnoses this year for the PPO are screening mammograms and chest pain. Lumbago [back pain] continued to hold 10th place for the PPO.

Table 10: 2013 Top Ten Emergency Department Diagnoses –FPLIC

ER Diagnosis				**Frequency**				**% of Total Dollars**
Rank Order				**Number**		**Percent**		
2013			2012	2013	2012	2013	2012	2013
1	Injury▲	PPO	1	6889	6844	22.55%	23.80%	15.97%
	Injury▲	EPO	1	1086	1088	22.07%	24.66%	14.26%
2	Abdominal Pain	PPO	2	1728	1683	5.65%	5.85%	9.89%
	Abdominal Pain	EPO	2	302	252	6.13%	5.71%	11.39%
3	Chest Pain	PPO	4	1486	1295	4.86%	4.51%	11.46%
	Chest Pain	EPO	3	271	237	5.50%	5.37%	12.90%
4	Respiratory ♦	PPO	3	1408	1364	4.61%	4.74%	1.82%
	Respiratory♦	EPO	4	195	202	3.96%	4.57%	1.58%
5	Headache (346.xx+784.xx)	PPO	5	805	755	2.63%	2.62%	2.73%
	Behavioral Health	EPO	5	137	97	2.78%	2.20%	2.25%
6	Behavioral Health	PPO	6	730	689	2.39%	2.40%	1.99%

ER Diagnosis Rank Order				Frequency Number		Frequency Percent		% of Total Dollars
	Headache(784.xx +346.xx)	EPO	6	127	92	2.58%	2.09%	2.85%
7	Cellulitis	PPO	7	620	611	2.03%	2.12%	1.11%
	Cellulitis	EPO	7	109	88	2.21%	1.99%	1.02%
8	Noninfectious Gastroenteritis	PPO	*	445	*	1.45%	*	1.78%
	All Cardiac DXs	EPO	10	87	50	1.76%	1.13%	3.67%
9	UTI	PPO	8	434	416	1.42%	1.45%	1.30%
	UTI	EPO	8	67	60	1.36%	1.36%	1.10%
10	All Cardiac DXs	PPO	10	428	361	1.40%	1.26%	2.75%
	Lumbago	EPO	*	64	*	1.30%	*	0.89%
Total ER Encounters and Claim Dollars		PPO		30,537			$26,806,663.39	
		EPO		4,919			$4,626,442.90	

* Diagnosis not in the top 10 the previous year
▲Injury includes Sprains, Open Wounds, Contusion, Fractures/Dislocations, and Injuries
♦ Respiratory includes Bronchitis, Pharyngitis, Acute URI and Asthma

The 2013 Top Ten Emergency Department (ED) diagnoses show the following characteristics:

- Injury (Sprains, Open Wounds, Contusions, Fractures/Dislocations and Injuries) is noted as the top driver for ED utilization. However the frequency of utilization has declined from last year in terms of percentage in addition to the total cost.

- The top four ER diagnoses: Injury, Abdominal Pain, Chest Pain and Respiratory remained in the same rank as last year. These 4 diagnoses account for approximately 40% of total costs for each product line.

- Behavioral Health/ Drug and Alcohol Abuse diagnoses (290-319) and Headache continue be a high utilizer accounting for 9.82% of Plan's total ED costs. Even though the most frequent ER diagnosis is Anxiety followed by Alcohol Abuse, treatment costs for Alcohol Abuse are higher.

- Of interest are the All Cardiac Diagnosis category that includes hypertension, heart dysrhythmias, and CAD. In the EPO population, treatment for this group climbed the ranks to 8th position in terms of frequency. In 2012 they came in 10th. This diagnostic group is a high utilizer in terms of cost, using 3.67% in dollars compared to Respiratory which averages around 1.58%.

- A new diagnosis that made the top ten for 2013 was Noninfectious Gastroenteritis for the PPO population (8th place). In the EPO product, this diagnosis ranked 11th.

Table 11: Pharmacy Utilization Top 20 Drugs by Rx Count – FPLIC PPO/EPO – 6/1/2012 – 5/31/2013

FPLIC 2013			2012
Medication	**Indication**	**2013 Rx Count**	**Rank**
1. Simvastatin	High Blood Cholesterol	45373	1
2. Lisinopril	High Blood Pressure/Heart Disease	45264	3
3. Levothyroxine Sodium	Thyroid Disorders	41086	4
4. Omeprazole	Ulcer Disease	40085	2
5. Hydrocodone-Acetaminophen	Pain	31764	5
6. Azithromycin	Infections	29121	6
7. Amoxicillin	Infections	25845	7
8. Atorvastatin Calcium	High Blood Cholesterol	25770	NR
9. Alprazolam	Anxiety	24351	9
10. Citalopram HBR	Depression	24016	8
11. Metoprolol Succinate	High Blood Pressure/Heart Disease	22434	11
12. Metformin HCL	Diabetes	22360	12
13. Hydrochlorothiazide	High Blood Pressure	22135	10
14. Sertraline HCL	Depression	21029	13
15. Amlodipine Besylate	High Blood Pressure/Heart Disease	20492	14
16. Amox TR-Potassium Clavulanate	Infections	15729	18
17. Metoprolol Tartrate	High Blood Pressure/Heart Disease	15725	17
18. Prednisone	Inflammation/Immune Disorders	15420	15
19. Synthroid	Thyroid Disorders	15227	16
20. Pantoprazole Sodium	Ulcer Disease	14911	NR
Total-Top 20 Drugs By Rx Count		**518,137**	**487,066**
Total-All Drugs		**1,650,828**	**1,553,172**

Table 12: Pharmacy Cost Rank (Plan Cost) Top 20 – FPLIC PPO/EPO – 6/1/2012 – 5/31/2013

FPLIC 2013			2012
Medication	**Indication**	**2013 Rx Cost**	**Rank**
1. Humira	Inflammatory Conditions	4,346,062.66	1
2. Enbel	Inflammatory Conditions	3,317,798.11	2
3. Copaxone	Multiple Sclerosis	2,825,602.58	3
4. Advair Diskus	Asthma	1,742,767.75	8
5. Abilify	Mental/Neuro Disorders	1,663,732.84	9
6. Rebif	Multiple Sclerosis	1,465,825.27	11
7. Avonex	Multiple Sclerosis	1,409,506.64	10
8. Gleevec	Cancer	1,230,635.78	20
9. Oxycontin	Pain	1,213,113.71	15
10. Cymbalta	Depression	1,162,943.07	NR
11. Januvia	Diabetes	1,146,263.50	17
12. Modafinil	Attention Disorders	1,102,908.95	16
13. Revlimid	Cancer	1,080,439.69	18

FPLIC 2013			2012
Medication	**Indication**	**2013 Rx Cost**	**Rank**
14. Diovan	High Blood Pressure/Heart Disease	1,045,257,91	14
15. Humalog	Diabetes	967,329.08	NR
16. Suboxone	Chemical Dependence	938,005.98	NR
17. Lantus Solostar	Diabetes	929,763.98	NR
18. Nasonex	Allergies	878,459.73	NR
19. Vytorin	High Blood Cholesterol	834,194.95	NR
20. Zetia	High Blood Cholesterol	796,595.53	NR
Total-Top 20 Drugs By Plan Cost		**$ 30,097,207**	**$ 30,037,564**
Total-All Drugs		**$ 97,898,840**	**$101,270,024**

The 2013 Pharmacy data shows the following characteristics:

- In 2013, there are seven drugs that hold the highest count utilization and highest cost for the plan. They include: Lisinopril, Simvastatin, Levothyroxine Sodium, Amoxicillin, Omeprazole, Azithromycin and Hydrocodone/APAP. These same drugs were also in the top 7 for 2012 but in a different order.

- There are three multiple sclerosis medications in the top 20 for cost in 2013. They include Copaxone, Rebif and Avonex. Copaxone and Avonex fell in the top 10 for cost in 2012. The combined 2013 Rx cost for the three medications amounted to $5,700,934.49 for FPLIC.

- Humira and Enbrel, treatments for rheumatoid arthritis, as well as psoriatic arthritis and ankylosing spondylitis, were ranked first and second in cost. For the combined 3384 prescription count, it costs the plan $7,821,441.07.

- Medications that are high for prescription count include cholesterol medications, high blood pressure/heart disease and infection medications.
- The pattern of drug utilization reflects and is consistent with the diagnoses found to be leading causes of both inpatient and outpatient utilization, with cardiac disease and behavioral health as key issues. Chronic disease management with cardiac, asthma and diabetes remains present in pharmacy utilization and costs.

- Cancer diagnoses ranked #2 in relation to outpatient utilization. Last year the cancer medication Gleevec ranked 20th in terms of cost. This year the medication jumped up to 8th place.

D. Health Services Analysis

- Total membership in the FPLIC line of business grew in 2013 with an additional 8,333 members.

- Although age, sex and ethnic/racial demographics are similar for both lines of business, more members aged 60-69 years old are in the FPLIC PPO population (11.05%) compared to only 7.64% in the FPLIC EPO. Gender distribution remains constant

between the 2 products and falls in line with state averages. In regard to ethnic/racial demographics, membership falls below the state and service area averages.

- Almost 65% of FPLIC's membership has some level of college education or degree. Results from the 2013 CAHPs surveys found 23.97% of the FPLIC membership had attained more than a 4 year College Degree.

- FPLIC's first CAHPS survey recorded a smoking rate of 14.44%. The rate is below the Pennsylvania rate (21.4 %) and National rate (19.6 %) as reported by the Centers for Disease Control and Prevention (CDC).

- Several common themes tend to be found within the inpatient/outpatient/emergency and pharmacy utilization.

    - Cardiac disease and related diagnoses remain significant drivers of utilization in all areas monitored: inpatient, outpatient, emergency department and pharmacy. Seven of the top 20 medications ranked by the number of prescriptions are used for cardiac related conditions.

    - Behavioral Health related diagnoses, including Depression and Alcohol /Drug Dependency issues, continue to be a significant cause for inpatient and pharmacy utilization. For inpatient and outpatient diagnoses, Alcohol and Drug Abuse jumped at least one level in each product line. Behavioral Health also ranked higher than Coronary Artery Disease. Continuing efforts to coordinate continuity of care between inpatient and outpatient services for members with ongoing behavioral health needs may present an opportunity for improvement.

    - Respiratory related diagnoses, including chronic obstructive pulmonary disease, rhinitis, bronchitis, pharyngitis and asthma, remain a top ten reason for Emergency Room treatment.

    - Female reproductive system issues, specifically pregnancy related, are a driver for inpatient stays. However, care related to ante-natal and post-partum issues are not in the top ten for ER utilization as in past years.

    - Trending of ER utilization shows a trend of more urgent care related diagnoses for 2013 the same as in 2012. Of significance is the All Cardiac Diagnoses group which climbed higher in rank. New diagnoses for the ER included noninfectious Gastroenteritis and Lumbago.

    - Oncology related diagnoses remain the second ranking cause for outpatient utilization. Malignant neoplasm of the breast remains a top ranking cause of outpatient services for neoplasm diagnoses and is followed by malignant neoplasm of lung.

    - Omeprazole medications prescribed for gastrointestinal symptoms ranks high in both number and cost of prescriptions. It is the most expensive top 20 drug in terms of plan cost- $40,749.00 for FPLIC. Use of this medication coincides with high ranking inpatient and outpatient diagnoses/DRGs: Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders and abdominal pain. Contributing diagnoses could include drug and alcohol issues, as well as

orthopedic conditions. Alcohol is also a GI irritant, especially if excessively utilized. Many anti-inflammatory and pain medications can cause GI distress. Blue Health Solutions has developed a GERD (Gastro Esophageal Reflux Disease) Program as part of the Lifestyle Management suite of health maintenance programs which will provide education and support to members with GERD/heartburn and prescribed anti-ulcer/pro-motility medications.

E. Early Implementation

- Continue initiative to expand PCP dashboard to identify key member specific utilization and pharmacy information for continuity and coordination of care.

- Continue to develop Facility Contract incentives that address facility safety issues and quality of care, such as patient safety, readmission, infection, transition of care and evidenced based care protocols.

- Continue to encourage provider participation in the Physician Quality Incentive Program to improve clinical outcomes.

- Continue to collaborate and develop the Patient Centered Medical Home Pilot Program with Susquehanna Health to improve the health of BCNEPA members, improve communication between providers and members and reduce the cost of healthcare.

- Continue with HEDIS targeted initiatives through live outreach reminder calls to members, monthly member automated reminders, provider and member focused HEDIS webpages, and provider incentives based on specific HEDIS outcomes.

- The Episode of care incentive program (EIP) is a pilot program started in July 2012 in three large provider groups, consisting of both PCPs and Specialists. The EIP program is based on quality performance and cost of care outcomes. Providers are educated on the processes and patterns of care to identify areas for improvement. The first year results of the pilot EIP will be ready for delivery late December/early January. Results will be analyzed to determine if the pilot EIP will be extended to other providers in the network.

- Continue the Consumer Transparency Initiative, which provides consumers with information about providers and facilities. BCNEPA has an enhanced provider directory. This online tool enables consumers to make better informed choices regarding where to go for care. The expanded level of healthcare transparency focuses on demographics, patient experience/satisfaction, clinical quality and cost efficiency.

- The Patient Review of Physicians tool allows members to offer feedback on the experiences they have had with participating physicians in BCNEPA's 13 county network and to read reviews about other members' patient experience.

- Continue to develop and upgrade the features on the provider directory to educate members on network providers and facilities.

- Expand the automated outbound dialer to include customer service outreach calls to members, including gaps in care reminders and messaging related to preventive

screenings and chronic condition monitoring, which may reduce avoidable inpatient and emergency utilization.

- Continue implementation of member recognition and interactive outbound dialer outreaches to increase effectiveness of messaging and ability for warm transfer to meet member needs.

- Continue to explore interventions to encourage members to use ER appropriately through education of other available resources, such as the 24/7 Nurse Now line, urgent care centers, high utilization member reports to physicians and physician compensation for members requiring non-scheduled urgent care in PCP office.

- Continue enhancements of member portal to be more user-friendly.

F. Maintenance Activities

- Continue the Physician Quality Incentive Program that began in 2011. This program has 2 incentive payouts in a calendar year to providers who meet improvement thresholds on preventative care, chronic care, overall efficiency/effectiveness, and administrative measures.

- Continue the Behavioral Health referral process between Perform Care (formally CBHNP) and BCNEPA to encourage continuity of care between inpatient and outpatient care for members with both behavioral health and medical diagnoses needs.

- Continue opt-out participation in Asthma, CAD, Diabetes, CHF and COPD Management Programs to optimize number of members receiving targeted information to assist them in managing their health. Continue opt-in programs for Prenatal Care, Weight Management, Back Care and Depression.

- Continue Coordination of Care between the medical Disease Management and Case Management Programs and the Depression Disease Management Program with referrals of members with a positive depression screening from the medical programs to the Depression Program coordinator for further evaluation and follow-up.

- Continue the Tobacco Cessation Disease Management Program with targeted member and physician education on tobacco cessation.

- Continue initiatives to improve asthma care, comprehensive diabetes care (particularly eye examinations), behavioral health initiatives and preventive cancer screenings.

- Continue Medication Adherence Program with targeted mailings to members and prescribing physicians when medication fill ratios for chronic care medications fall below threshold.

- Continue collaboration with CM/DM for identification and outreach to high ER utilization by members with certain chronic diseases or non-emergent diagnoses and gaps in care for chronic disease.

- Continue inclusion of facilities and provider/practitioner offices in education about Preventative Health and Disease Management Programs available to BCNEPA membership.

- Continue Blue Health Solutions 24/7 hour Nurse Now line and Lifestyle Management programs as health coaching resources for all members.

- Blue Health Solutions member reminder letters for preventative and diagnosis specific care.

- Continue risk factor reduction programs through health assessment and health coaching for cholesterol management, stress reduction and tobacco cessation.

- Continue the current collaboration with Perform Care related to follow-up and discharge planning for Behavioral Health admissions to improve 7 day follow up visits.
- Continue exploration of Internet strategy to enable communication to the appropriate membership and providers and to facilitate the health care delivery process.

- Continue expansion of NaviNet to all providers to provide increase in timely information.

- Continue education and mailing on Member Health and Benefit Statement.

G. Opportunities/Recommendations

- Implementation of aggressive work plan to identify opportunities to engage network facilities and practitioners in targeted initiatives and contracting to improve patient outcomes, including preventive and chronic recommended screenings and discharge planning processes that address continuity of care and medication safety.

- Explore initiatives to encourage membership to access health benefit and educational information/programs available on BCNEPA internet, including Blue Health Solutions and care, health and lifestyle management programs.

- Develop gaps in care reporting biannually to PCPs that identifies members with missed screenings for chronic and preventive care.

- Explore expansion of Blue Health Solutions Case and/or Health Management programs to address the behavioral health issues identified in the pediatric population.

- Develop a UM Transition of Care (TOC) program to improve the continuity and coordination of care by coordinate services and provide support to members transitioning from one level of healthcare to another who are not identified to receive CM/DM services.

- Implementation of onsite and telephonic behavioral health case management by Perform Care for targeted adult and pediatric populations.

- Explore opportunities to facilitate earlier and more focused screening of new members by their PCP to identify health risks and augment member data collection.

- Explore development of new initiatives to promote preventive cancer screenings.
- Explore collaborative opportunities with community agencies.
- Collaboration with AllOne to encourage the utilization of Personal Health Records and Health Risk Assessment by membership.
- Continue recommended cholesterol screening mailings to include members with ischemic vascular disease.
- Explore collaboration with BHS regarding the feasibility of light touch CM for identified special needs members that do not meet criteria for existing CM/DM programs.
- Explore development of new and expanded initiatives to improve ongoing management of members with diabetes, including increasing members' awareness of and proactive participation in HbA1C, diabetic eye, cholesterol and nephropathy screening.
- Explore opportunities to provide education and targeted reminders on continued use of medication to members on chronic care medications (i.e., beta-blockers, anti-hypertensive and anti-depressants).
- Continue ongoing monitoring of pharmaceutical adherence for members with prescriptions for medications to manage chronic conditions and explore enhancing initiatives to remind members and alert prescribing physicians of medication non-adherence.

Divider Page

CHIP POPULATION ANALYSIS

2013

CHIP Population Analysis (June 2012 - May 2013)

A. Demographic Profile

Information to profile the demographics of the CHIP Membership was derived from an analysis of Pennsylvania Department of Health Profiles - State Center for Health Statistics and Research, County Health Profiles - US Census, Penn State Data Center, Hospital Association of PA, US Census DP1 Profile of General Demographic Characteristics, NCQA CAHPS 5.0H 2013, and internal profiling of age and sex distribution of CHIP Members using Med Stat Advantage Suite software.

1. Age and Gender Distribution

Analysis of CHIP Membership age and gender distribution using Med Stat data indicates the following:

Table I: Age and Gender Distribution – 2013

Age	2011	2012	2013	2013 Male	2013 Female
0-2	732 (5.38%)	656 (5.18%)	474 (4.61%)	239 (4.64%)	235 (4.58%)
3-5	1,306 (9.60%)	1,195 (9.44%)	932 (9.06%)	501 (9.73%)	431 (8.40%)
6-12	5,736 (42.15%)	5,329 (42.10%)	4,207 (40.92%)	2,106 (40.89%)	2,101 (40.95%)
13-19	5,834 (42.87%)	5,479 (43.28%)	4,669 (45.41%)	2,305 (44.75%)	2,364 (46.07%)
Total	**13,608**	**12,659**	**10,282**	**5,151 (50.10%)**	**5,131 (49.90%)**

The majority of CHIP members are found within the 13-19 age range, with infants representing the smallest age category. This is consistent with the previous year's findings. Membership in all age categories has decreased from the 2012 data. The total CHIP membership has decreased by 2377 members this year. CHIP enrollment statistics show a number of reasons for enrollment termination. Failure to renew demonstrated the largest percentage at 38.8%. Enrollment in Medicaid coverage through the Department of Public Welfare or referral to Medicaid because of income qualifications were the next largest (other) reasons for enrollment termination at 16 %. A variety of other reasons for enrollment termination included non-payment of premiums, enrollment in private insurance, and over age requirement.

Gender analysis shows that males outnumber females by a small margin for every age group except 13-19 years. The aggregate percentage of males is 50.10% and females is 49.90%.

2. Racial Distribution

The racial distribution within Pennsylvania, the thirteen (13) county service area, First Priority Health Membership and reported CHIP members is indicated in the following table. The reporting of this data is voluntary and members frequently choose not to report.

Table II: Racial Distribution -- 2013

	White	Black	Asian	Other	Data Source
Pennsylvania	83.8%	11.3%	2.9%	2% Other 0.3% American Indian/ Alaskan Native 0.1% Native Hawaiian/ Other Pacific Islander	2010 U.S. Census Bureau, *American Community Survey
Service Area	94.1%	3.37%	1.61%	.3% American Indian/ Alaskan Native .046%Native Hawaiian/ Other Pacific Islander	2010 U.S. Census Bureau,* American Community Survey
FPH Membership	97.82%	0.73%	0.54%	1.27% Other 1.09% American Indian/ Alaskan Native 0.36% Native Hawaiian/ Other Pacific Islander	NCQA 2013 CAHPS 4.0H (Adult)
CHIP Membership	93.73%	4.34%	1.57%	3.61% Other 1.08% American Indian/ Alaskan Native 3.61%Native Hawaiian/ Other Pacific islander	NCQA 2013 CAHPS 5.0H (Child)

Table III: Hispanic or Latino Origin

	2011	2012	2013	Data Source
Pennsylvania	5.7%	5.9%	6.1%	U.S. Census Bureau, *American Community Survey
Service Area	3.8%	3.98%	5.24%	U.S. Census Bureau, *American Community Survey
FPH Membership	3.92%	2.27%	0.93%	NCQA 2013 CAHPS 5.0H (Adult)
CHIP Membership	6.67%	7.17%	6.55%	NCQA 2013 CAHPS 5.0H (Child)

*American Community Survey April 2010 to July 2012

Race and ethnicity information is self-reported through the CAHPS survey returns. Percentages totaling greater than 100% may reflect those who identify themselves under several race categories. Not unlike the FPH population (97.82%), the CHIP population is predominantly Caucasian (93.73%). The CHIP population has a higher percentage of the Black population (4.34% vs 0.73%) as well as the Asian population(1.57% vs 0.54%) when compared to FPH. Additionally, the CHIP population has higher percentages in the Hispanic and Latino populations when compared to the FPH and other memberships.

From the self-reported data, the Hispanic population represents 6.55% of the CHIP population. This is a decrease of 0.62% from last year. This percentage continues to be higher than the Pennsylvania population as a whole, the thirteen county service areas and the FPH commercial membership.

B. Health Services Utilization CHIP

All tables include data for claims incurred from June 2012 to May 2013 paid through August 2013

Table IV: CHIP Top Ten Inpatient Diagnoses, All Ages 0-19 years

Inpatient DRG 2013 Rank Order	2012 Rank Order	2013 Frequency/%	2012 Frequency	2013 Net Payment	2013 % of Total Dollars
1.Psychoses	1	44/20.28%	34	$225,367.45	9.50%
2.Depressive Neuroses	2	22/10.14%	21	$94,014.17	3.96%
3.Alcohol and Drug Abuse DRG	3	15/6.91%	15	$96,990.36	4.09%
4.Otitis Media & URI wo MCC	8	9/4.14%	7	$32,283.71	1.36%
5.Cellulitis wo MCC	N/A	6/2.76%	N/A	$26,040.59	1.10%
6.Bronchitis & Asthma wo CC/MCC	N/A	5/2.30%	N/A	$38,819.06	1.63%
7.Appendectomy w Complic Prin Dx wo CC/MCC	N/A	5/2.30%	N/A	$75,560.15	3.18%
8.Diabetes wo CC/MCC	10	5/2.30%	N/A	$43,344.52	1.83%
9.Simple Pneumonia & Pleurisy wo CC/MCC	7	4/1.84%	8	$24,029.68	1.01%
10.Bronchitis & Asthma w CC/MCC	N/A	4/1.84%	N/A	$37,149.90	1.57%
Top Ten Total		119/54.81%	129	**$693,599.59**	**29.23%**
Total Inpatient		217	253	**$2,372,827.11**	

The top ten inpatient DRGs show the following characteristics:

- Mental/Behavioral Health conditions, specifically Psychoses and Depressive Neuroses, as well as Alcohol and Drug abuse/dependence account for 68% of the top ten inpatient diagnoses. This is an increase of 13.87% from 2012 (54.2%). From a total of 119 admissions in the top ten categories, 81 were related to Behavioral Health/Alcohol and Drug Abuse diagnoses. This accounted for 60.03% of costs associated with the top ten diagnoses, and 17.5% of costs associated with all Inpatient diagnoses.

- As in 2012, Psychoses remains the top reason for inpatient admissions in the CHIP population in 2013. This translates into 9.50% of claims paid for all CHIP inpatient encounters for 2012-2013. This remains the most costly DRG with 44 admissions with this diagnosis code. Depressive Neuroses accounts for 3.96% of total claim dollars with 22 admissions, closely followed by drug and alcohol treatment at 4.08% with 15 admissions.

- Respiratory related diagnoses, Bronchitis & Asthma w/wo CC/MCC and Simple Pneumonia & Pleurisy w/o CC/MCC are new to the top ten. They represented 13 admissions and 4.2% of total claim dollars

- Cellulitis w/o MCC is new to the top ten list, ranking in 5th place with 2.76% of inpatient utilization. It accounted for 1.10% of total costs.

  Otitis Media & URI w/o MCC, new to the top ten in 2011, moved up in the rank order from 8th to 4th place with 9 admissions and 1.36% of total claim dollars.

- Appendectomy with complications is new to the top ten, ranking in 7th place with 5 admissions and accounted for 3.18%% of total claim dollars.

- The top ten inpatient diagnoses for the CHIP population accounted for 54.8% of total inpatient admissions for this group and 29.23% of total claim dollars.

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Figure 1: Top Inpatient Diagnosis Utilization Comparison

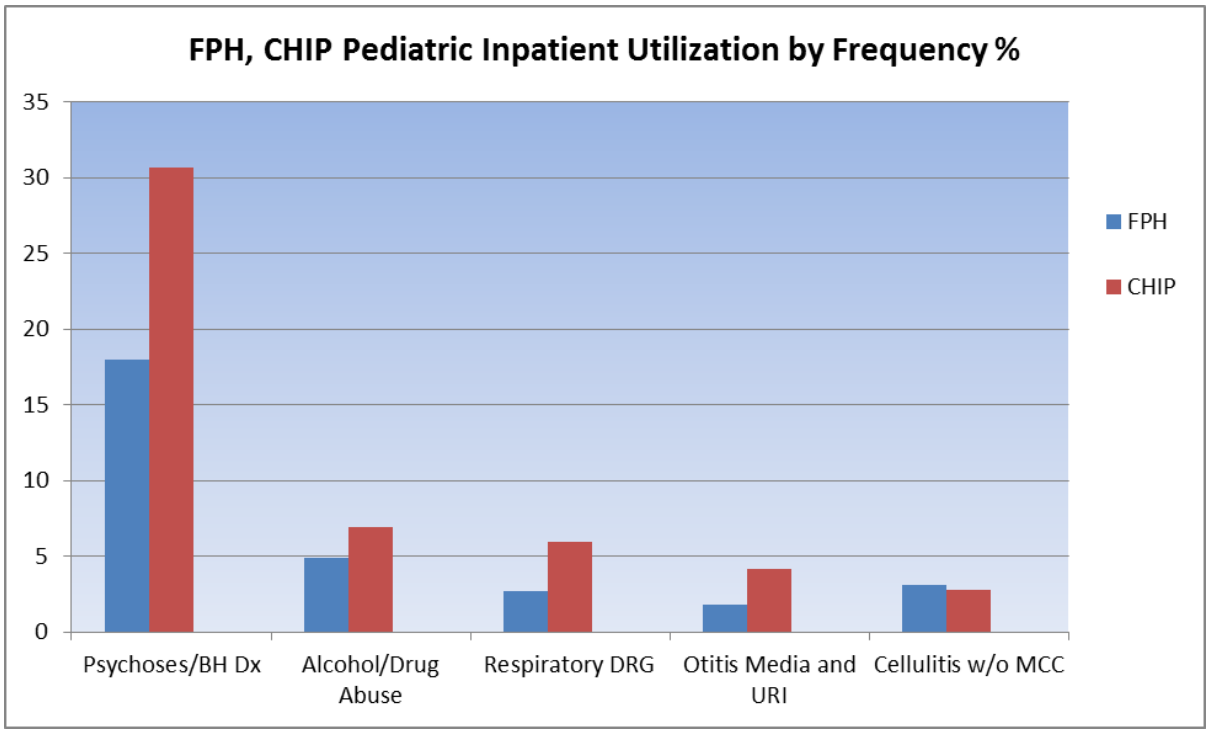


Figure I shows a comparison of the CHIP and FPH product lines of 5 common top ten inpatient diagnoses. Except for Cellulitis w/o MCC, the CHIP population surpasses FPH in utilization frequency.

Table V: CHIP Top Ten Diagnosis for Emergency Room Encounters, Ages 0-19 Years

Emergency Room 2013 Ranking	2012 Rank	2013 Frequency	2012 Frequency	% of Total Frequency	2013 Net Payment	% of Total Dollars
1.Sprains (All)	1	352	508	9.20%	$180,724.14	8.25%
2.Contusions (All)	3	283	357	7.37%	$167,227.36	7.63%
3.Open Wounds	2	244	361	6.35%	$122,682.62	5.60%
4.Fractures/Dislocations	4	199	279	5.18%	$155,147.20	7.08%
5.Abdominal Pain	5	173	253	4.50%	$153,492.21	7.00%
6.Otitis Media	7	139	179	3.62%	$40,299.57	1.84%
7.Acute Pharyngitis	6	132	187	3.44%	$46,976.64	2.14%
8.Injury	8	125	179	3.25%	$56,748.10	2.60%
9.Acute URI NOS	N/A	117	N/A	3.05%	$39,003.20	1.78%
10.Bronchitis	9	86	120	2.24%	$34,906.58	1.59%
Top Ten Total		1850		48.20%	**$997,207.62**	45.51%
Total Visits to ER/$		3840	4930		**$2,190,060.42**	

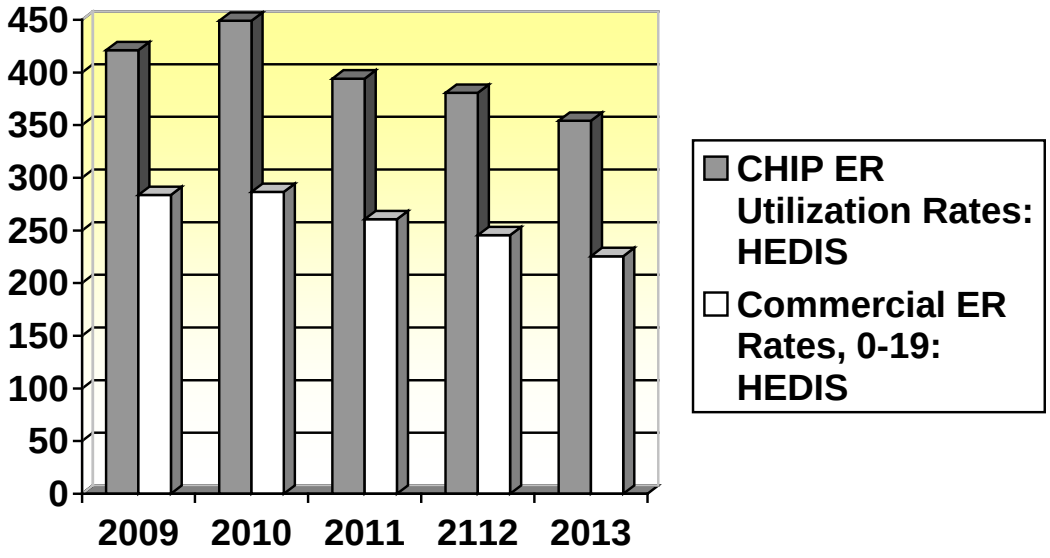
- Injuries continue to be the main driver in ER utilization in the CHIP population. Sprains, Open Wounds, Contusions, Fractures/Dislocations, and Other injuries combine for a total 31.35% of all ER encounters. This is a decrease of 2.8% from 2012. This group accounts for 31.16% of claims dollars associated with all ER utilization.

- Four diagnoses encompassing infections were among the top ten. Acute Pharyngitis, Acute URI, Otitis Media, and Bronchitis accounted for 12.35% of all ER encounters, an increase of 2.5% from 2012. These diagnoses account for 7.35% of total ER claims dollars.

- Despite the high inpatient utilization involving Behavioral Health/Drug and Alcohol diagnoses, this group fell out of the Top Ten for Emergency Room encounters, placing at # 11. It has been included in the graph for comparison purposes.outpatient encounters remain high, placing this diagnostic group in second place in the top ten.

- ER encounters for abdominal pain accounted for 4.5% of total visits and 7% of total claims costs. This is a decrease from 2012.

FIGURE 2: ER Utilization Rates: CHIP and FPH Commercial Pediatrics
Based on visits/1,000 member years

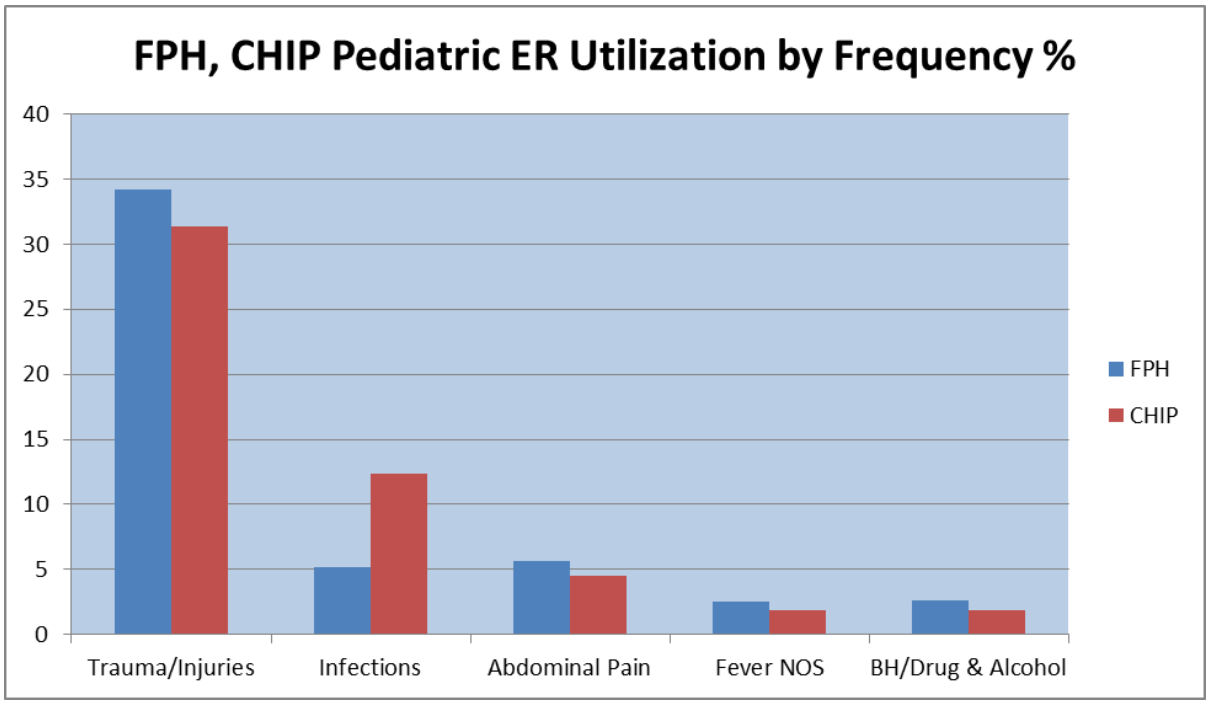


	2009	2010	2011	2012	2013
CHIP ER Utilization Rates: HEDIS	421.23	449.23	394.25	380.78	354.24
Commercial ER Rates, 0-19: HEDIS	283.80	286.65	260.62	245.48	225.57

Annually, as a component of the Quality Improvement Program Evaluation, FPH completes an analysis which includes a trending of Emergency Room utilization and a comparison of trends in Emergency Room utilization in the commercial pediatric population, ages 0-19 to the CHIP population. As in previous years, the HEDIS rate for use of the emergency room shows the CHIP population to have a higher utilization per member/month than the commercial population. Both groups demonstrate a continued decline in ER utilization.

According to the CDC/NCHS, National Hospital Ambulatory Medical Care Survey, Emergency Department Component, 2009-2010(most recent available data), among children, more than one-quarter of all emergency department visits were for cold symptoms (including chills, fever, cough, sore throat). Injury was the second most common reason for ER visits, accounting for more than one-fifth of visits. *****

FIGURE 3: ER ENCOUNTER DIAGNOSES COMPARISON
Reporting Period 6/2012 – 5/2013 Based on Frequency %



In Figure II the trending for ER utilization for both the CHIP and FPH Pediatric populations are depicted to be relatively the same, with the exception of infections which is more than doubled in the CHIP population (CHIP 12.35% vs FPH 5.19%). A combination of injury types continues to be the main driver of ER visits in this age population. Infections represent the second highest reason for ER encounters. Behavioral Health/Drug and Alcohol Abuse/Dependence did not make the top ten for the CHIP population, ranking at #11 with 1.88% utilization but did rank #10 in utilization for the FPH Pediatric population with a 2.62% utilization.

Table VI: CHIP Top Ten Outpatient Diagnoses, Excluding ER, All Ages, 0-19 Years

Outpatient Utilization						
2013 Rank Order	**2012 Rank Order**	**2013 Frequency**	**2012 Frequency**	**2013 % of Total Frequency**	**2013 Net Payment**	**2013 % of Total Dollars**
1.Routine Child Health Exam	1	16,027	20,046	11.53%	$488,297.55	5.12%
2.Behavioral Health/ Drug & Alcohol	2	12,027	12,890	8.65%	$1,002,074.19	10.52%
3.Acute Pharyngitis	3	4,951	6,121	3.56%	$114,098.85	1.20%
4.Vaccine;Influenza	4	4,319	4,503	3.11%	$55,389.81	0.58%
5.Joint Pain;L/Leg	5	2,478	2,663	1.80%	$183,071.62	1.92%
6.Tooth Eruption Disturbance	8	2,096	2,248	1.50%	$402,039.90	4.22%
7.Vaccine; Single Disease	6	2,058	2,569	1.48%	$64,363.54	0.67%
8.Acute URI NOS	N/A	1,924	N/A	1.38%	$52,554.77	0.55%
9.Acute Sinusitis NOS	N/A	1,700	N/A	1.22%	$45,170.92	0.47%
10.Sprain Cruciate Ligament Knee	N/A	1,616	N/A	1.16%	$179,276.15	1.88%
Top Ten Total		**49,196**			**$2,586,337.30**	
Total Outpatient		**139,035**		**35.39%**	**$9,526,957.58**	27.13%

Outpatient utilization for this population shows the following characteristics:

- As in previous years, Routine Child Health Exam ranks as the number one reason for encounters in the outpatient setting.

- Behavioral Health/Drug and Alcohol diagnoses are the second most frequent reason for an outpatient visit (8.65%) and account for the highest amount of total claims dollars in outpatient utilization at 10.52%

- Upper respiratory infections continue to be key drivers for outpatient visits. Acute Pharyngitis remains in third place in the top ten for 2013. Acute URI NOS and Acute Sinusitis NOS are new to the top ten coming in at 8th and 9th place. These diagnoses accounted for 6.6% of total outpatient visits and 2.2% of total claims dollars.

- Vaccinations (i.e Influenza, Single Disease) remain in the top ten comprising 4.59% of total outpatient visits and 1.25% of total claims costs.

- Joint pain-L/Leg ranked in 5th place again this year with an increase in claims costs of $8,325.00.

- Tooth Eruption Disturbance continues to rank in the top ten, moving from 8th to sixth place with 1.5% of total frequency. It ranked 3rd in total claims costs at 4.22%.

- New this year to the top ten claims was the diagnosis, Sprain Cruciate Ligament Knee ranking in 10th place.

- There was a significant drop in Outpatient utilization for Asthma (excluding ER encounters) for the CHIP population for the 3rd year. There were 937 outpatient encounters, 639 less than last year, at a cost of $31,383.96, which was $30,874.00 less in claims costs. It ranked in 25th place.

Figure 4: Outpatient Utilization Comparison

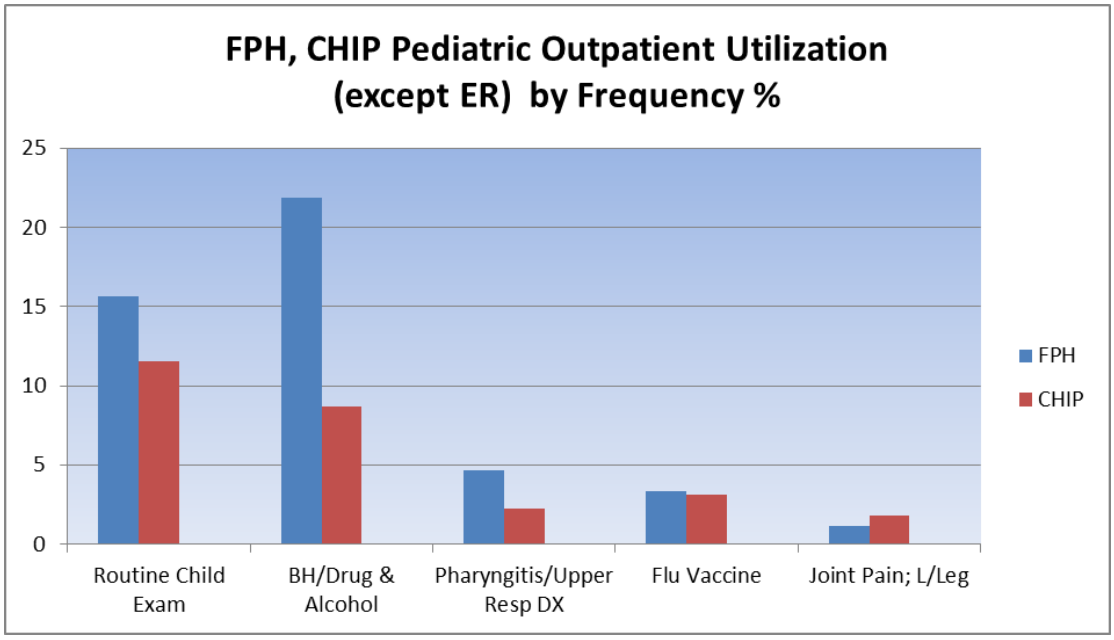


Table VII: CHIP Pharmacy Utilization - June 2012-May 2013

Rank (# of prescriptions)				% of Drug Costs			
2013 Medication	**Rank Rx Count**	**2012**	**2011**	**2013**	**Plan Cost Rank**	**2012**	**2011**
Amoxicillin	1	1	1	Nasonex	1	4	5
Azithromycin	2	2	2	Methylphenidate ER	2	2	2
Montelukast Sodium	3	3	3	Abilify	3	3	3
Amox Tr-Potassium Clavulanate	4	4	5	VyVanse	4	5	6
Fluoride	5	20	NR	Budesonide	5	9	10
Ventolin HFA	6	7	10	Dextroamphetamine-Amphetamine	6	6	4
Nasonex	7	9	9	Norditropin Flexpro	7	8	8
Cefdinar	8	6	7	Flovent	8	7	15
Proair HFA	9	8	8	Singulair	9	1	1
Albuterol Sulfate	10	11	13	Humira	10	15	18
Methylphenidate ER	11	14	15	Epiduo	11	NR	NR
Fluticasone Propionate	12	10	17	Strattera	12	11	11
Multivitamin with Fluoride	13	5	4	Cefdinir	13	10	14
Sulfamethoxazole-Trimethoprim	14	12	12	Montelukast Soduim	14	1	1
Cephalexin	15	13	11	Ventolin HFA	15	18	NR
Flovent HFA	16	16	NR	Advair Diskus	16	12	7
Multivitamin with Fluoride	17			Focalin XR	17	16	13
Prednisone	18	18	NR	Proair HFA	18	20	NR
Vyvanse	19	15	16	Amox TR-Potassium Clavulanate	19	13	16
Dextroamphetamine-Amphetamine	20	NR	NR	Epipen 2-Pak	20	NR	NR
Total Top 20 Drugs by Rx Count	**23,326**			**Top 20 Drugs by Plan Cost**	**$1,566,700.42**		
Total # All Drugs	**53,282**			**Total Plan Cost All Drugs**	**$3,219,706.45**		

* Report based on top 100 drugs by amount paid and claims count.

Analysis of Pharmacy Utilization for the reporting period 6/2012– 5/2013 indicates the following:

- The most frequently prescribed drugs for the CHIP population continues to be antibiotics. Six (6) antibiotics in the top 20 prescribed medications accounted for 20% of all pharmacy utilization by count, yet only 3.21% of cost claims.
- Asthma medications were the second largest driver of Pharmacy utilization accounting for 10.5% of all prescriptions written. This classification also ranked second in total claims costs at 15%.
- Medications (5) prescribed for attention disorder were the main driver in cost claims at 17.3%. Three of the medications prescribed (Methylphenidate ER, Vyvanse, Dextroamphetamine-Amphetamine) ranked in the top 20 by prescription count at 8.37%
- The top three (3) medications prescribed by cost were Nasonex, Methylphenidate ER and Abilif and accounted for 12% of all cost claims. Of the three, Nasonex and Methylphenidate ER ranked in the top twenty by prescription count and accounted for 3.4% of total utilization.
- Preventive medications in the form of vitamins and sodium fluoride ranked third in utilization at approximately 5%, a slight increase from 2012.
- The Pharmacy utilization table seen above is consistent with the top ten diagnoses as well as outpatient, emergency room, and inpatient admission encounters in the CHIP population.

Figure 5: Pharmacy Utilization by Count Comparison

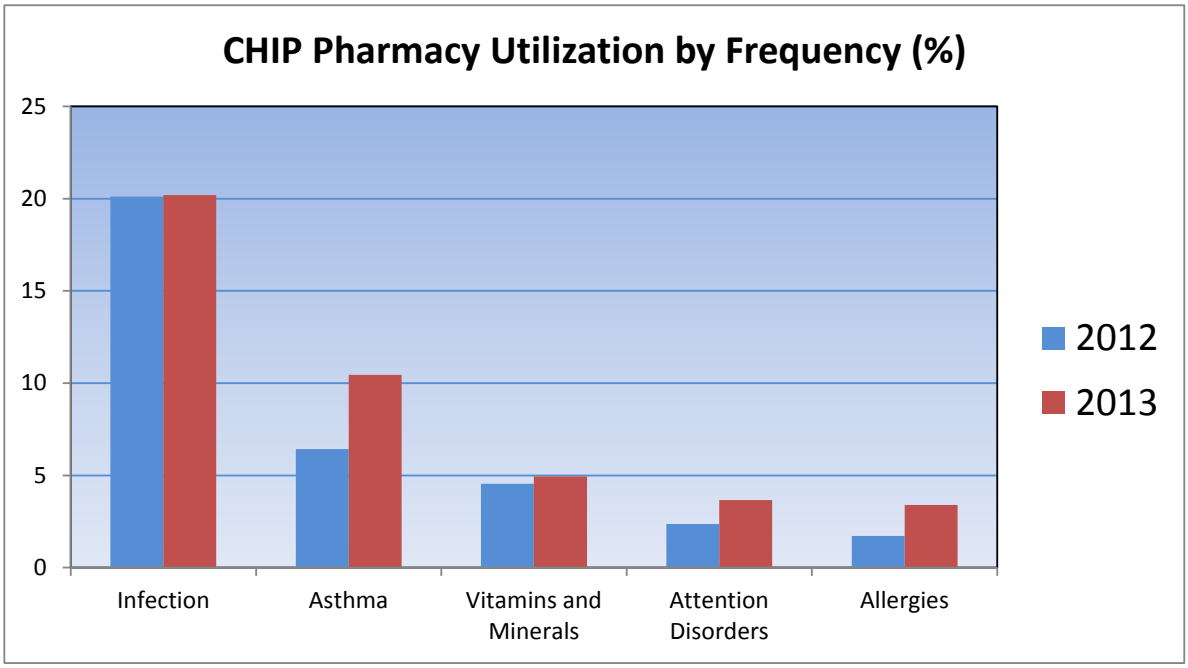
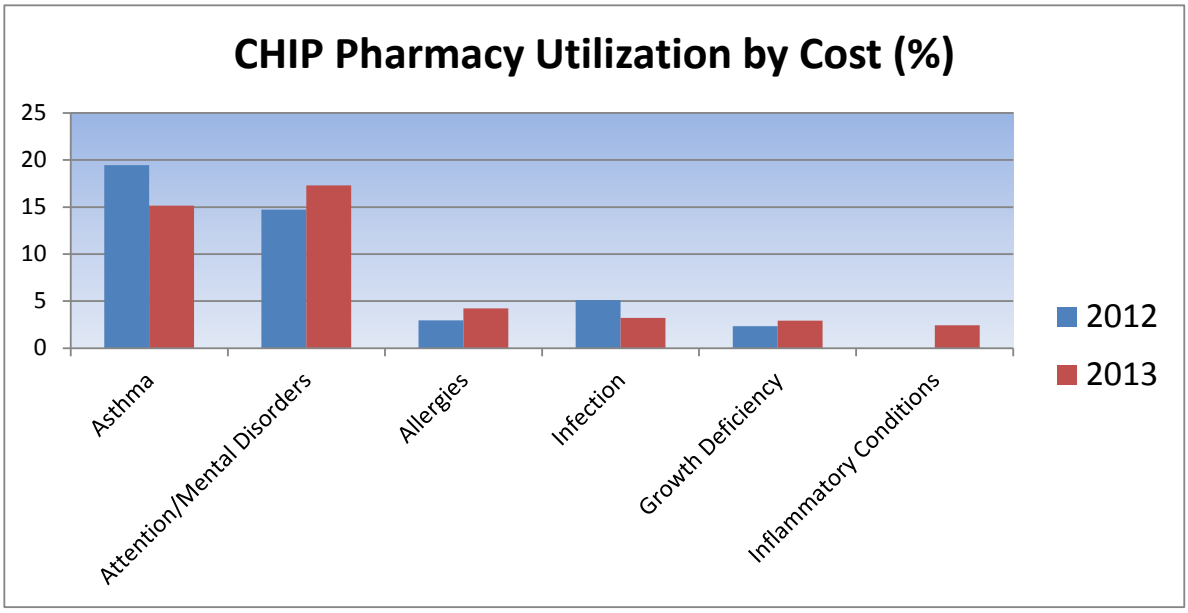


Figure V: Pharmacy Utilization by Cost Comparison



*http://www.cdc.gov/nchs/data/hus/hus12.pdf

Divider Page

First Priority Health
Pediatric Population Analysis

2013

Introduction:

Blue Cross of Northeastern Pennsylvania (BCNEPA) is an independent licensee of the Blue Cross Blue Shield Association which has been serving the health care reimbursement needs of the northeastern Pennsylvania service area since 1938. The organization's mission is to provide integrated health care services and products to improve the quality, accessibility and affordability of health care in the populations we serve.

BCNEPA is the parent company of First Priority Health (FPH), a jointly owned subsidiary with Highmark, Inc. FPH offers Health Maintenance Organization (HMO/ HMO Plus), Point of Service ("POS") and the Children's Health Plan ("CHIP").

The quality Improvement (QI) Program Description addresses the activities servicing the HMO/HMO Plus populations covered under the FPH line of business.

FPH Pediatric Population Analysis (June 2012 – May 2013)

A. Demographic Profile

Information to profile the demographics of the FPH Membership was derived from internal profiling and age distribution of members aged 0 to 19 years using Med Stat Advantage Suite software.

1. Age Distribution

Analysis of FPH Membership age distribution using Med Stat data as of May, 2013 with comparisons to 2012 data indicates the following:

Table I: FPH Pediatric Age Distribution

Age	FPH	
	2012	2013
0-2	963 (11.22%)	903 (11.52%)
3-5	1,104 (12.87%)	1,005 (12.82%)
6-12	2,945 (34.32%)	2,691 (34.33%)
13-19	3,569 (41.59%)	3,239 (41.32%)
Total	**8,851**	**7,838**

2. Gender Distribution

Analysis of FPH Membership age distribution using Med Stat data as of May, 2013 indicates the following:

Table II: FPH Gender Distribution by Age (2013)

Age	FPH	
	Male	Female
0-2	442 (11.11%)	461 (11.94%)
3-5	532 (13.37%)	473 (12.25%)
6-12	1,365 (34.31%)	1,326 (34.35%)
13-19	1,639 (41.20%)	1,600 (41.45%)
Totals	**3,978 (50.75%)**	**3,860 (49.25%)**

Analysis:

The majority of the pediatric members are found within the 13-19 age range, followed by the 6-12 age groups. Infants aged 0-2 years represent the smallest age category. This is consistent with findings in the CHIP population as well. Gender distribution is very close to 50/50, with a small number of males in the majority. This parallels the CHIP results.

B. FPH Health Services Utilization

All tables include data for claims incurred from June 2012 to May 2013 paid through August, 2013. Pharmacy Utilization Reports are based on the top 100 drugs by amount paid and claims count.

Table III: FPH Top Ten Inpatient Diagnoses, All Ages 0-19 years

Inpatient Diagnoses (FPH)	Frequency/%	Net Payment	% of Total Dollars
2013 Ranking			
1. Psychoses	26 (11.66%)	$162,497.67	3.94%
2. Normal Newborn	19 (8.52%)	$33,482.57	0.81%
3. Nutritional & Misc. Metabolic Disorders w/o MCC	11 (4.93%)	$65,907.50	1.6%
4. Alcohol and Drug Abuse DRGs	11 (4.93%)	$58,100.50	1.41%
5. Vaginal Delivery w/o Complicating Dx	9 (4.04%)	$134,356.08	3.25%
6. Cellulitis w/o MCC	7 (3.14%)	$30,251.06	0.73%
7. Depressive Neuroses	7 (3.14%)	$34,128.63	0.83%
8. Bronchitis & Asthma w/o CC/MCC	6 (2.69%)	$27,453.62	0.23%
9. Neonate w other significant problems	6 (2.69%)	$9,323.58	0.23%
10.Seizures w/o MCC	5 (2.24%)	$71,175.83	1.72%
Total Top Ten Inpatient Diagnoses	**107 (47.98%)**	**$626,677.04**	**15.19%**
Total Inpatient overall	**223**	**$4,127,423.75**	

The top inpatient DRGs demonstrate the following characteristics:

- Mental/Behavioral health conditions, especially Psychoses, and Depressive Neuroses, as well as alcohol and drug abuse/dependence are top drivers for inpatient utilization in the FPH population.

- Psychoses was the top reason for inpatient admissions in the FPH pediatric population in 2013. Combining this top IP diagnosis with Alcohol and Drug Abuse DRGs, as well as depressive neurosis this accounted for 19.73%% of all admissions with a 6.18% claims cost. The high utilization of inpatient services for behavioral health issues/Alcohol & drug abuse in the BCNEPA pediatric population parallels a national trend. A 10 year study based on the National Hospital Discharge Survey* showed a significant increase in hospital admissions for mental health episodes in older teens (↑ 42%) and younger children aged 5 – 13 years (↑ 80%), while remaining steady for the adult population.

- The second most frequent IP diagnosis was normal newborn, accounting for 8.53% of all admissions, with a total claims cost of 0.81%. Another top ten diagnosis in the FPH group was Neonate with other significant problems at 2.69% of frequency. This DRG was not seen in the top ten reported DRGs in 2012.

- Vaginal Deliveries without complicating diagnoses was another main driver of inpatient utilization frequency this year. It was fifth in this population at 4.04%, and accounted for 3.25% of utilization by cost.

- Respiratory disorders (Bronchitis & Asthma w/o CC/MCC) were another top driver of inpatient admissions. This diagnosis was responsible for 2.69% of all admissions. Pneumonia and Pleurisy dropped out of the top ten IP admission diagnoses.

- Nutritional and Miscellaneous Metabolic Disorders without complications was also in the top ten admission diagnoses and accounted for 4.93% of total admissions, with a claims cost of 1.6%.

- Seizures w/o MCC were in the top ten IP diagnoses for FPH.

- The top ten inpatient diagnoses for FPH accounted for 47.98% of all admissions by frequency, but only accounted for 15.19% of claims cost. There were several instances of high claims cost for a small number of cases that were not in the top ten. There were three (3) cases of Extreme Immaturity or Respiratory Distress Syndrome in neonates that accounted for 10.84% of total IP costs or $447,484. There was also one (1) case Tracheostomy with ventilator support that accounted for 9.27% of total costs or $382,703.

Figure I: Top Inpatient Diagnoses Utilization 2012 & 2013

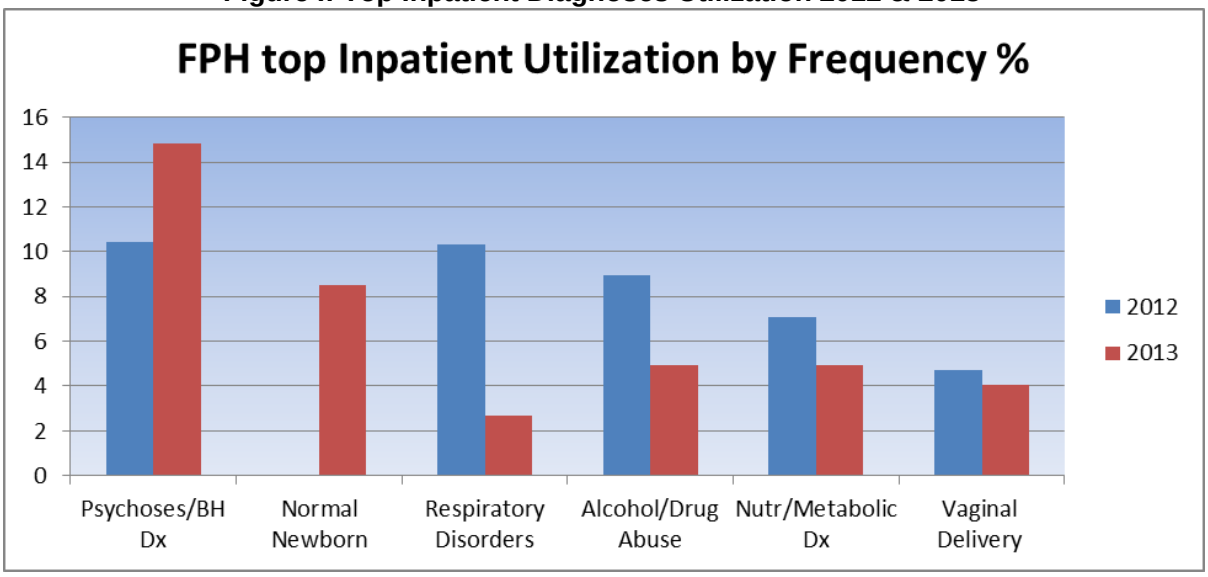


Figure I shows a comparison of top inpatient diagnoses for 2012 and 2013. The data shows a decrease in all DRGs from last year except for the significant spike in Mental Health diagnoses and normal newborn admissions.

Table VI: FPH Top Ten Emergency Room Encounters Ages 0-19

Emergency Room Diagnoses (FPH)	Frequency/%	Net Payment	% of Total Dollars
2013 Ranking			
1. Open Wound	138 (8.05%)	$66,523.96	6.93%
2. Sprains	124 (7.23%)	$48,567.34	5.06%
3. Fractures/Dislocations	122 (7.11%)	$98,822.97	10.3%
4. Contusions	118 (6.88%)	$39,546.51	4.12%
5. Abdominal Pain	97 (5.66%)	$79,835.37	8.32%
6. Injury	85 (4.96%)	$39,647.14	4.13%
7. Otitis Media	51 (2.97%)	$12,784.14	1.33%
8. Behavioral Health/Drug & Alcohol	45 (2.62%)	$27,239.32	2.84%
9. Fever NOS	43 (2.51%)	$15,016.49	1,56%
10. Acute URI NOS	38 (2.22%)	$11,354.02	1.18%
Total Top Ten ER Encounters	**861 (50.20%)**	**$439,337.51**	**45.77%**
Total ER Encounters overall	**1,715**	**$959,807**	

The top ten Emergency Room encounters in the Pediatric Population for FPH demonstrated the following:

- Injuries were the main drivers in ER utilization in the Pediatric population. Open Wounds, Sprains, Contusions, Fractures/Dislocations, and other Injuries combined accounted for 34.23% of all ER encounters in the FPH group. This was a slight decrease from last year's utilization figures. These top ten injury categories accounted for approximately 1/3rd of total claims cost. Abdominal pain was also in the top ten ER encounters at 5.66% by frequency, and accounted for 8.32% of total FPH ER claims cost.

- Otitis Media and Fever NOS, were also in the top ten ER encounters.

- Behavioral Health/Drug and Alcohol Diagnoses also were main drivers of ER Utilization in the Pediatric Population for the FPH group.

- As in previous years, the top ten ER DRGs in the FPH population closely mirrored CHIP utilization.

Figure II: Top Emergency Room Utilization 2012 & 2013

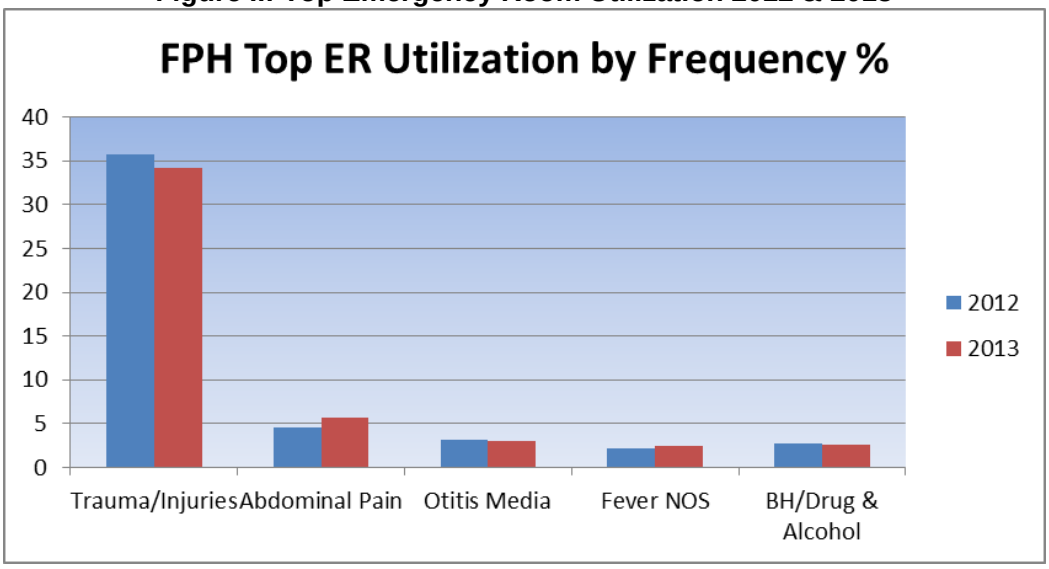


Figure II demonstrates the similarity in ER Utilization In 2012 and 2013. The high emergency room utilization for the treatment of Trauma and related injuries is disproportionate to national trends. According to the Centers for Disease Control National Hospital Ambulatory Medical Care Survey ** (NHAMCS), the primary reason for visits to emergency departments from 2009 – 2010 for those under the age of 18 is cold symptoms (27%). Injury was the second most common reason for a visit to the ER at 21%. The difference between the FPH ER utilization and national trends could be due to the inclusion of members aged 18 and 19 years of age when trauma due to motor vehicle accidents is more frequent.***

Table IX: FPH Top Ten Outpatient Diagnoses excluding ER Ages 0-19 years

Outpatient Diagnoses ex ER	Frequency/%	Net Payment	% Total Dollars
2013 Ranking			
1. Behavioral Health/Drug & Alcohol	28,636 (21.84%)	$976,583.72	13.39%
2. Routine Child Health Exam	20,482 (15.62%)	$640,346.98	8.78
3.Vaccination for Influenza	4,362 (3.33)	$53,962.94	0.74%
4. Acute Pharyngitis	2,691 (2.05%)	$42,643.35	0.58%
5. Otitis Media NOS	2,388 (1.67%)	$121,709.90	1.67%
6. Joint Pain-L/Leg	1,509 (1.15%)	$94,382.79	1.29%
7. Vaccin for Single Dis NOS	1,352 (1.03%)	$48,450.85	0.66%
8. Rhinitis Due to Pollen	1,171 (0.89%)	$32,528.83	0.44%
9. Acute Sinusitis NOS	1,167 (0.89%)	$17,863.72	0.24%
10.Acute URI NOS	1070 (0.82%)	$20,307.97	0.28%
Total Top Ten Outpatient ex ER	**64,828 (49.44%)**	**$2,048,781.05**	**28.07%**
Total Outpatient ex ER overall	**131,139**	**$7,293,208.13**	

The top ten Outpatient Diagnoses excluding emergency room encounters in the Pediatric population for FPH demonstrated the following:

- Behavioral Health/Drug and Alcohol diagnoses were the top reason for outpatient visits at 21.84% for all visits, with Routine Child Health Exam in second place at 15.62%. The prevalence of Behavioral Health/Drug and Alcohol issues aligns closely with the inpatient psychiatric admission trends cited previously.

- The third most common reason for outpatient visits to providers was for the influenza vaccine, and accounted for 3.3% of all encounters by frequency. Other forms of vaccinations also were in the top ten outpatient encounters.

- A combination of Upper Respiratory disorders were also key drivers in outpatient encounters, including Acute Pharyngitis, Acute Sinusitis, Acute Upper Respiratory Infection, and Rhinitis due to Pollen. Combined, these diagnoses accounted for 4.65% of outpatient utilization. Otitis Media was the 5th most frequent reason for outpatient visits to providers outside of the ER.

- Joint/Leg pain was in the top ten outpatient encounters as well.

- The top ten outpatient encounters in the FPH pediatric population accounted for 49.44% of all visits with a claims cost of 28.07%.

- The data for top outpatient encounters in the FPH group were consistent with the CHIP population as well, except for a large number of claims in the CHIP population for tooth eruption disturbances and knee sprains.

Figure III: Outpatient except ER Comparison 2012 & 2013

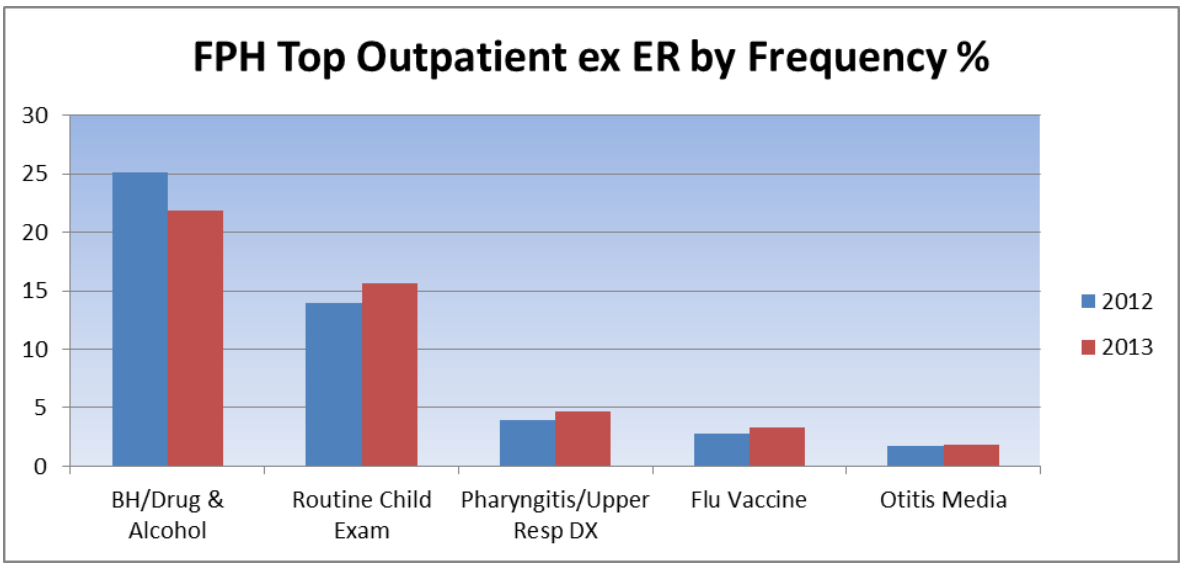


Figure III shows a comparison for outpatient utilization rates in 2012 and 2013. Behavioral Health and Drug and Alcohol Issues remain the top driver for outpatient visits to the Primary Care office, however, there was a decline of 3.24 percentage points in this category in 2013. Routine Child Health Exams remains in second place. Similar utilization is seen in the other main drivers of OP ex ER visits for both years.

Table XII: FPH HMO – Ages 0 to 18 Years Pharmacy Utilization June 1, 2012 – May 31, 2013

Rank(# of Prescriptions) FPH			Rank by Drug Costs FPH		
2013	**Rx Count Rank**	**2012**	**2013**	**Plan Cost Rank**	**2012**
Amoxicillin	1	1	Methylphenidate ER	1	3
Azithromycin	2	2	Abilify	2	2
Montelukast Sodium	3	3	Nasonex	3	4
Amox Tr-Potassium Clavulanate	4	4	Budesonide	4	6
Fluoride	5	16	Dextroamphetamine-Amphetamine	5	7
Cefdinir	6	6	Vyvanse	6	5
Ventolin HFA	7	7	Norditropin Flexpro	7	9
Nasonex	8	9	Flovent HFA	8	8
Methylphenidate ER	9	11	Singulair	9	1
MVI with Fluoride	10	5	Epiduo	10	18
Albuterol Sulfate	11	8	Cefdinir	11	10
Proair HFA	12	14	Humira	12	16
MVI with Fluoride	13	NR	Strattera	13	11
Sulfamethoxazole-Trimethoprim	14	10	Focalin XR	14	14
Fluticasone Propionate	15	12	Advair Diskus	15	13

Vyvanse	16	15	Montelukast Sodium	16	NR
Cephalexin	17	13	Humalog	17	17
Dextroamphetamine-Amphetamine	18	NR	Amox Tr-Potassium Clavulanate	18	12
Flovent HFA	19	20	Ventolin HFA	19	20
Prednisone	20	18	Prevacid	20	19
Total Top 20 Drugs by Rx Count	**33,474**		**Top 20 Drugs by Plan Cost**	**$2,178,612.00**	
Total # All Drugs	**76,682**		**Total Plan Cost All Drugs**	**$4,478,852.44**	

Top 20 Pharmacy Utilization by Cost and Frequency for FPH HMO demonstrated these key points:

- Medications for the treatment of ADHD and/or Mental/Neuro disorders combined for the highest utilization for pharmacy costs at 18.85% of all costs, but only accounted for 4.07% of frequency ranking. This diagnostic grouping replaced asthma medications as the number one cost factor for the pediatric population in the HMO group.

- Antibiotics prescribed for infections ranked first in utilization by number of prescriptions and accounted for 20.21% of all medications prescribed. However, antibiotics only accounted for 4.96% of total cost utilization

- Asthma medications remained in the top 20 at 2nd place for cost at 13.01% of total costs, and also at 2nd in ranking by frequency at 9.34%.

- Fluoride Vitamin prescriptions as well as medications for allergies and autoimmune disorders rounded out the top 20 medications accounting for frequency utilization.

Figure IV: Top Pharmacy Utilization by Cost % 2012 & 2013

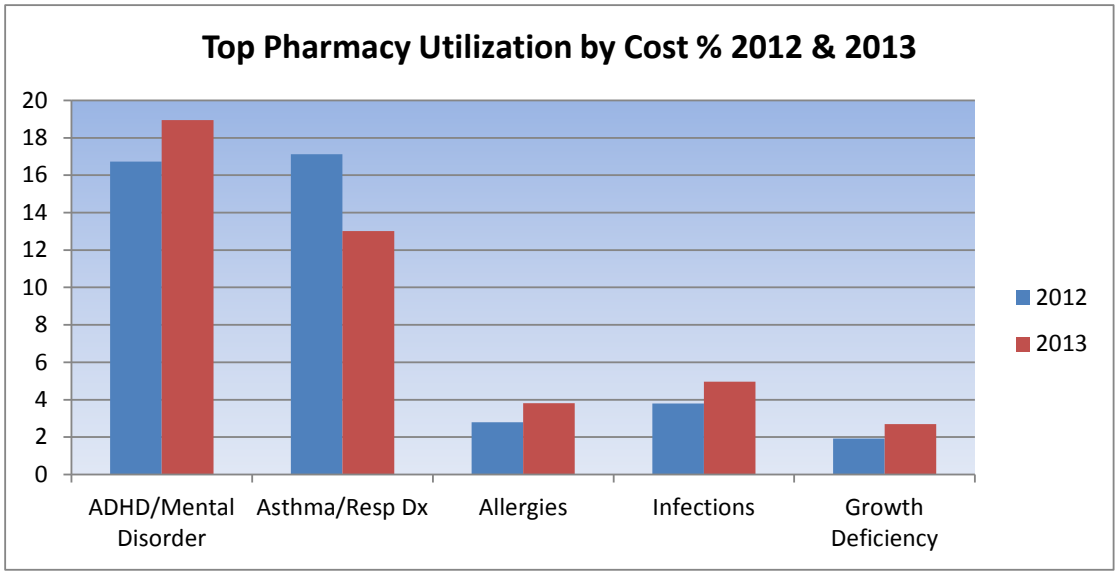


Figure IV shows a comparison between top pharmacy utilization cost claims in 2012 and 2013. There was an increase in cost related to medications for the treatment of ADHD/Mental Disorders, while there was a decrease in the pharmacy utilization by cost for the treatment of Asthma and respiratory disorders. There were also slight increases in the costs for the treatment of allergies, infections and growth deficiency.

Figure V: Top Pharmacy Utilization by Frequency % 2012 & 2013

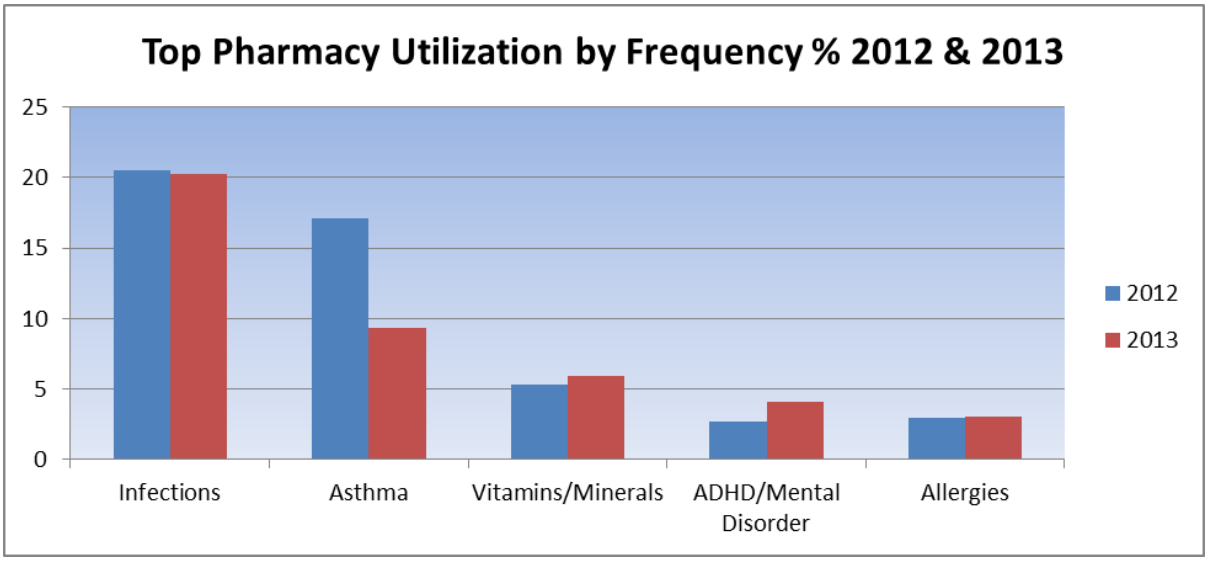


Figure V shows a comparison of top pharmacy utilization by frequency of claims for 2012 and 2013. The treatment for infections remained constant for the two year period while there was a marked decline in the frequency of claims for the treatment of asthma. There was also an increase in the frequency of the treatment of ADHD/Mental disorders which correlates with the higher cost claims associated with this group of medications. There was also a slight increase in the frequency of claims for vitamins/minerals, with allergy medication remaining static.

Analysis of Pharmacy Utilization for the reporting period 6/2012 – 5/2013 indicates the following:

- Pharmacy utilization by the number of scripts shows that medications used to combat infections are the most frequently prescribed drugs for the pediatric population of the FPH group. This correlates positively with the CHIP data for the same time period.
- Asthma medication combined to be the second largest driver of Pharmacy utilization.
- Methylphenidate ER for the treatment of ADHD was the top cost medication in the FPH group.
- Preventive medications in the form of vitamins and sodium fluoride are consistent with the high number of outpatient visits for well child checkups.

- The Pharmacy utilization tables seen above are consistent with the top ten diagnoses, outpatient encounters, emergency room encounters, and inpatient admission encounters in the pediatric commercial population.

Sources:

* Blader, Joseph C., Acute Inpatient Care for Psychiatric Disorders in the United States, 1996 Through 2007; *Arch Gen Psychiatry/Vol 68 (NO. 12) pp 1276 – 1283,* Dec, 2011
** CDC/NCHS. National Hospital Ambulatory Medical Care Survey, Emergency Department Component. Accessed at http://www.cdc.gov/nchs/hus/contents2012.htm#fig20 (figure 23).

*** Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2012). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). [Cited 2014, January 9].

Divider Page

First Priority Life Insurance Company
Pediatric Population Analysis

2013

Introduction:

Blue Cross of Northeastern Pennsylvania (BCNEPA) is an independent licensee of the Blue Cross Blue Shield Association which has been serving the health care reimbursement needs of the northeastern Pennsylvania service area since 1938. The organization's mission is to provide integrated health care services and products to improve the quality, accessibility and affordability of health care in the populations we serve.

BCNEPA is the parent company of First Priority Life Insurance Company (FPLIC), a subsidiary with Highmark, Inc. product. FPLIC offers Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO) and Traditional Indemnity benefit plans.

The Quality Improvement (QI) Program Description addresses the activities servicing the PPO/EPO populations covered under the FPLIC line of business.

FPLIC Pediatric Population Analysis (June 2012 – May 2013)

A. Demographic Profile

Information to profile the demographics of the FPLIC Membership was derived from internal profiling and age distribution of members aged 0 to 19 years using Med Stat Advantage Suite software.

1. Age Distribution

Analysis of FPLIC Membership age distribution using Med Stat data as of May, 2013 with comparisons to 2012 data indicates the following:

Table I: FPLIC Pediatric Age Distribution

Age	PPO		EPO	
	2012	2013	2012	2013
0-2	4,212 (11.55%)	4,298 (11.55%)	494 (9.94%)	520 (9.41%)
3-5	4,581 (12.56%)	4,721 (12.68%)	561 (11.29%)	634 (11.47%)
6-12	12,364 (33.9%)	12,624 (33.91%)	1,713 (34.49%)	1,967 (35.59%)
13-19	15,316 (42%)	15,582 (41.86%)	2,201 (44.29%)	2,406 (43.53%)
Total	**36,473**	**37,225**	**4.970**	**5,527**

2. Gender Distribution

Analysis of FPLIC Membership age distribution using Med Stat data as of May, 2013 indicates the following:

Table II: PPO, EPO Gender Distribution by Age (2013)

Age	PPO		EPO	
	Male	Female	Male	Female
0-2	2,123 (11.24%)	2,175 (11.86%)	267 (9.34%)	253 (9.48%)
3-5	2,408 (12.75%)	2,313 (12.61%)	345 (12.07%)	289 (10.83%)
6-12	6,411 (33.94%)	6,213 (33.88%)	1,008 (35.36%)	959 (34.94%)
13-19	7,946 (42.07%)	7,636 (41.64%)	1,239 (43.34%)	1,167 (43.74%)
Totals	**18,888(50.74%)**	**18,337(49.26%)**	**2,859 (51.73%)**	**2,668(48.27%)**

Analysis:

The majority of the pediatric members are found within the 13-19 age range, followed by the 6-12 age groups. Infants aged 0-2 years represent the smallest age category. Gender distributions are very close to 50/50, with a small number of males in the majority.

B. FPLIC Health Services Utilization

All tables include data for claims incurred from June 2012 to May 2013 paid through August, 2013. Pharmacy Utilization Reports are based on the top 100 drugs by amount paid and claims count.

Table III: FPLIC PPO Top Ten Inpatient Diagnoses, All Ages 0-19 years

Inpatient Diagnoses (PPO)	Frequency/%	Net Payment	% of Total Dollars
2013 Ranking			
1. Psychoses	107 (13.68%)	$889,271.32	7.48%
2. Alcohol and Drug Abuse DRGs	55 (7.03%)	$295,783.63	2.49%
3. Vaginal Delivery w/o Complicating DX	39 (4.99%)	$189,254.89	1.59%
4. Depressive Neuroses	36 (4.6%)	$185,992.18	1.56%
5. Bronchitis & Asthma w/o CC/MCC	31 (3.96%)	$137,517.29	1.16%
6. Seizures w/o MCC	24 (3.07%)	$231,523.32	1.95%
7. Nutritional & Misc Metabolic Disorders w/o MCC	24 (3.07%)	$111,226.14	0.93%
8.Chemo w Acute Leukemia As Sdx w/o CC/MCC	21 (2.69%)	$380,165.00	3.2%
9. Esoph Gastoent & Misc Digest Disorders w/o MCC	16 (2.05%)	$93,934.93	0.79%
10.Otitis Media & URI w/o MCC	15 (1.92%)	$73,929.98	0.62%
Total Top Ten	**368 (47.06%)**	**$2,588,598.68**	**22%**
Total Inpatient overall	**782**	**$11,896,495.37**	**100%**

Table IV: FPLIC EPO Top Ten Inpatient Diagnoses, All Ages 0-19 years

Inpatient Diagnoses (EPO)	Frequency/%	Net Payment	% of Total Dollars
2013 Ranking			
1. Alcohol and Drug Abuse DRGs	15 (14.56%)	$88,925.00	10.22%
2. Psychoses	11 (10.68%)	$48,770.58	5.6%
3. Bronchitis & Asthma w/o CC/MCC	8 (7.77%)	$27,568.95	3.17%
4. Bronchitis & Asthma w CC/MCC	5 (4.85%)	$24,394.83	2.8%
5. Appendectomy w/o Complic Prin Dx w/o CC/MCC	5 (4.85%)	$42,488.76	4.88%
6. Vaginal delivery w/o Complicating Dxs	5 (4.85%)	$21,293.32	2.45%
7. Appendectomy w Complic Prin Dx w/o CC/MCC	3 (2.91%)	$42,456.95	4.88%
8. Nutritional & Misc Metabolic Disorders w/o MCC	3 (2.91%	$8,785.28	1.01%
9. Major G.I Disorders & Peritoneal Infections w CC	2 (1.94%)	$23,517.18	2.7%
10. Major G.I Disorders & Peritoneal Infections w/o CC/MCC	2 (1.94%)	$9,152.74	1.05%
Total Top Ten	**69 (57.26%)**	**$337,353.59**	**38.76%**
Total Inpatient overall	**103**	**$870,255.93**	

The top inpatient DRGs demonstrate the following characteristics:

- Mental/Behavioral health conditions, especially Psychoses, and Depressive Neuroses, as well as alcohol and drug abuse/dependence are top drivers for inpatient utilization in the PPO, and EPO Pediatric Populations.

- Psychoses was the top reason for inpatient admissions in the PPO pediatric population in 2013. Alcohol and Drug Abuse diagnoses were the top reason for inpatient admissions in the EPO pediatric population. Combining these two (2) inpatient DRGs, in the PPO data, this accounted for 20.71% of all inpatient admissions with a claims cost of 9.97%. The EPO had significantly more admissions combining alcohol and drug abuse with psychoses accounting for a total of 25.24% of admissions with a claims cost of 15.82%. The high utilization of inpatient services for behavioral health issues in the FPLIC pediatric population parallels a national trend. A 10 year study based on the National Hospital Discharge Survey* showed a significant increase in hospital admissions for mental health episodes in older teens (↑ 42%) and younger children aged 5 – 13 years (↑ 80%), while remaining steady for the adult population.

- Vaginal Deliveries without complicating diagnoses was a main driver of inpatient utilization frequency for both the PPO and EPO groups this year. It did not make the top ten in the EPO group in last year's analysis. This diagnosis was third in frequency for the PPO group at 4.99% (1.59% by cost). In the EPO group, vaginal deliveries w/o complications was the sixth most frequent IP diagnosis at 4.85% (2.45% of cost).

- Respiratory disorders (Bronchitis & Asthma with &/or w/o/CC/MCC) was a top driver of inpatient admissions for the FPLIC pediatric population, the highest utilization being in the EPO group at 12.62%. This diagnosis was responsible for 3.96% of PPO admissions. Pneumonia and Pleurisy dropped out of the top ten IP admission diagnoses for both groups.

- Nutritional and Miscellaneous Metabolic Disorders without complications was also in the top ten admission diagnoses for both groups.

- Appendectomy without complications was only a top ten driver for frequency of IP admissions in the EPO group at 4.85% of admissions with a claims cost of 4.88% of total IP costs. Another top driver for EPO admissions was Major GI Disorders & Peritoneal Infections with and without CC/MCC at 3.88% (3.71% of total cost claims).

- Seizures w/o MCC was in the top ten IP diagnoses for the PPO group and accounted for 3.07% of total admission (1.95% of cost claims). Last year this diagnosis was only in the EPO top ten of IP admissions, but fell out of the top ten this year.

- The only other diagnoses that were in the top ten were for the PPO group only. These were Chemotherapy with Acute Leukemia (side effects) w/o MCC (2.69%), Esophageal & Miscellaneous Digestive Disorders w/o MCC (2.05%) and Otitis Media & URI w. MCC (1.92%).

- The top ten inpatient diagnoses for the PPO pediatric population accounted for 57.26% of all admissions by frequency and 38.76% of all claims cost. Not included in the top ten diagnoses were two (2) cases of bone marrow transplants that accounted for 8.83% of total costs or $1,050,512.

- In the EPO population, the top ten admissions accounted for 47.06% of all admissions by frequency, and only 22% of all claims costs. One notable case, not in the top ten, a Cardiac Valve and other Major Cardio Thoracic Procedure w/o Cardiac Catheterization with MCC accounted for 12.39% of all IP costs at $107,813.

Figure I: Top Inpatient Diagnoses Utilization for 2012 & 2013

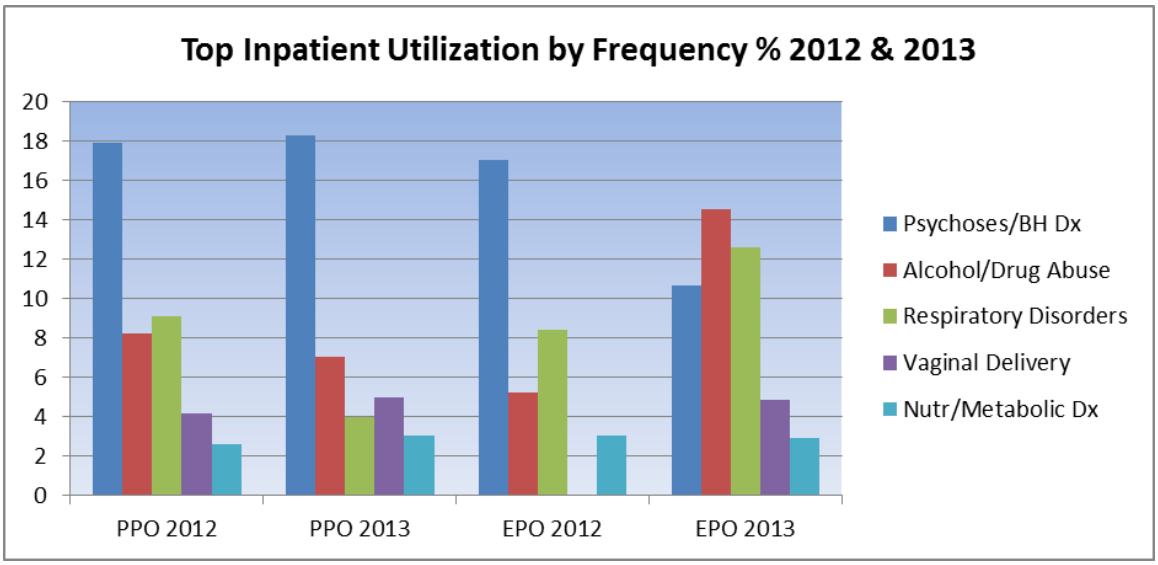


Figure I shows a comparison of 5 top ten inpatient diagnoses that are common among the PPO and EPO groups for 2012 and 2013. There is a considerable increase in Alcohol/Drug Abuse and Respiratory Disorder DRGs in the EPO group in 2013. However, there was a significant decrease in inpatient admissions for Psychoses/Behavioral Health disorders. Also, Vaginal Delivery was not in the top ten for the EPO group in 2012 but was in 2013. The PPO data demonstrated more consistency between years with the only significant change being in the frequency of admissions for Respiratory disorders.

Table VI: PPO Top Ten Emergency Room Encounters Ages 0-19

Emergency Room Diagnoses (PPO)	Frequency/%	Net Payment	% of Total Dollars
2013 Ranking			
1. Open Wound	767 (9.03%)	$340,027.13	7.10%
2. Sprains	641 (7.54%)	$262,354.27	5.48%
3. Contusion	552 (6.5%)	$235,823.17	4.93%
4. Fractures/Dislocations	539 (6.34%)	$429,007.96	8.96%
5. Abdominal Pain	419 (4.93%)	$530,153.01	11.07%
6. Injury	334 (3.93%)	$207,251.92	4.33%
7. Otitis Media	301 (3.54%)	$59,950.57	1.25%
8. Fever NOS	239 (2.81%)	$96,783.71	2.02%
9. Acute Pharyngitis	205 (2.41%)	$52,071.36	1.09%
10. Acute URI NOS	202 (2.38%)	$50,130.64	1.05%
Total Top Ten ER Encounters	**4,199 (49.42%)**	**$2,263,553.74**	**47.28%**
Total ER Encounters overall	**8,497**	**$4,787,961.33**	**47.28%**

Table VII: EPO Top Ten Emergency Room Encounters Ages 0-19

Emergency Room Diagnoses (EPO)	Frequency/%	Net Payment	% of Total Dollars
2013 Ranking			
1.Open Wounds	121 (11.09%)	$46,856.03	7.02%
2. Sprains	84 (7.7%)	$37,107.59	5.56%
3. Contusion	71 (6.51%)	$29,425.55	4.41%
4. Fractures/Dislocations	64 (5.87%)	$59,595.14	8.93%
5. Abdominal Pain	57 (5.22%)	$59,222.39	8.87%
6. Injury	47 (4.31%)	$38,277.92	5.73%
7. Otitis Media	29 (2.66%)	$5,578.47	0.84%
8. Fever NOS	27 (2.47%)	$5,587.08	0.84%
9. Behavioral Health/Drug & Alcohol	24 (2.2%)	$19,355.90	2.9%
10.Bronchitis	22 (2.02%)	$4,615.74	2.9%
Total Top Ten ER Encounters	**546 (50.05%)**	**$305,621.81**	**45.77%**
Total ER Encounters overall	**1,091**	**$667,718.64**	

The top ten Emergency Room encounters in the Pediatric Population for FPLIC PPO and EPO demonstrated the following:

- Injuries were the main driver in ER utilization across both product lines in the Pediatric population. Open Wounds, Sprains, Contusions, Fractures/Dislocations, and other Injuries combined accounted for 33.31% of all ER encounters, in the PPO group, and 35.48% in the EPO group. These top ten injury categories accounted for approximately 1/3rd of total claims cost. Abdominal pain was also in the top ten ER encounters, and accounted for 11.07% of PPO cost claims and 8.87% of EPO claims cost.

- Otitis Media and Fever NOS were also in the top ten ER encounters for both groups.

- Behavioral Health/Drug and Alcohol Diagnoses also were main drivers of ER Utilization in the Pediatric Population for the EPO group. This diagnosis fell out of the top ten for the PPO group this year.

Figure II: PPO, EPO Pediatric Top ER Encounter Utilization 2012 & 2013

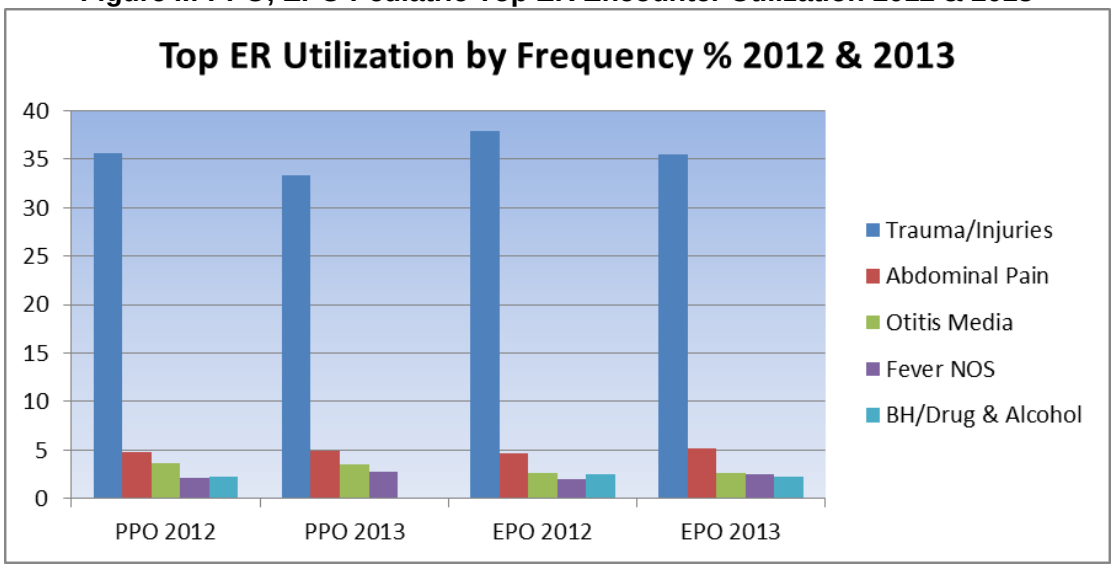


Figure II demonstrates the similarity in ER Utilization between the PPO and EPO Pediatric Population. The high emergency room utilization for the treatment of Trauma and related injuries is disproportionate to national trends. According to the Centers for Disease Control National Hospital Ambulatory Medical Care Survey ** (NHAMCS), the primary reason for visits

to emergency departments from 2009 – 2010 for those under the age of 18 is cold symptoms (27%). Injury was the second most common reason for a visit to the ER at 21%. The difference between the FPLIC ER utilization and national trends could be due to the inclusion of members aged 18 and 19 years of age when trauma due to motor vehicle accidents is more frequent.***

Table IX: PPO Top Ten Outpatient Diagnoses excluding ER Ages 0-19 years

Outpatient Diagnoses ex ER (PPO)	Frequency/%	Net Payment	% of Total Dollars
2013 Ranking			
1. Routine Child Health Exam	92,204 (18.32%)	$5,131,156.31	14.65%
2. Behavioral Health/Drug & Alcohol	43,998 (8.74%)	$2,489,016.00	7.1%
3.Vaccination for Influenza	18,974 (3.77%)	$318,547.68	0.91%
4. Acute Pharyngitis	15,069 (2.99%)	$438,653.13	1.25%
5. Otitis Media NOS	7,688 (1.53%)	%520,992.33	1.49%
6. Acute URI NOS	7,155 (1.42%)	$378,983.05	1.08%
7. Acute Sinusitis NOS	5,551 (1.1%)	$319,583.09	0.91%
8. Acne NEC	4,719 (0.49%)	$170,594.89	0.49%
9. Vac-Dis Combinations NEC	4,669 (0.93%)	$153,181.32	0.44%
10.Vaccine Inoc Viral Dis NEC	4,609 (0.92%)	$378,690.43	1.08%
Total Top Ten OP Diagnoses ex ER	**204,636 (40.66%)**	**$10,299,353.23**	**29.4%**
Total OP Diagnoses except ER overall	**503,295**	**$35,038,920.36**	

Table X: EPO Top Ten Outpatient Diagnoses excluding ER Ages 0-19 Year

Outpatient Diagnoses ex ER (EPO)	Frequency/%	Net Payment	% of Total Dollars
2013 Ranking			
1. Routine Child Health Exam	11,427 (18.16%)	$688,821.00	18.96%
2. Behavioral Health /Drug & Alcohol	6,882 (10.94%)	$278,685.86	7.67%
3. Vaccination for Influenza	2,218 (3.53%)	$35,594.52	0.98%
4. Acute Pharyngitis	1,852 (2.94)	$46,535.98	1.28%
5. Vaccination for single dis - NOS	1,034 (1.64%)	$44,271.07	1.22%
6. Otitis Media NOS	842 (1.34%)	$48,672.88	1.34%
7. Acute URI NOS	811 (1.29%)	$41,191.62	1.13%
8. Acute Sinusitis NOS	754 (1.2%)	$40,841.31	1.12%
9. Rhinitis due to Pollen	718 (1.14%)	$21,328.62	0.57%
10. Routine Medical Exam	600 (0,95%	$41,337.13	1.14%
Total Top Ten OP ex ER	**27,138 (43.13%)**	**$1,287,279.99**	**35.41%**
Total Outpatient ex ER overall	**62,903**	**$3,633,656.13**	

The top ten Outpatient Diagnoses excluding emergency room encounters in the Pediatric population for FPLIC PPO and EPO demonstrated the following:

- Routine Child Health Exams were the number one reason for outpatient visits for the PPO (18.32%) and EPO (18.16%) groups.

- Behavioral Health/Drug and Alcohol diagnoses were the 2nd most frequent reason for outpatient encounters in the PPO and EPO groups at 8.74% and 10.94% respectively. The prevalence of Behavioral Health/Drug and Alcohol issues aligns closely with the inpatient psychiatric admission trends cited previously.

- The third most common reason for outpatient visits to providers was for the influenza vaccine for both groups, and accounted for approximately 3.5% of all encounters by frequency. Other forms of vaccinations also were in the top ten outpatient encounters.

- A combination of Upper Respiratory disorders were also key drivers in outpatient encounters, including Acute Pharyngitis, Acute Sinusitis, Acute Upper Respiratory Infection, and Rhinitis due to Pollen. Combined, these diagnoses accounted for 5.51% of outpatient visits for the PPO group and 6.57% for the EPO group. Otitis Media was the 5th most frequent reason for outpatient visits to providers outside of the ER in the PPO group and 6th in the EPO group.

- The top ten outpatient encounters in the PPO pediatric population accounted for 40.66% of all visits with a claims cost of 29.4%. In the EPO group the top ten accounted for 43.13% with a claims cost of 35.41%.

Figure III: PPO, EPO Outpatient Utilization ex ER 2012 & 2013

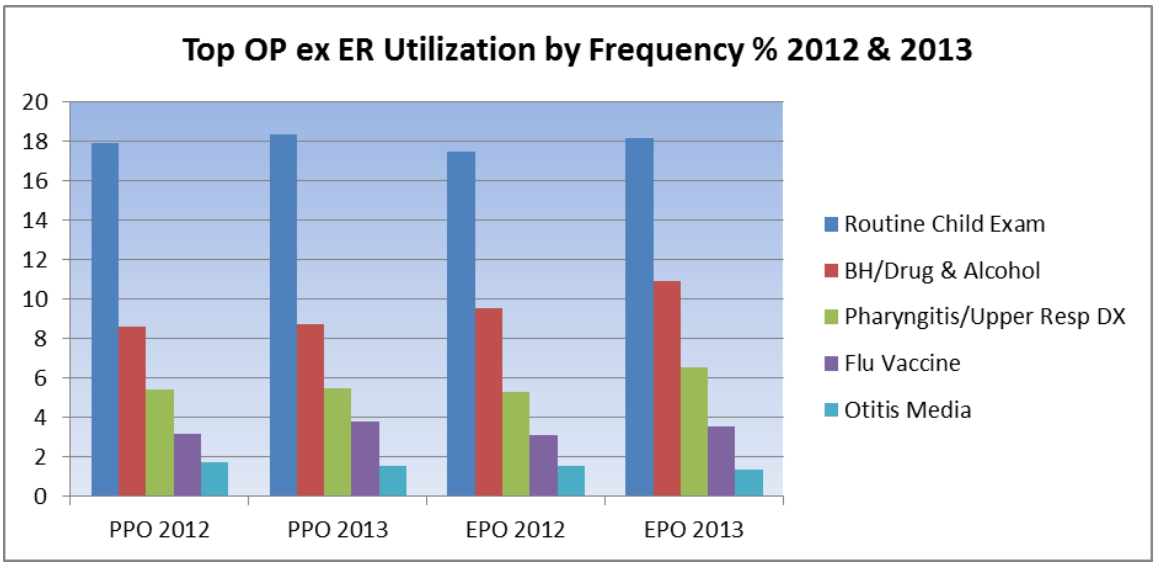


Figure III shows a comparison of PPO and EPO outpatient utilization rates for 2012 and 2013. Routine Child Exams remain the top reason for outpatient visits in both groups with slight increases in both products in 2013. There were also slight increases in Behavioral Health/Drug and Alcohol issues which remains the 2nd top driver of outpatient utilization. There were also small increases in utilization for Pharyngitis/Upper Respiratory disorders and Flu Vaccine appointments for both products, with a small decrease in OP visits for Otitis Media.

Table XII: FPLIC PPO – Ages 0 to 18 Years Pharmacy Utilization June 1, 2012 – May 31, 2013

Rank(#of prescriptions) PPO			% of Drug Cost PPO		
2013	**Rx Count Rank**	**2012**	**2013**	**Plan Cost Rank**	**2012**
Amoxicillin	1	1	Norditropin Flexpro	1	2
Azithromycin	2	2	Abilify	2	3
Fluoride	3	7	Methylphenidate ER	3	4
Amox Tr-Potassium Clavulanate	4	3	Budesonide	4	5
Cefdinir	5	5	Nasonex	5	NR
Montelukast Sodium	6	6	Dextroamphetamine Amphetamine	6	10
MVI with Fluoride	7	4	Strattera	7	12
Mvi with Fluoride	8	4	Cefdinir	8	8
Methylphenidate ER	9	12	Kuvan	9	6
Albuterol Sulfate	10	10	Flovent HFA	10	14
Sulfamethoxazole-Trimethoprim	11	11	Vyvanse	11	9
Ventolin HFA	12	8	Pulmozyme	12	13
Nasonex	13	13	Focalin XR	13	11
Cephalexin	14	14	Increlex	14	NR
Prednisolone Sodium Phosphate	15	15	Humira	15	NR
Fluticasone Propionate	16	16	Epiduo	16	17
Minocycline HCL	17	20	Singulair	17	1
Prednisone	18	17	Claravis	18	19
Dextroamphetamine-Amphetamine	19	NR	Humalog	19	NR
Flovent HFA	20	10	Prevacid	20	NR
Total Top 20 Drugs by Rx Count	**56,068**		**Top 20 Drugs by Plan Cost**	**$3,664,256.43**	
Total # All Drugs	**124,192**		**Total Plan Cost All Drugs**	**$7,555,277.28**	

Top 20 Pharmacy Utilization by Cost and Frequency for FPLIC PPO demonstrated these key points:

- Medications for the treatment of ADHD/Behavioral Health disorders accounted for 18.11% of all cost claims for pharmacy utilization, while the frequency rate among the top 20 prescribed behavioral drugs was 2.63%.

- Medications for the treatment of Asthma/Respiratory Conditions were also top drivers of pharmacy utilization for cost claims at 9.35%%. Asthma medications accounted for 5.53% of top 20 medications by frequency.

- Medication for the treatment of growth deficiency (Norditropin Flexpro) accounted for 7.74% of all cost claims, the third highest, but this represented only 0.11% of utilization by frequency, as this was prescribed only 118 times in the time period.

- Antibiotics, while only accounting for 3.86%% of total cost claims, were the number one driver of pharmacy utilization by frequency at 23.94%.
- Medications for inflammatory conditions combined for 2.83% of costs, but only 0.08% of frequency utilization.
- Acne medications were also key drivers in cost claims at 3.02%.
- The other diagnoses represented by medication cost utilization in the top 20 were enzyme deficiencies; allergies, infections, diabetes, and ulcer disease.

Table XIII: FPLIC EPO – Ages 0 to 18 Years Pharmacy Utilization June 1, 2012 – May 31, 2013

Rank (# of prescriptions) EPO			**Rank by Drug Costs EPO**		
2013	**Rx Count Rank**	**2012**	**2013**	**Plan Cost Rank**	**2012**
Amoxicillin	1	1	Increlex	1	1
Azithromycin	2	2	Methylphenidate ER	2	6
Fluoride	3	8	Abilify	3	7
Amox Tr-Potassium Clavulanate	4	4	Budesonide	4	10
Cefdinir	5	7	Dextroamphetamine-Amphetamine	5	20
MVI/Fluoride	6	3	Focalin XR	6	13
MVI/Fluoride	7	15	Nasonex	7	NR
Montelukast Sodium	8	NR	Pulmozyme	8	NR
Methylphenidate ER	9	10	Cefdinir	9	16
Albuterol Sulfate	10	9	Norditropin Flexpro	10	NR
Ventolin HFA	11	6	Novolog	11	15
Cephalexin	12	13	Strattera	12	14
Nasonex	13	NR	Valcyte	13	3
Sulfamethoxazole-Trimethoprim	14	12	Epiduo	14	NR
Prednisolone Sodium Phosphate	15	14	Sabril	15	NR
Dextroamphetamine-Amphetamine	16	NR	Vyvanse	16	NR
Sertraline HCL (Zoloft)	17	NR	Humira	17	NR
Minocycline HCL	18	NR	Enoxaparin Sodium	18	NR
Prednisone	19	18	Clindamycin-Benzoyl Peroxide	19	NR
Fluticasone Propioate	20	NR	Cellcept	20	4
Total Top 20 Drugs by Rx Count	**2,264**		**Top 20 Drugs by Plan Cost**	**$ 604,460.58**	
Total # All Drugs	**19,271**		**Total Plan Cost All Drugs**	**$ 1,125,479.66**	

Top 20 Pharmacy Utilization by Cost and Frequency for FPLIC EPO demonstrated these key points:

- Medications for ADHD/Behavioral Health Disorders combined for 18.87% of all cost claims and 4.11% by frequency. This class of medication was the number one driver of claims cost in both EPO and PPO.
- Two (2) medications for the treatment of growth deficiency combined for the second highest pharmacy cost claims at 12.91%, but only accounted for 0.12% by frequency with 22 prescriptions.
- Asthma/Respiratory Medications combined for 6.20% of cost claims and 5.52% of frequency utilization.
- Medications for the treatment of viral and bacterial infections showed a cost claim of 3.63% and accounted for 19.52% of pharmacy utilization by frequency, the number one metric for number of prescriptions in this EPO age group.
- Vitamins with fluoride represented 8.16% of pharmacy utilization by frequency, but only accounted for 0.45% of cost claims.
- Allergy medications combined for 2.05% of cost utilization and 2.17% of frequency utilization.

Figure IV: Comparative Analysis for PPO, and EPO Pharmacy Utilization by Cost 2012 & 2013

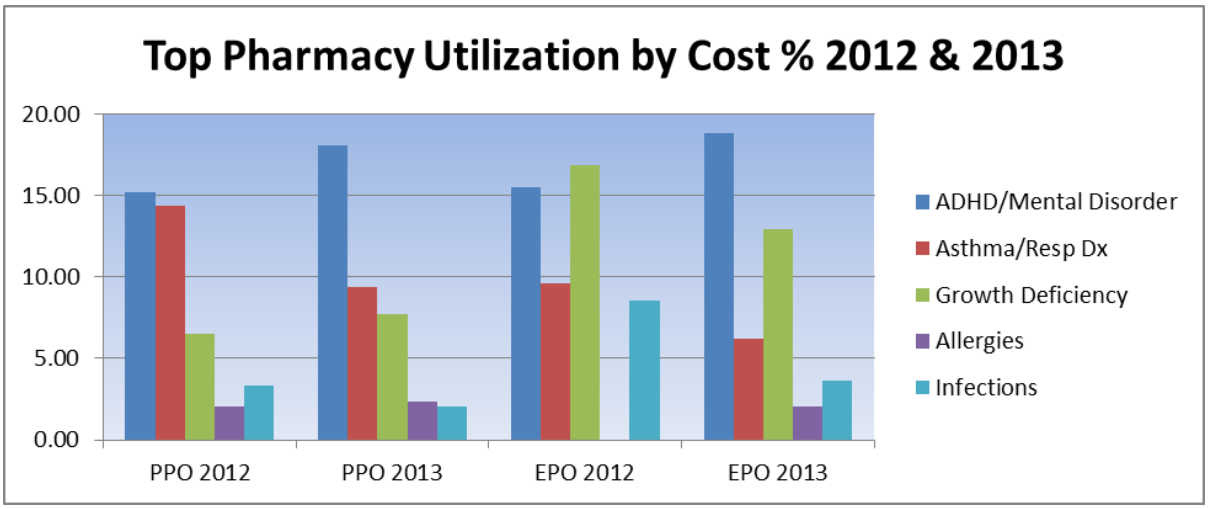


Figure IV shows a comparison for the FPLIC PPO and EPO products for the top pharmacy utilization cost claims. In the reporting period of this report, medications for the treatment of ADHD/Mental Disorders combined for the top driver of cost claims or both FPLIC products. Medications for the treatment of Asthma/Respiratory disorders were also top drivers in all product lines, as well as Growth deficiency medication and Allergy medications. Antibiotics and Antiviral medications rounded out the top drivers of cost utilization in the pediatric group.

Figure V: Comparative Analysis for PPO, and EPO Pharmacy Utilization by Frequency 2012 & 2013

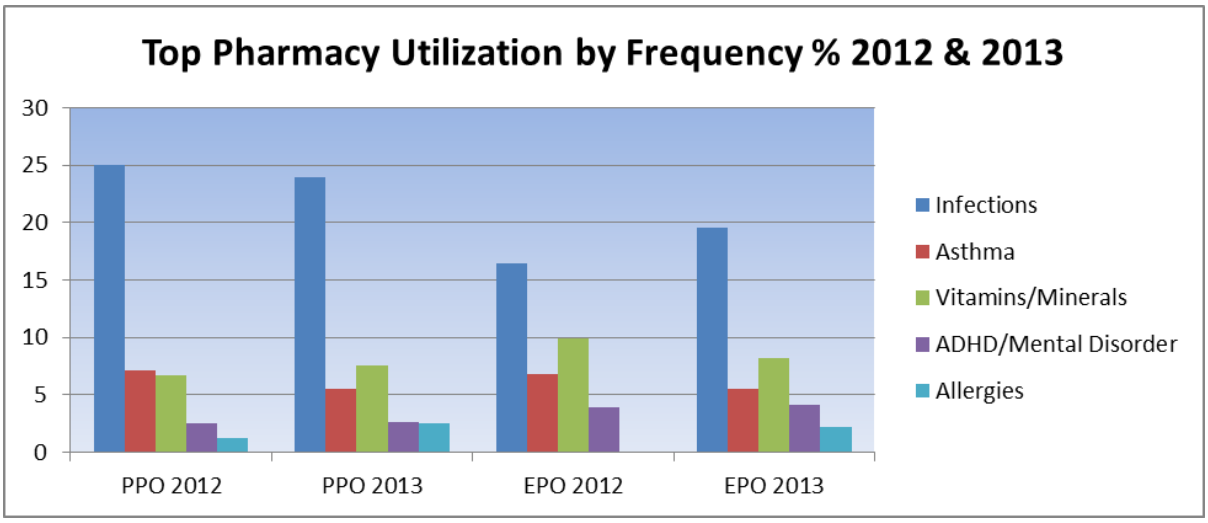


Figure V shows a comparison of FPLIC PPO and EPO top pharmacy utilization by frequency of claims for 2012 and 2013.

Analysis of Pharmacy Utilization for the reporting period 6/2012 – 5/2013 indicates the following:

- Pharmacy utilization by the number of scripts shows that medications used to combat infections are the most frequently prescribed drugs for the pediatric population across both product lines. A combination of antibiotics and anti-viral medications range from19.52% in the EPO group to 23.93% in the PPO group for utilization frequency.

- Vitamins and Minerals (fluoride) ranked second for the PPO group at 7.61% and in the EPO group at 8.16% for all scripts written.

- Abilify, used to treat Mental/Nervous disorders was the top cost drug in the PPO group, while Increlex for growth deficiency was the top cost drug for the EPO group.

- Preventive medications in the form of vitamins and sodium fluoride are consistent with the high number of outpatient visits for well child checkups.

- The Pharmacy utilization tables seen above are consistent with the top ten diagnoses, outpatient encounters, emergency room encounters, and inpatient admission encounters in the pediatric FPLIC population.

Sources:

* Blader, Joseph C., Acute Inpatient Care for Psychiatric Disorders in the United States, 1996 Through 2007; *Arch Gen Psychiatry/Vol 68 (NO. 12) pp 1276 – 1283,* Dec, 2011

** CDC/NCHS. National Hospital Ambulatory Medical Care Survey, Emergency Department Component. Accessed at http://www.cdc.gov/nchs/hus/contents2012.htm#fig20 (figure 23).

*** Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2012). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). [Cited 2014, January 9].

Divider Page

Blue Cross Northeastern Pennsylvania (BCNEPA) POPULATION ANALYSIS

2012

First Priority Health
First Priority Life Insurance

First Priority Health/First Priority Life Population Analysis (June 2011 - May 2012)

Introduction:

Blue Cross of Northeastern Pennsylvania (BCNEPA) is an independent licensee of the Blue Cross Blue Shield Association, which has been serving the health care reimbursement needs of the northeastern Pennsylvania service area since 1938. The organization's mission is to provide integrated health care services and products to improve the quality, accessibility and affordability of health care in the populations we serve.

BCNEPA is the parent company of both First Priority Health (FPH), a jointly owned subsidiary with Highmark, Inc., and First Priority Life Insurance Company (FPLIC), a jointly owned subsidiary with Highmark, Inc. FPH offers Health Maintenance Organization (HMO/ HMO Plus), Point of Service ("POS") and the Children's Health Plan ("CHIP"). FPLIC offers Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO) and Traditional Indemnity benefit plans.

In 2012, the Quality Improvement (QI) Program Description transitioned from the FPH QI Program Description to the BCNEPA QI Program Description and addresses not only the activities servicing the HMO/HMO Plus populations covered under the FPH lines of business, but also the PPO/EPO lines of business that are serviced through FPLIC. Consequently, 2012 is the initial year for the formal review and analysis of the population data for the FPLIC network in this document. This report reflects the data analysis and comparisons between the products, where applicable.

A. Demographic Profile

Information to profile the demographics of the FPH and FPLIC membership, which includes BlueCare HMO, PPO and EPO products, was derived from an analysis of the US Census Bureau, the American Community Survey, 2010-2012 NCQA CAHPS 4.0 surveys and internal profiling of age and sex distribution of FPH/FPLIC members, using the Med Stat Advantage Suite software.

Table I provides a comparison of gender distribution among Pennsylvania, the thirteen (13) county service areas of BCNEPA and active FPH/FPLIC membership.

Table I: 2012 Gender Distribution - FPH/FPLIC

	Female	Male	Data Source
Pennsylvania	52%	48%	Census (2010)
Service Area	51%	49%	Census (2010)
FPH Membership	53%	47%	Truven Health Analytics
33,170	17,354	15,816	
FPLIC Membership-PPO	51%	48%	Truven Health Analytics
145,460	74,975	70,485	
FPLIC Membership-EPO	48%	51%	Truven Health Analytics
22,299	10,734	11,565	

1. Age Distribution

Comparison of age distribution among the several data sources cannot be completed due to the variations in the age bands. However, analysis of FPH/FPLIC membership age distribution using Med Stat data obtained from membership files indicates the following:

Table II: 2012 Age Distribution -FPH/FPLIC*					
Age	**FPH**		**FPLIC**		
	2012 HMO	**2011**	**2010**	**2012 PPO**	**2012 EPO**
0 - 5	6.23%	6.48%	6.12%	6.04%	4.73%
6 - 10	6.17%	6.19%	5.88%	5.84%	5.19%
11 - 24	21.81%	20.68%	18.03%	21.04%	20.13%
25 - 29	5.18%	5.18%	5.61%	5.51%	6.59%
30 - 39	12.82%	13.54%	14.99%	12.11%	13.52%
40 - 49	17.98%	18.76%	20.38%	17.12%	21.73%
50 - 59	19.87%	19.88%	20.21%	20.58%	20.23%
60 - 69	9.29%	8.72%	8.31%	11.05%	7.60%
70 – 79	0.62%	0.53%	0.46%	0.60%	0.26%
80 +	0.04%	0.03%	0.03%	0.10%	0.01%

* MED STAT Data excludes CHIP

2. Ethnic Background

Frequency of ethnic origins as noted in the census data for the thirteen (13) county BCNEPA service area indicates the following ranking of ethnic backgrounds in Table III. FPH data is obtained through the 2012 CAHPS survey. FPLIC CAHPS data is not available for 2012.

Table III: Ethnic Origin for FPH	
Ethnic Origin	**Rank Order - 2012**
1. German	25.4%
2. Irish	16.1%
3. Italian	11.6%
4. English	7.9%
5. Polish	6.7%
6. USA	5.2%

3. Racial Distribution

The racial distribution within Pennsylvania, for BCNEPA's thirteen (13) county service area and as reported by the FPH Membership indicates the following in Tables IV and V below. FPH data is obtained through the 2012 CAHPS survey. FPLIC data is not available for analysis. County specific ethnicity information is not available for the BCNEPA service area in annual DOH vital statistics reports.

Table IV: Racial Distribution 2012 – FPH

	White	**Black**	**Asian**	**Other**	**Data Source**
Pennsylvania	83.8%	11.3%	2.9%	2%	US Census, American Community Survey
Service Area	94.19%	3.47%	1.61%	NA	US Census, American Community Survey
FPH Membership	93.33%	1.79%	2.64%	2.75%	NCQA 2012 CAHPS 4.0H (Adult)♦

♦2012 FPH CAHPS 4.0 Adult Survey. Response rates >100%, (More responses than respondents, some checked >1 response

Table V: 2010-2012 Hispanic or Latino Origin - FPH Membership

	2012	**2011**	**2010**	**Source**
Pennsylvania	5.9%	5.7%	3.20%	Census 2010
Service Area	3.9%	3.8%	1.89%	Census 2010
FPH Membership	2.27%	3.92%	0.87%	NCQA 2010-2012 CAHPS (Adult)

4. Education

Level of education as reported by respondents to the 2010-2012 CAHPS Surveys indicates the following in Table VI. [Information for the FPLIC population will not be available until the 2013 CAHPS survey.]

Table VI: Education Level – FPH♦

Education Attained	**Percentage %**		
	2012	**2011**	**2010**
Less than 8th Grade	0.19%	0.00%	0.28%
Some High School	3.24%	3.00%	3.13%
High School Graduate / GED	34.54%	38.17%	35.61%
Some College or 2 year degree	32.25%	30.50%	32.48%
4 year College Graduate	17.18%	15.17%	17.66%
More than 4 year college degree	12.6%	13.17%	10.83%
Total	**100%**	**100%**	**100%**

♦ 2010- 2012 CAHPS 4.0 Adult Survey.

5. Tobacco Use

Prevalence of smoking as reported by respondents to the 2010-2012 FPH CAHPS Survey is indicated in Table VII below. Tobacco use data for FPLIC members is not available.

Table VII: Tobacco Use - FPH

	2012	2011	2010	Data Source
First Priority Health	19.66%	16.97%	21.94%	NCQA CAHPS Survey
Pennsylvania	22%	21.3%	20.2%	CDC, WHO*
Nation	20.8%	18.4%	21.0%	CDC, WHO*

* Centers for Disease Control and Prevention (CDC) World Health Organization data vention (CDC) World Health Organization data

B. Analysis of Demographics

- The gender distribution for BCNEPA is relatively stable and consistent with both the state and our service area. For the state, our 13 county service area, FPH and FPLIC PPO, the population is slightly higher for females. For the FPLIC EPO population, males are slightly higher. The overall FPH population continues to steadily decrease. In comparison, both FPLIC populations are growing in members.
- For the purpose of this report, the age bands derived from analysis of BCNEPA membership files will be utilized to direct plan activity for Quality Improvement interventions and programs. From a practical analysis standpoint, the age bands 40-49, 50-59 and 60-69 should be combined, since interventions for health promotion and disease state interventions are usually directed at the combined group. Age distribution is essentially unchanged from 2011. Over the last few years, the age bands 50-59 and 60-69 have steadily increased for FPH and FPLIC populations. FPLIC's PPO 60-69 age band population increased the most at 1.48 points from last year. The shift in the population may be a result of normal aging in a relatively constant population. Age is a contributing factor in increasing health care costs.
- Racial distribution, educational level and tobacco use are self-reported data obtained through the 2012 CAHPS survey. It should be noted that data from the FPLIC population will not be available until the 2013 CAHPS survey is conducted and the results are reported. Data on the FPH population indicates 93.33% of the members are noted as "Caucasian", which is a 4.39% increase from 2011. The number of respondents noting "Black" and "Asian" and "Other" all decreased in 2012. The most significant drop was the Black population group, which dropped 2.47% from last year. The Asian group decreased by 1.87%. Survey results showed a decrease from last year by 1.65% in the Hispanic/Latino membership. FPH remains above both the state and the service area demographics in Caucasian membership, and below the state and service area in Black and Hispanic membership. The elimination of the small group products from the managed care line of business may be contributing to this result.
- Analysis of self-reported educational level in the FPH population noted a drop of 3.63% in the number of members who are high school graduates or have a GED. There was an increase in the number of FPH members who had 2 and 4 year college degrees. Those with a 4 year degree jumped 2.01%. Education post four year degree showed a slight decrease from 2011.
- Unfortunately, self-reported tobacco use in FPH membership showed a 2.69% increase from 2011. Although the rate of 19.66% is below the state average of 22% and the national average of 20.8% (as reported by the Centers for Disease Control and Prevention), smoking use has increased overall from last year.

C. Health Services Utilization First Priority Health

All tables include data for claims incurred from 6/1/2011- 5/31/2012 paid through 8/31/2012. Prior year's data for FPLIC PPO and EPO was unavailable.

Table VIII: 2012 Top Ten Inpatient Diagnoses - FPH / FPLIC								
Inpatient Diagnosis				Frequency				% of Total Dollars
Rank Order				Number		Percent		
2012			*2011*	**2012**	*2011*	**2012**	*2011*	**2012**
1.	Obstetrical Deliveries	HMO	1	**386**	452	**18.26%**	14.59%	**9.18%**
	Obstetrical Deliveries	PPO	*	**1,520**	*	**17.30%**	*	**10.11%**
	Obstetrical Deliveries	EPO	*	**198**	*	**15.78%**	*	**9.71%**
2.	Coronary Artery Disease	HMO	2	**206**	285	**9.74%**	9.20%	**14.64%**
	Coronary Artery Disease	PPO	*	**794**	*	**9.04%**	*	**15.87%**
	Coronary Artery Disease	EPO	*	**111**	*	**8.84%**	*	**13.96%**
3.	Psychoses	HMO	3	**108**	140	**5.11%**	4.52%	**2.19%**
	Major Joint & Limb Reattachment Upper & Lower Extremity	PPO	*	**394**	*	**4.48%**	*	**7.25%**
	Alcohol and Drug Abuse	EPO	*	**72**	*	**5.74%**	*	**2.42%**
4.	Alcohol and Drug Abuse	HMO	5	**103**	114	**4.87%**	3.68%	**2.15%**
	Alcohol and Drug Abuse	PPO	*	**376**	*	**4.28%**	*	**1.88%**
	Ungroupable	EPO	*	**50**	*	**3.98%**	*	**0.87%**
5.	Major Joint & Limb Reattachment Upper & Lower Extremity	HMO	4	**79**	102	**3.74%**	3.29%	**5.68%**
	Psychoses	PPO	*	**333**	*	**3.79%**	*	**2.17%**
	Major Joint & Limb Reattachment Upper & Lower Extremity	EPO	*	**45**	*	**3.59%**	*	**6.10%**
6.	All Malignancies/Neoplasm	HMO	7	**71**	97	**3.36%**	2.91%	**3.93%**
	All Malignancies/Neoplasm	PPO	*	**278**	*	**3.16%**	*	**4.32%**
	Psychoses	EPO	*	**44**	*	**3.51%**	*	**1.95%**
7.	Esophag, Gastroen, Misc. GI Disorders w/o CC	HMO	6	**51**	68	**2.41%**	2.19%	**0.84%**
	Ungroupable	PPO	*	**257**	*	**2.93%**	*	**0.60%**
	Esophag, Gastroen, Misc. GI Disorders w/o CC	EPO	*	**35**	*	**2.79%**	*	**0.97%**

Table VIII: 2012 Top Ten Inpatient Diagnoses - FPH / FPLIC								
Inpatient Diagnosis				**Frequency**				**% of Total Dollars**
Rank Order				**Number**		**Percent**		
8.	Cellulitis w/o MCC	HMO	8	**36**	61	**1.66%**	1.87%	**0.71%**
	Esophag, Gastroen, Misc. GI Disorders w/o CC	PPO	*	**232**	*	**2.64%**	*	**1.07%**
	All Malignancies /Neoplasm	EPO	*	**33**	*	**2.63%**	*	**3.67%**
9.	Uterine & Adnexa Procedures w/o CC	HMO	7	**27**	55	**1.28%**	1.78%	**0.52%**
	Cellulitis w/o MCC	PPO	*	**126**	*	**1.43%**	*	**0.61%**
	Uterine & Adnexa Procedures w/o CC	EPO	*	**19**	*	**1.51%**	*	**0.84%**
10.	Appendectomy w/o CC	HMO	12	**22**	54	**1.04%**	1.74%	**0.42%**
	Uterine & Adnexa Procedures w/o CC	PPO	*	**100**	*	**1.14%**	*	**0.64%**
	Cellulitis w/o MCC	EPO	*	**16**	*	**1.27%**	*	**0.56%**
Total Inpatient Encounter		HMO		**2,114**				**$28,122,254.56**
		PPO		**8,785**				**$115,659,860.25**
		EPO		**1,255**				**$16,064,567.58**

*FPLIC data not trended for 2011

The 2012 Top Ten Inpatient Diagnoses show the following characteristics:

- Obstetrical Deliveries and Coronary Artery Disease remain top ranking drivers for inpatient length of stays for both FPH and FPLIC populations.
- Behavioral Health Care issues remain a driver for inpatient services with Psychoses and Alcohol/Drug Abuse or Dependence falling in the 3rd to 6th spots out of the top ten. Alcohol and Drug Abuse came in at number 3 for the FPLIC EPO and 4th for both the FPH and FPLIC PPO populations. In comparing the adult population against the FPH 0-19 pediatric population, the first three of the top ten diagnoses were behavioral health related diagnoses, including Alcohol/Drug Dependence, Depressive Neuroses and Psychoses. In 2011, behavioral health diagnoses only accounted for two spots in the top ten for the pediatric age group.
- Orthopedics, as reflected in the joint and limb reattachment admissions, remains a key driver for FPLIC PPO members [rank #3]. Orthopedics came in at #4 for FPH HMO and FPLIC EPO members.
- Total neoplasm/malignancy grouping reflects the incidence of cancer at all sites and remains a key inpatient driver. Within the neoplasm/malignancy inpatient admissions, the top ranking inpatient stay is for mastectomy related to breast cancer.
- Female reproductive system issues are reflected in uterine diagnoses unrelated to pregnancy and delivery.
- Appendectomy moved up into the FPH HMO top ten from spot 12 last year. Admissions related to simple pneumonia and pleurisy dropped out of the top ten.

Table IX: 2012 Top Ten Outpatient Diagnoses – FPH / FPLIC								
Outpatient Diagnosis				Frequency				% of Total Dollars
Rank Order				Number		Percent		
2012			*2011*	**2012**	*2011*	**2012**	*2011*	**2012**
1.	Behavioral/Alcohol and Drug Abuse	HMO	1	**64,467**	71,593	**6.74%**	5.22%	**3.80%**
	All Cardiac DXs■	PPO	*	**141,962**	*	**4.15%**	*	**4.23%**
	All Cardiac DXs	EPO	*	**22,427**	*	**4.75%**	*	**5.10%**
2.	All Malignancies Neoplasm	HMO	2	**46,221**	67,526	**4.83%**	4.93%	**10.31%**
	All Malignancies/ Neoplasm	PPO	*	**139,370**	*	**4.07%**	*	**9.27%**
	All Malignancies /Neoplasm	EPO	*	**18,569**	*	**3.93%**	*	**10.17%**
3.	All Cardiac DXs	HMO	3	**38,143**	60,842	**3.99%**	4.44%	**3.84%**
	Behavioral/Alcohol and Drug Abuse	PPO	*	**128,753**	*	**3.76%**	*	**2.68%**
	Behavioral/Alcohol and Drug Abuse	EPO	*	**18,555**	*	**3.93%**	*	**2.52%**
4.	Routine Child Health Exam	HMO	6	**22,665**	27,723	**2.37%**	2.02%	**0.90%**
	Routine Child Health Exam	PPO	*	**90,823**	*	**2.66%**	*	**1.73%**
	All Diabetes DXs	EPO	*	**11,695**	*	**2.48%**	*	**1.26%**
5.	All Diabetes DXs	HMO	5	**21,441**	32,765	**2.24%**	2.39%	**1.36%**
	All Diabetes DXs	PPO	*	**76,233**	*	**2.23%**	*	**1.27%**
	Routine Child Health Exam	EPO	*	**11,202**	*	**2.37%**	*	**1.83%**
6.	Sprains	HMO	7	**19,154**	27,763	**2.00%**	2.03%	**1.58%**
	Sprains	PPO	*	**69,541**	*	**2.03%**	*	**1.45%**
	Abdominal Pain	EPO	*	**9,567**	*	**2.03%**	*	**2.27%**
7.	Abdominal Pain	HMO	8	**17,227**	26,943	**1.80%**	1.97%	**2.13%**
	Abdominal Pain	PPO	*	**65,461**	*	**1.91%**	*	**2.24%**
	Hyperlipidemia	EPO	*	**9,350**	*	**1.98%**	*	**0.52%**
8.	Hyperlipidemia	HMO	4	**16,789**	35,292	**1.76%**	2.57%	**0.54%**
	Hyperlipidemia	PPO	*	**57,508**	*	**1.68%**	*	**0.53%**
	Sprains	EPO	*	**8,787**	*	**1.86%**	*	**1.55%**
9.	Fractures/Dislocations	HMO	9	**14,786**	23,648	**1.55%**	1.73%	**1.66%**
	Fractures/Dislocations	PPO	*	**53,578**	*	**1.57%**	*	**1.75%**
	Fractures/Dislocations	EPO	*	**8,545**	*	**1.81%**	*	**2.25%**
10.	Lumbago	HMO	10	**13,929**	20,657	**1.46%**	1.51%	**0.90%**
	Lumbago	PPO	*	**48,731**	*	**1.42%**	*	**0.96%**
	Malaise & Fatigue	EPO	*	**7,976**	*	**1.69%**	*	**0.51%**

Table IX: 2012 Top Ten Outpatient Diagnoses – FPH / FPLIC				
Outpatient Diagnosis		**Frequency**		**% of Total Dollars**
Rank Order		**Number**	**Percent**	
Total Outpatient Encounter	HMO	**955,968**		**$73,428,114.14**
	PPO	**3,420,470**		**$292,558,039.49**
	EPO	**472,248**		**$36,700,059.32**

*FPLIC 2011 data not trended
■All Cardiac DXs includes all coronary related diagnoses except chest pain.

The 2012 Top Ten Outpatient Diagnoses show the following characteristics:

- Behavioral Health remains the number one outpatient diagnosis for FPH. The 64,467 encounters involve 6,216 unique members for a frequency/patient average of 10.4. Behavioral health ranked third in the FPLIC PPO and EPO populations. The frequency/patient average is 6.2 and 5.8 respectively for these groups.

- All Cardiac diagnoses are the number one diagnosis for the FPLIC PPO and EPO populations.

- Cancer (all sites) diagnoses are rolled up and reported as single encounter diagnoses group. They remain ranked #2 for both FPH and FPLIC.

- The chronic conditions of Hyperlipidemia/Hypercholesterimia, Cardiac and Diabetes account for 7.9% of all outpatient encounters this year. This is an improvement from 2011's number of 9.4%. For FPH members, Hyperlipidemia dropped down to 8th rank in the top ten down from #4 in 2011. Although there is no prior year data to track Hyperlipidemia for FPLIC, it also ranked 7th and 8th for the PPO and EPO populations.

- Diabetes is reported as an aggregate grouping of diagnosis codes 250.0-250.9. For the FPH population, it remains in 5th position, the same as last year. Diabetes for FPLIC PPO also was ranked 5th. For the FPLIC EPO population, diabetes placed 4th in the top ten.

- Routine Child Health exams climbed for FPH from 6th place to 4th in 2012. It also ranked 4th and 5th for FPLIC PPO and EPO. In all populations, it is one of the lower total dollar utilizers.

- GYN exam, although still not in top ten per frequency, ranks high according to the total outpatient dollars utilized for FPH and FPLIC.

- Noteworthy are the diagnoses of Fractures/Dislocations and Lumbago, which have remained in the top ten over the past five years in both frequency and percent of total dollars spent.

Table X: 2012 Top Ten Emergency Department Diagnoses – FPH / FPLIC								
ER Diagnosis				**Frequency**				**% of Total Dollars**
Rank Order				**Number**		**Percent**		
2012			*2011*	**2012**	*2011*	**2012**	*2011*	**2012**
1.	Injury▲	HMO	1	**1,849**	2,641	**24.94%**	23.39%	**18.76%**
	Injury	PPO	*	**6,844**	*	**23.80%**	*	**15.79%**
	Injury	EPO	*	**1,088**	*	**24.66%**	*	**16.60%**
2.	Abdominal Pain	HMO	3	**398**	632	**5.37%**	5.60%	**6.59%**
	Abdominal Pain	PPO	*	**1,683**	*	**5.85%**	*	**10.41%**

Table X: 2012 Top Ten Emergency Department Diagnoses – FPH / FPLIC								
ER Diagnosis				Frequency				% of Total Dollars
Rank Order				Number		Percent		
	Abdominal Pain	EPO	*	**252**	*	**5.71%**	*	**9.21%**
3.	Chest Pain (786.5x)	HMO	4	**377**	471	**5.09%**	4.17	**9.66%**
	Respiratory♦	PPO	*	**1,364**	*	**4.74%**	*	**1.99%**
	Chest Pain	EPO	*	**237**	*	**5.37%**	*	**12.18%**
4.	Respiratory	HMO	2	**366**	656	**4.94%**	5.85%	**2.92%**
	Chest Pain	PPO	*	**1,295**	*	**4.51%**	*	**11.31%**
	Respiratory	EPO	*	**202**	*	**4.57%**	*	**2.28%**
5.	Cellulitis	HMO	7	**192**	231	**2.59%**	2.05%	**1.76%**
	Headache (346.xx + 784.xx)	PPO	*	**755**	*	**2.62%**	*	**2.64%**
	Behavioral Health	EPO	*	**97**	*	**2.20%**	*	**2.12%**
6.	Headache (346.xx + 784.xx)	HMO	5	**187**	315	**2.52%**	2.80%	**2.22%**
	Behavioral Health	PPO	*	**689**	*	**2.40%**	*	**2.24%**
	Headache	EPO	*	**92**	*	**2.09%**	*	**2.62%**
7.	Behavioral Health	HMO	NA	**182**	292	**2.45%**	2.59%	**1.96%**
	Cellulitis	PPO	*	**611**	*	**2.12%**	*	**1.09%**
	Cellulitis	EPO	*	**88**	*	**1.99%**	*	**0.86%**
8.	UTI	HMO	8	**132**	163	**1.78%**	1.44%	**1.55%**
	UTI	PPO	*	**416**	*	**1.45%**	*	**1.23%**
	UTI	EPO	*	**60**	*	**1.36%**	*	**1.32%**
9.	Syncope and Collapse	HMO	NA	**112**	119	**1.51%**	1.05%	**2.46%**
	Otitis Media	PPO	*	**411**	*	**1.43%**	*	**0.27%**
	Calculus of Ureter	EPO	*	**51**	*	**1.16%**	*	**2.70%**
10.	All Cardiac DXs	HMO	NA	**92**	126	**1.24%**	1.12%	**3.58%**
	All Cardiac DXs	PPO	*	**361**	*	**1.26%**	*	**2.53%**
	All Cardiac DXs	EPO	*	**50**	*	**1.13%**	*	**1.93%**
Total Emergency Room Encounters		HMO		**7,415**				**$4,823,180.26**
		PPO		**28,760**				**$23,065,553.92**
		EPO		**4,412**				**$3,352,723.22**

* FPLIC 2011 data not available
▲Injury includes Sprains, Open Wounds, Contusion, Fractures/Dislocations, and Injuries
♦ Respiratory includes Bronchitis, Pharyngitis, Acute URI and Asthma

The 2012 Top Ten Emergency Department (ED) diagnoses show the following characteristics:

- Injury [Sprains, Open Wounds, Contusions, Fractures/Dislocations and Injuries] is noted as top drivers for ED utilization for all commercial product lines. It accounts for more than 27% of ED encounters for the FPH population, which is higher than 2011's rate of almost 25%.

- Last year, Otitis Media made the top ten based with 155 encounters. This year, the number of encounters was only 89, dropping it from the top ten list. It is possible that the increasing number

of available urgent care centers around the region is responsible for the decline in ER visits. Interestingly, Calculus of Ureter [kidney stones] diagnosis noted to be a significant driver of ED utilization based on total dollars. The 89 Otitis media encounters cost $21,290.83, compared to the 82 urinary related encounters that totaled $107,881.61.

- Chest Pain and Respiratory diagnoses share the lead among the top third and fourth diagnoses for percentage of dollars for ER care for both lines of business. However, Chest Pain accounts for the higher percentage of total dollar costs per encounter.

- Behavioral Health/Drug and Alcohol Abuse diagnoses (290-319) continue to account for 2.45% of the visits and 1.96% of total ED costs. The most frequent ER diagnosis was Anxiety, followed by Alcohol Abuse.

- Musculo-skeletal (Backache/Lumbago) also dropped from the top ten list this year for FPH. It went from 6th place down to 13th. It also remained low for FPLIC products as well.

- Tracking the top ten diagnoses for FPH this year from 2011 noted a shift towards more emergent care diagnoses.

Table XI: Pharmacy Utilization Top 20 Drugs by Prescription Count - FPH -6/1/2011 – 5/31/2012			
2012			**2011**
Medication	**Indication**	**2012 Rx Count**	**Rank**
1. Simvastatin	High Blood Cholesterol	11,385	1
2. Amoxicillin	Infections	10,395	6
3. Azithromycin	Infections	10,308	4
4. Omeprazole	Ulcer Disease	10,212	2
5. Lisinopril	Hypertension /Heart Disease	9,944	3
6. Levothyroxine Sodium	Thyroid Disorders	9,254	7
7. Hydrocodone/APAP	Severe Pain	8,613	5
8. Citalopram HBR	Depression	7,503	11
9. Singular	Asthma	5,626	13
10. Alpazolam	Anxiety	5,559	9
11. Metoprolol Succinate	Hypertension /Heart Disease	5.352	15
12. Metformin HCL	Diabetes	5,061	8
13. Sertraline HCl	Depression	5,005	17
14. AmoxTr-K+Clavulanate	Infections	4,905	14
15. HCTZ	Fluid Retention/HTN	4,560	10
16. Fluoxetine HCL	Depression	4,274	20
17. Ventolin HFA	Asthma	4,259	NR
18. Prednisone	Inflammation/Immune Disorders	4,107	NR
19. Amlodipine Besylate	Hypertension /Heart Disease	3,866	NR
20. Synthroid	Thyroid Disorders	3,800	18
Total Top 20		***133,988***	***169,910***
Total Prescriptions		***423,551***	***539,902***

Table XII: Pharmacy Cost Rank (Plan Cost) Top 20 - FPH -6/1/2011 – 5/31/2012			
2012			2011
Medication Cost Rank	**Indication**	**Rx Count**	**Plan Cost Rank**
1. Singulair	Asthma	5,626	2
2. Enbrel	Inflammatory Conditions	353	1
3. Avonex	Multiple Sclerosis	151	6
4. Humira	Inflammatory Condition	287	5
5. Omeprazole	Ulcer Disease	10,212	3
6. Abilify	Mental/Neuro Disorders	1,008	8
7. Advair Diskus	Asthma	2,214	4
8. Plavix	Blood Modifying	2,459	7
9. Copaxone	Multiple Sclerosis	114	9
10. Incivek	Hepatitis	20	NR
11. Lipitor	High Blood Cholesterol	2,504	20
12. Nasonex	Allergies	2,831	13
13. Concerta	Attention Disorders	1,565	11
14. Oxycontin	Pain	589	19
15. Novolog	Diabetes	685	16
16. Dextroamphetamine-Amphetamine	Attention Disorders	1,456	NR
17. Vytorin	High Blood Cholesterol	1,790	14
18. Gleevec	Cancer	51	NR
19. Humalog	Diabetes	661	17
20. Actos	Diabetes	804	10
Total Cost -Top 20		***$7,948,446***	***$8,663,765***
Total Cost-All Drugs		***$26,170,538***	***$29,643,645***

Table XIII: Pharmacy Utilization Top 20 Drugs by Rx Count - FPLIC PPO/EPO - 6/1/2011 – 5/31/2012			
2012			2011
Medication	**Indication**	**2012 Rx Count**	**2011 Rank**
1. Simvastatin	High Blood Cholesterol	48,792	*
2. Omeprazole	Ulcer Disease	40,749	*
3. Lisinopril	Hypertension/Heart Disease	40,430	*
4. Levothyroxine Sodium	Thyroid Disorders	35,389	*
5. Hydrocodone/Acetaminophen	Pain	31,168	*
6. Azithromycin	Infections	31,068	*
7. Amoxicillin	Infections	26,077	*
8. Citalopram HBR	Depression	23,739	*
9. Alprazolam	Anxiety	22,333	*
10. Hydrochlorothiazide	Hypertension	21,303	*
11. Metoprolol Succinate	Hypertension/Heart Disease	21,137	*
12.Metformin HCL	Diabetes	20,952	*
13. Sertraline HCL	Depression	19,131	*
14. Amlopidine Besylate	Hypertension/Heart Disease	17,174	*
15. Prednisone	Inflammation/Immune Disorders	15,551	*

Table XIII: Pharmacy Utilization Top 20 Drugs by Rx Count - FPLIC PPO/EPO - 6/1/2011 – 5/31/2012			
2012			2011
Medication	**Indication**	**2012 Rx Count**	**2011 Rank**
16. Synthroid	Thyroid Disorders	15,249	*
17. Metoprolol Tartrate	Hypertension/Heart Disease	14,829	*
18. Amox Tr-Potassium Clavulanate	Infections	14,814	*
19. Atenolol	Hypertension/Heart Disease	14,098	*
20. Fluticasone Propionate	Allergies	13,083	*
Total Top 20		***487,066***	*
Total Prescriptions		***1,553,172***	*

*FPLIC 2011 data not trended

Table XIV: Pharmacy Cost Rank (Plan Cost) Top 20 - FPLIC PPO/EPO - 6/1/2011 – 5/31/2012			
2012			2011
Medication	**Category**	**2012 Rx Count**	**2011 Cost Rank**
1. Humira	Inflammatory Conditions	1,457	*
2. Enbrel	Inflammatory Conditions	1,467	*
3. Copaxone	Multiple Sclerosis	667	*
4. Omeprazole	Ulcer disease	40,749	*
5. Lipitor	High Blood Cholesterol	12,447	*
6. Plavix	Blood Modifying	8,689	*
7. Singulair	Asthma	10,507	*
8. Advair Diskus	Asthma	6,594	*
9. Abilify	Mental/Neuro Disorders	2,610	*
10. Avonex	Multiple Sclerosis	374	*
11. Rebif	Multiple Sclerosis	393	*
12. Incivek	Hepatitis	61	*
13. Actos	Diabetes	3,378	*
14. Diovan HCT	Hypertension/Heart Disease	8,047	*
15. Oxycontin	Pain	2,247	*
16. Provigil	Attention Disorders	882	*
17. Januvia	Diabetes	4,129	*
18. Revlimid	Cancer	113	*
19. Novolog	Diabetes	2,508	*
20. Gleevec	Cancer	160	*
Total Cost -Top 20		***$30,037,564***	*
Total Cost – All drugs		***$101,270,024***	*

FPLIC 2011 Data unavailable.

The 2012 Pharmacy data shows the following characteristics:

- In 2012, for both FPH and FPLIC, there are seven drugs that hold the highest count utilization and highest cost for the plan. They include: Simvastatin, Omeprazole, Lisinopril, Azithromycin, Amoxicillin, Levothyroxine Sodium and Hydrocodone/APAP. Together they count for 16.5% for FPH and 16.3% for FPLIC in the total prescription count.

- Inflammatory condition medications, Asthma, Multiple Sclerosis, Anti-ulcer disease and High blood cholesterol medications have the highest cost for the health plan in 2012. Drugs that cost the plan the most for 2012 include Enbrel, Singulair, Omeprazole, Humira, Avonex and Copaxone. The two Multiple Sclerosis medications in the top ranking list for drugs by plan cost: Avonex and Copaxone moved up the ranks in cost to third place. For the combined (FPH and FPLIC) 818 prescription count, they cost the plan $3,126,812.84. In 2011, they placed 8th and 10th respectively.

- Enbrel and Humira, treatments for rheumatoid arthritis, as well as psoriatic arthritis and ankylosing spondylitis, remain among the top ranking medications for plan cost. Enbrel is the top ranked in cost.

- The pattern of drug utilization reflects and is consistent with the diagnoses found to be leading causes of both inpatient and outpatient utilization, with cardiac disease and behavioral health as key issues. Chronic disease management with cardiac, asthma and diabetes remains present in pharmacy utilization and costs. Interestingly, although cancer diagnoses ranked #2 for all products in relation to outpatient utilization, it fell in at the bottom of the top twenty list (18 and 20) for all products in regard to prescription cost.

- Medications that remain high for prescription count continue to include behavioral health, diabetes and cholesterol medications.

- The Hypertension/Heart Disease classification of medications has five medications noted on FPLIC's and three on FPH's top twenty ranking for number of scripts. However, only one hypertensive drug made the top twenty for cost: Diovan HCT for FPLIC.

D. Health Services Analysis

- Total membership in the FPH population continues to fall significantly the last few years from 101,879 in 2007 to 59,111 in 2010 to 33,170 in 2012. During the same time, there was considerable growth in the FPLIC PPO and EPO populations.
- Age, sex and ethnic/racial demographics are essentially unchanged for 2012 in the FPH population. The percent of high school graduates has decreased, but the percentage for post high school education has increased. With the addition of CAHPS in 2013, FPLIC data will be available for analysis.
- Self-reported smoking prevalence in FPH membership for 2012 is 19.66%, which is below the Pennsylvania rate (22%) and National rate (20.8%) as reported by the Centers for Disease Control and Prevention (CDC).
- Several common themes tend to be found within the inpatient/outpatient/emergency and pharmacy utilization.
    - Cardiac disease and related diagnoses remain significant drivers of utilization in all areas monitored: inpatient, outpatient, emergency department and pharmacy.
    - Behavioral Health Conditions, including Depression and Alcohol /Drug Dependency issues, continue to be significant cause for inpatient and pharmacy utilization. Behavioral Health diagnoses fell within the top five in all products. Four of the top 20 medications in number of prescriptions and three in plan cost for FPH are anti-depressants. Continuing efforts to coordinate continuity of care between inpatient and outpatient services for members with ongoing behavioral health needs may present an opportunity for improvement.

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- Respiratory related diagnoses, including chronic obstructive pulmonary disease, rhinitis, bronchitis, pharyngitis and asthma, remain prevalent.
- Female reproductive system issues, specifically pregnancy related, are a driver for inpatient stays. However, ante-natal and post-partum related issues fell from the top ten for ER utilization this year. In 2012, ER utilization shows a trend of more urgent care diagnoses.
- Oncology related diagnoses remain the second ranking cause for outpatient utilization for FPLIC and FPH. Malignant neoplasm of the breast remains a top ranking cause of outpatient services for neoplasm diagnoses and is followed by malignant neoplasm of lung.
- Drugs prescribed for gastrointestinal symptoms (Prevacid and Omeprazole) rank on both the number and cost of prescriptions. There are related high ranking inpatient and outpatient diagnoses/DRGs: Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders and abdominal pain. Contributing diagnoses could include drug and alcohol issues, as well as orthopedic conditions. Many anti-inflammatory and pain medications can cause GI distress. Alcohol is also a GI irritant, especially if excessively utilized. FPH Blue Health Solutions has developed a GERD (Gastro Esophageal Reflux Disease) Program as part of the Lifestyle Management suite of health maintenance programs which will provide education and support to members with GERD/heartburn and prescribed anti-ulcer/pro-motility medications.

E. Early Implementation

- Continue initiative to expand PCP dashboard to identify key member specific utilization and pharmacy information for continuity and coordination of care.

- Continue to develop Facility Contract incentives that address facility safety issues and quality of care, such as patient safety, readmission, infection, transition of care and evidenced based care protocols.

- Expand the Physician Quality Incentive Program to specialists as well as PCPs to provide feedback on care outcomes and encourage collaboration for a team approach to treatment of chronic disease. This program was begun in 2011 and had two incentive payouts to providers meeting improvement thresholds in 2012.

- Continue the Episode of care incentive program (EIP), which was a pilot program started in July 2012 for providers (PCP and Specialist) based on performance and cost of care outcomes. These providers are educated on processes and patterns of care to identify areas for improvement.

- Continue the Consumer Transparency Initiative, which provides consumers with information about providers and facilities. In the first quarter 2012, BCNEPA launched an enhanced provider directory. This online tool enables consumers to make better informed choices regarding where to go for care. The expanded level of healthcare transparency focuses on demographics, patient experience/satisfaction, clinical quality and cost efficiency.

- The Patient Review of Physicians tool allows members to offer feedback on the experiences they have had with participating physicians in BCNEPA's 13 county network and to read reviews about other members' patient experience.

- Expand the automated outbound dialer to include customer service outreach calls to members, including gaps in care reminders and messaging related to preventive screenings and chronic condition monitoring, which may reduce avoidable inpatient and emergency utilization.

- Continue implementation of member recognition and interactive outbound dialer outreaches to increase effectiveness of messaging and ability for warm transfer to meet member needs.

- Continue to explore interventions to encourage members to use ER appropriately through education of other available resources, such as the 24/7 Nurse Now line, urgent care centers, high utilization member reports to physicians and physician compensation for members requiring non-scheduled urgent care in PCP office.

- Continue enhancements of member portal to be more user-friendly.

F. Maintenance Activities

- Continue biannual mailing of gaps in care dashboard to PCPs that identifies members with missed screenings for chronic and preventive care. Expand gap lists to include PPO/EPO membership.

- Continue the Behavioral Health Case Management process between Community Behavioral Healthcare Network of Pennsylvania (CBHNP) and BCNEPA to encourage continuity of care between inpatient and outpatient care for members with both behavioral health and medical diagnoses needs.

- Continue opt-out participation in Asthma, CAD, Diabetes, CHF and COPD Management Programs to optimize number of members receiving targeted information to assist them in managing their health. Continue opt-in programs for Prenatal Care, Weight Management, Back Care and Depression.

- Continue Coordination of Care between the medical Disease Management and Case Management Programs and the Depression Disease Management Program with referrals of members with a positive depression screening from the medical programs to the Depression Program coordinator for further evaluation and follow-up.

- Continue the Tobacco Cessation Disease Management Program with targeted member and physician education on tobacco cessation.

- Continued initiatives to improve asthma care, comprehensive diabetes care (particularly eye examinations), behavioral health initiatives and preventive cancer screenings.

- Continue Medication Adherence Program with targeted mailings to members and prescribing physicians when medication fill ratios for chronic care medications fall below threshold.

- Continue collaboration with CM/DM for identification and outreach to high ER utilization by members with certain chronic diseases or non emergent diagnoses and gaps in care for chronic disease.

- Continue inclusion of facilities and provider/practitioner offices in education about Preventative Health and Disease Management Programs available to BCNEPA membership.

- Continue Blue Health Solutions 24/7 hour Nurse Now line and Lifestyle Management programs as health coaching resources for all members.

- Blue Health Solutions member reminder letters for preventative and diagnosis specific care.

- Continue risk factor reduction programs through health assessment and health coaching for cholesterol management, stress reduction and tobacco cessation.

- Continue the current collaboration with CBHNP related to follow-up and discharge planning for Behavioral Health admissions to improve 7 day follow up visits.

- Continue exploration of Internet strategy to enable communication to the appropriate membership and providers and to facilitate the health care delivery process.

- Continue expansion of NaviNet to all providers to provide increase in timely information.

- Continue education and mailing on Member Health Statement.

G. Opportunities/Recommendations

- Implementation of aggressive work plan to identify opportunities to engage network facilities and practitioners in targeted initiatives and contracting to improve patient outcomes, including preventive and chronic recommended screenings and discharge planning processes that address continuity of care and medication safety.

- Explore initiatives to encourage membership to access health benefit and educational information/programs available on BCNEPA internet, including Blue Health Solutions and care, health and lifestyle management programs.

- Explore expansion of Blue Health Solutions Case and/or Health Management programs to address the Behavioral Health issues identified in the pediatric population.

- Explore the feasibility of a community behavioral health care management program to assist with outpatient care management.

- Explore opportunities to facilitate earlier and more focused screening of new members by their PCP to identify health risks and augment member data collection.

- Explore development of new initiatives to promote preventive cancer screenings.

- Explore collaborative opportunities with community agencies.

- Collaboration with AllOne to encourage the utilization of Personal Health Records and Health Risk Assessment by membership.

- Continue recommended cholesterol screening mailings to include members with ischemic vascular disease.

- Explore collaboration with BHS regarding the feasibility of light touch CM for identified special needs members that do not meet criteria for existing CM/DM programs.

- Explore development of new and expanded initiatives to improve ongoing management of members with diabetes, including increasing members' awareness of and proactive participation in HbA1C, diabetic eye, cholesterol and nephropathy screening.

- Explore opportunities to provide education and targeted reminders on continued use of medication to members on chronic care medications (i.e., beta-blockers, anti-hypertensive and anti-depressants).

- Continue ongoing monitoring of pharmaceutical adherence for members with prescriptions for medications to manage chronic conditions and explore enhancing initiatives to remind members and alert prescribing physicians of medication non-adherence.

- Explore opportunities to improve the coordination of care post hospitalization.

- Explore Process Improvement project to enhance continuity and coordination of care between hospital/ER discharge and case and disease management.

Divider Page

CHIP POPULATION ANALYSIS

2012

CHIP Population Analysis (June 2010 - May 2011)

A. Demographic Profile

Information to profile the demographics of the CHIP Membership was derived from an analysis of Pennsylvania Department of Health Profiles- State Center for Health Statistics and Research; County Health Profiles - US Census, Penn State Data Center; Hospital Association of PA; US Census DP1 Profile of General Demographic Characteristics - NCQA CAHPS 4.0H 2011, and internal profiling of age and sex distribution of CHIP Members using Med Stat Advantage Suite software.

1. Age Distribution

Analysis of CHIP Membership age distribution using Med Stat data indicates the following:

Age	2010	2011	2012	2012 Male	2012 Female
0-2	851/ (5.77%)	732/ (5.38%)	656/ (5.18%)	336/(5.27%)	320/(5.09%)
3-5	1,391/ (9.43%)	1,306/ (9.60%)	1,195 (9.44%)	645/(10.11%)	550/(8.76%)
6-12	6,089/ (41.27%)	5,736/ (42.15%)	5,329 (42.10%)	2,671/(46.88%)	2,658/(42.31%)
13-19	6,423/ (43.53%)	5,834/ (42.87%)	5,479 (43.28%)	2.725/(42.73%	2,754/(43.84%)
Total	**14,754**	**13,608**	**12,659**	**6,377/(50/38%)**	**6,282/(49.62%)**

2. Racial Distribution

The racial distribution within Pennsylvania, the thirteen (13) county service area, First Priority Health Membership, and reported CHIP members is indicated in the following table. The reporting of this data is voluntary and members frequently choose not to report.

Table II: Racial Distribution – 2012

		White	Black	Asian	Other	Data Source
Pennsylvania		83.8%	11.3%	2.9%	2% Other 0.3% American Indian/Alaskan Native 0.1% Native Hawaiian/ Other Pacific Islander	2010 U.S. Census Bureau, *American Community Survey
Service Area		94.1%	3.47%	1.61%	**	2010 U.S. Census Bureau, *American Community Survey
FPH Membership		93.33%	1.79%	2.64%	2.75% Other 3.5%American Indian /Alaska Native	NCQA 2012 CAHPS 4.0H

					0.62% Native Hawaiian/ Other Pacific Islander	(Adult)
CHIP Membership		91.02%	5.16%	2.36%	6.29% Other 1.91%American Indian /Alaska Native 0.00%Native/Haw/Other Pacific Islander	NCQA 2012 CAHPS 4.0H (Child)

* American Community Survey April 2010 thru July 2011

**County specific ethnicity information not available for service area in annual DOH vital statistics reports.

Table III: Hispanic or Latino Origin

	2010	2011	2012	Source
Pennsylvania	4.7%	5.7%	5.9%	U.S. Census Bureau, *American Community Survey
Service Area	3.0%	3.8%	3.98%	U.S. Census Bureau, *American Community Survey
FPH Membership	4.09%	3.92%	2.27%	NCQA 2012 CAHPS 4.0H (Adult)
CHIP Membership	7.57%	6.67%	7.17%	NCQA 2012 CAHPS 4.0H (Child)

Analysis:

The majority of CHIP members are found within the 13-19 age range, with infants representing the smallest age category. This is consistent with the previous year's findings. Membership in all age categories has decreased from the 2011 data. The total CHIP membership has decreased by 949 members this year. CHIP enrollment statistics show a number of reasons for enrollment termination. The largest percentage (36%) is due to either being enrolled in Medicaid coverage with the Department of Public Welfare or being referred to Medicaid because of income qualifications. The second largest reason (35%) is due to failure to complete the renewal process. A variety of other reasons were cause for termination, including non-payment of premiums, enrollment in private insurance, and moving out of state. Gender analysis shows that males outnumber females by a small margin for every age group except 13-19 years. The aggregate percentage is males = 50.38% and females = 49.62%.

Race and ethnicity information is self-reported through the CAHPS survey returns. Percentages totaling greater than 100% may reflect those who identify themselves under several race categories. Not unlike the FPH population (93.33%), the CHIP population is predominantly Caucasian (91.02%). The CHIP population has higher percentages of the Black population (5.16% vs 1.79%) and a lower percentage of the Asian (2.36% vs 2.64%) population when compared to FPH. Additionally, the CHIP population has higher percentages in the Hispanic and Latino populations when compared to the FPH and other memberships.

From the self-reported data, the Hispanic population represents 7.17% of the CHIP

population. This is an increase of 0.5% from last year. This percentage continues to be higher than the Pennsylvania population as a whole, the thirteen county service areas and the FPH commercial membership.

B. Health Services Utilization CHIP

All tables include data for claims incurred from June 2011 to May 2012 paid through August 2012.

Table IV: CHIP Top Ten Inpatient Diagnoses, All Ages 0-19 years

Inpatient DRG					
2012 Rank Order	**2011 Rank Order**	**2012 Frequency/ %**	**2011 Frequency**	**2012 Net Payment**	**2012 % of Total Dollars**
1. Psychoses	1	34/13.43%	45	$192,698.31	7.99%
2. Depressive Neuroses	2	21/8.3%	23	$118,747.82	4.93%
3. Alcohol/Drug Abuse or Dependence w/o CC w/o Rehab	3	15/5.93	21	$105,621.66	4.38%
4. Appendectomy without Complication	N/A	11/4.35%	N/A	$80,601.06	3.34%
5. Vaginal delivery w/o CC	N/A	10/3.95%	N/A	$44,641.94	1.85%
6. Nutritional & Metabolic Disorders w/o MCC	10	9/3.56%	6	$37,199.47	1.54%
7. Simple Pneumonia & Pleurisy w/o CC/MCC	6	8/3.16%	12	$33,989.80	1.41$
8. Otitis Media & URI w/o MCC	N/A	7/2.77%	N/A	$30,844.28	1.28%
9. Esophag, Gastroent & Misc GI Dx w/o MCC	8	7/2.77%	9	$30,475.14	1.26%
10. Diabetes w/o CC/MCC	N/A	7/2.77%	N/A	$49,108.88	2.04%
Total Top Ten		**129/50.98%**		**$723,928.36**	**30.03%**
Total Inpatient overall		**253**		**$2,410,432.86**	

The top ten inpatient DRGs show the following characteristics:

- Mental/Behavioral health conditions, especially Psychoses and Depressive neuroses, as well as alcohol and drug abuse/dependence account for 54.2%% of the top ten inpatient diagnoses. This is an increase of 2.5% from 2011 (51.7%), and an increase of 8.2% since 2009. From a total of 129 admissions in the top

ten categories, 70 were related to Behavioral Health/Alcohol and Drug Abuse diagnoses. This accounted for 57.6% of costs associated with the top ten diagnoses, and 17.3% of costs associated with all Inpatient diagnoses.

- As in 2011, psychoses remains the top reason for inpatient admissions in the CHIP population in 2012. This translates into 7.9% of claims paid for all CHIP inpatient encounters for 2011-2012. This remains the most costly DRG with 34 admissions with this diagnosis code. Depressive Neuroses accounts for 4.93% of total claim dollars with 21 admissions, closely followed by drug and alcohol treatment at 4.38% with 15 admissions.

- Appendectomy without complications accounted for 8.53% of the top ten admissions, and vaginal deliveries without complications closely followed with 7.75%. Both of these diagnoses are new to the top ten this year since subgroups have been broken out. Last year the top ten contained the diagnosis of All Vaginal and Cesarean deliveries and Appendectomy with or without complications. Eleven (11) cases of uncomplicated appendectomies accounted for 3.34% of all cost claims. However, one (1) complicated appendectomy accounted for 1.26% of all cost claims.

- Two diagnoses which are new to the top ten and were not included under a broader heading last year are Otitis Media and URI without major complications and Diabetes, with 7 admissions for each.

Table V: CHIP Top Ten Diagnosis for Emergency Room Encounters, Ages 0-19 Years

Emergency Room 2012 Ranking	2011 Rank	Frequency/% 2012	Frequency 2011	Net Payment 2012	% of Total Frequencies	% of Total Dollars
1. Sprains (All)	1	508/10.30%	482	$226.747.71	**10.30%**	**8.55%**
2. Open Wound	3	361/7.32%	390	$176,790.56	**7.32%**	**6.66%**
3. Contusions (All)	2	357/7.24%	440	$149,351.23	**7.24%**	**5.63%**
4.Fractures/Dislocations	4	279/5.66%	267	$190,669.56	**5.66%**	**7.19%**
5. Abdominal Pain	5	253/5.13%	237	$261,486.74	**5.13%**	**9.85%**
6. Acute Pharyngitis	7	187/3.79%	210	$67,769.85	**3.79%**	**2.56%**
7. Otitis Media NOS	6	179/3.63%	202	$58,666.08	**3.63%**	**2.21%**
8. Injury	N/A	179/3.63%	N/A	$103,462.34	**3.63%**	**3.90%**
9. Bronchitis	N/A	120/2.43%	N/A	$50,669.85	**2.43%**	**1.91%**
10. Behavioral Health/Drug and Alcohol	N/A	103/2.64%	N/A	$62,769.85	**2.09%**	**2.37%**
Total Top Ten		**2,526/51.23%**		**$1,348,459.62**		
Total Visits to ER/$		**4,930**		**$2,653,412.47**		

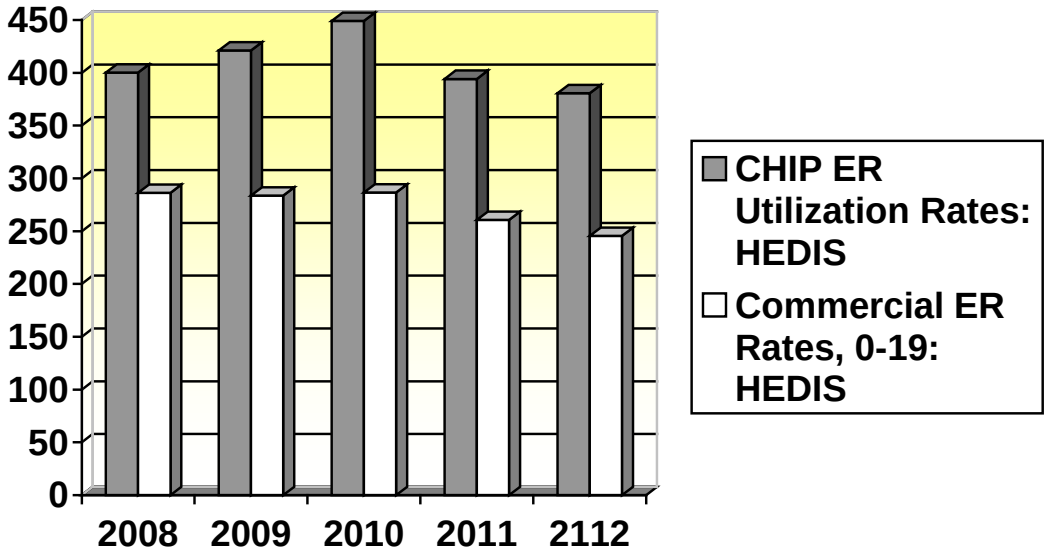
- Injuries continue to be the main driver in ER utilization in the CHIP population. Sprains, Open Wounds, Contusions, Fractures/Dislocations, and Other injuries combine for a total 34.15% of all ER encounters. This is an increase of 4.66%

from 2011. This also accounts for 31.93% of claims dollars associated with all ER utilization. Three diagnosis encompassing infections were among the top ten. Acute Pharyngitis, Otitis Media, and Bronchitis accounted for 9.85% of all ER encounters. When added to other high utilization infectious diagnoses (URI, UTI, Viral infections, and Strep), infections accounted for 15.29% of total ER encounters, and 11.02% of claims dollars.

- This year Behavioral Health/Drug and Alcohol diagnoses moved into the top ten Emergency Room encounters. This correlates with the high inpatient utilization involving psychosis and depressive neuroses, as well as alcohol and drug related admissions. There were 103 visits in this diagnostic category, unchanged from 2011.

- Asthma related ER visits continue to go down and are not a top ranking driver for ER utilization. In the period tracked for this report there were 97 ER encounters for asthma related diagnoses, a decrease of 2 visits. However, this is 48 fewer visits than in 2010. This could be due to better medical management of asthma in the outpatient setting.

FIGURE 1: ER Utilization Rates: CHIP and FPH Commercial Pediatrics
Based on visits/1,000 member years

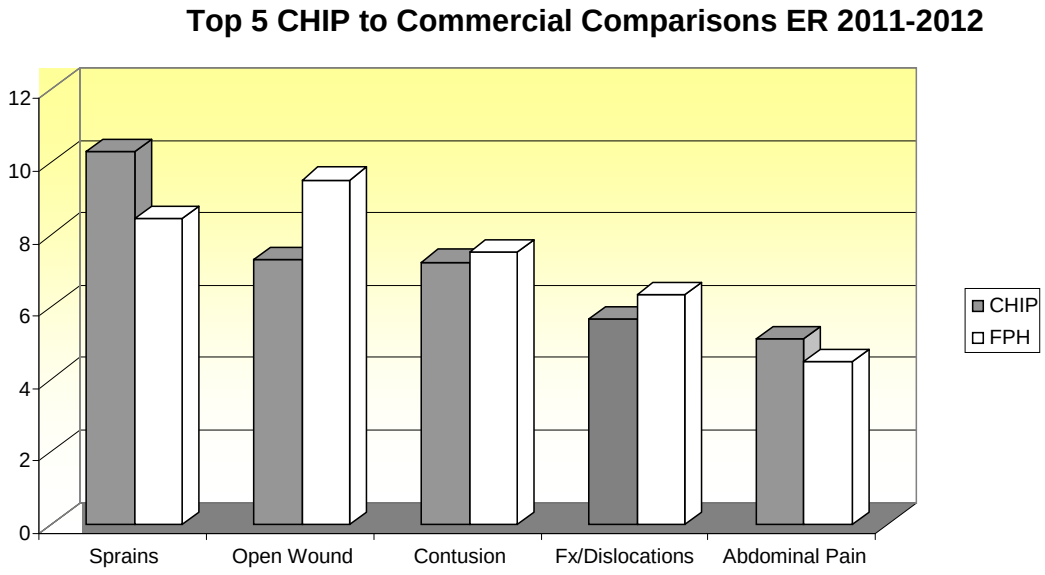


	2007	2008	2009	2010	2011	2012
CHIP ER Utilization Rates: HEDIS	393.58	400.14	421.23	449.23	394.25	380.78
Commercial ER Rates, 0-19: HEDIS	278.65	272.12	283.80	286.65	*260.62	245.48

*The 2011 CHIP Population Analysis reported this figure as 226.82. This number represented the entire commercial FPH population, and not the Pediatric population. The corrected number represents Commercial ER rates for the 0-19 year population, based on visits/1,000 member years.

Annually as a component of the Quality Improvement Program Evaluation, FPH completes an analysis which includes a trending of Emergency Room utilization and a comparison of trends in Emergency Room utilization in the commercial population, ages 0-19 to the CHIP population. In the graph above, the HEDIS rate for use of the emergency room shows the CHIP population to have a higher utilization per member/month than the commercial population. The fact that some CHIP products have no co-pay for ER services may account for some of this disparity. The rate of Emergency Room utilization by the commercial population showed a steady decline since 2010. The CHIP ER utilization has also shown a decline**.** This may be due to increased education with the membership in the area of appropriate ER Utilization, as well as the increase in Emergent Care Centers in the service area.

FIGURE 2: CHIP TO COMMERCIAL ER ENCOUNTER DIAGNOSES COMPARISON
Reporting Period 6/2011 – 5/2012 Based on Frequency %



In the graph above, the trending for ER utilization for both the CHIP and FPH populations are depicted to be relatively the same. A combination of injuries continues to

be the main driver of ER visits in this age population, followed by abdominal pain. Both the CHIP and the FPH population show Acute Pharyngitis, Otitis Media and Behavioral Health/Drug and Alcohol Abuse/Dependence as significant drivers of ER utilization in the top ten diagnoses for ER use.

As was the case in 2011, Asthma is no longer in the top categories for ER utilization. As mentioned previously, outpatient medical management may be improving. This is born out by the high pharmacy utilization for asthma outline later in this report. Also, the Asthma Disease Management program utilized by BCNEPA continues to make strides in the education of its membership in the treatment and control of Asthma.

Table VI: CHIP Top Ten Outpatient Diagnoses, Excluding ER, All Ages, 0-19 Years

Outpatient Utilization					
2012 Rank Order	**2011 Rank Order**	**2012 Frequency/%**	**2011 Frequency**	**2012 Payment**	**% Total Dollars**
1. Routine Child Health Exam	1	20,046/11.62%	20,065	$549,982.23	4.77%
2. Behavioral Health /Drug & Alcohol	2	12,890/7.47%	13,186	$1,012,446.63	8.78%
3. Acute Pharyngitis	4	6,121/3.55%	6,306	$115,055.01	0.99%%
4. Vaccination for Influenza	5	4,503/2.61%	5,017	$54,318.27	0.47%
5. Joint Pain – L/Leg	N/A	2,663/1.54%	N/A	$174,745.82	1.51%
6. Vaccination for single dis - NOS	N/A	2,569/1.49%	N/A	$74,052.82	6.42%
7. Otitis Media NOS	9	2,445/1.42%	3,927	$111,849.69	0.97%
8. Tooth Eruption Disturbance	N/A	2,248/1.30%	N/A	$418,844.24	3.63%
9.Malaise and Fatigue NEC	N/A	2,228/1/29%	N/A	$88,055.55	0.76%
10. Abdominal Pain	8	2,054/1.19%	3,503	$189,865.22	1.65%
Total Top Ten Outpatient		**57,767/33.48%**		**$2,789,214.93**	24.19%
Total Outpatient		**172,505**		**$11,534,659.55**	

Outpatient utilization for this age group shows the following characteristics:

- As in previous years, Routine Child Health Exam ranks as the number one reason for encounters in the outpatient setting.
- Behavioral Health/Drug and Alcohol diagnoses remains at 7.5% total Outpatient Utilization for the second year in a row. It is the second most frequent reason for an outpatient visit and accounts for 8.7% of all claims dollars in this category.

- Upper respiratory infections continue to be key drivers for outpatient visits. Acute Pharyngitis moved up in ranking from last year from 4th to 3rd place, and accounted for 6,121 OP visits. Although this number is 185 less visits than last year, the claims cost rose by close to $7,000.

- Influenza Vaccinations went down in frequency by 514, most likely due to a drop in the CHIP membership, however, the claims cost remained static.

- New this year to the top ten claims were Lower Extremity Joint Pain, Tooth Eruption Disturbance, and Malaise and Fatigue NEC.

- Abdominal Pain dropped from 8th in ranking last year to 10th this year, with a concurrent drop in frequency as well in claims cost. There were 1,449 less OP visits for abdominal pain, and a decrease of $158,907.30 in claims cost.

- There was a significant drop in Outpatient utilization for Asthma (excluding ER encounters) for the CHIP population. There were 1,576 OP encounters, 1,514 less than last year, at a cost of $62,257.98, which was $68,929.87 less claims cost.

- Diabetes diagnoses visits dropped from 701 to 590 for this reporting period. The cost claims however rose from $71,409.27 to $98,371.40.

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Table VII: CHIP Pharmacy Utilization - June 2011-May 2012

Rank (# of prescriptions)				% of Drug Costs			
2012 Medication	Rank Rx Count	2011	2010	2012 Medication	Plan Cost Rank	2011	2010
1. Amoxicillin	1	1	1	1. Singulair	1	1	1
2. Azithromycin	2	2	2	2. Abilify	3	3	3
3. Singulair	3	3	3	3. Concerta	2	2	2
4. Amox-Tr-Potassium Clavulanate	4	5	5	4. Nasonex	4	5	5
5. Multivitamin/Flouride	5	4	4	5. Vyvanase	5	6	9
6. Cefdinir	6	7	8	6. Dextroamphetamine-Amphetamine	6	4	7
7. Ventolin HFA	7	10	16	7. Flovent HFA	7	15	17
8. ProAir HFA	8	8	7	8. Norditropin Nordiflex	8	8	10
9. Nasonex	9	9	9	9. Budesonide	9	10	NR
10. Fluticasone Propionate	10	17	NR	10. Cefdinir	10	14	12
11. Albuterol Sulfate	11	13	11	11.Strattera	11	11	13
12. Sulfamethoxazole-Trimethoprim	12	12	14	12. Advair Diskus	12	7	6
13. Cephalexin	13	11	13	13. Amox-TR-Potassium Clavulanate	13	16	18
14. Concerta (methylphenidate er)	14	15	10	14. Azithromycin	14		
15. Vyvanase	15	16	15	15. Humira	15	18	NR
16. Flovent HFA	16			16. Focalin XR	16	13	NR
17. Hydrocodone-Acetaminophen	17	19	19	17. Lansoprazole	17	20	NR
18.Prednisone	18	NR		18. Ventolin HFA	18	NR	
19. Sodium Fluoride	19	6	6	19. Ortho Tri-cyclen Lo	19	NR	
20. Flouride	20	NR		20. Proair HFA	20	NR	
				Top 20 Drugs by Plan Cost	*$2,064,556.55*		
Total # All Drugs	*64,788*			Total Plan Cost All Drugs	*$4,257,481.77*		

* Report based on top 100 drugs by amount paid and claims count.

Analysis of Pharmacy Utilization for the reporting period 6/2011 – 5/2012 indicates the following:

- Pharmacy utilization by the number of scripts shows that antibiotics are the most frequently prescribed drugs for the CHIP population. A combination of six (6) antibiotics in the top 20 prescribed medications accounted for 21.12% of all pharmacy utilization by count and 5.57% of cost claims.

- Asthma and allergy medication combined to be the second largest driver of Pharmacy utilization, accounting for 14.47% of all scripts written, and 22.4% of cost claims.

- The top three (3) medications prescribed by cost were Singulair, Abilify and Concerta, and accounted for 17.38% of all cost claims and 6.40% of utilization by number of scripts. These medications were in the top 3 for cost in 2011 as well.

- A combination of Behavioral Health medications, namely Abilify, Concerta, Vyvanase, Dextroamphetamine-Amphetamine, Strattera, and Focalin XR, accounted for 14.70% of all claims cost. Only two (2) of these medication were in the top 20, Concerta and Vyvanase, and accounted for 2.37% of utilization by frequency.

- Narcotic pain relievers moved up from 19th place in 2011 to 17th place this year. This is consistent with the high ER utilization for trauma/injury.

- Preventive medications in the form of vitamins and sodium fluoride are consistent with the high number of outpatient visits for well child checkups.

- The Pharmacy utilization table seen above is consistent with the top ten diagnoses, outpatient encounters, emergency room encounters, and inpatient admission encounters in the CHIP population.

Divider Page

Blue Cross Northeastern Pennsylvania Pediatric Population Analysis

2012

Introduction:

Blue Cross of Northeastern Pennsylvania (BCNEPA) is an independent licensee of the Blue Cross Blue Shield Association which has been serving the health care reimbursement needs of the northeastern Pennsylvania service area since 1938. The organization's mission is to provide integrated health care services and products to improve the quality, accessibility and affordability of health care in the populations we serve.

BCNEPA is the parent company of both First Priority Health (FPH), a jointly owned subsidiary with Highmark, Inc. and the First Priority Life Insurance Company (FPLIC), a jointly owned subsidiary with Highmark, Inc. product. FPH offers Health Maintenance Organization (HMO/ HMO Plus), Point of Service ("POS") and the Children's Health Plan ("CHIP"). FPLIC offers Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO) and Traditional Indemnity benefit plans.

In 2012, the QI Program Description transitioned from the FPH QI Program Description to the BCNEPA QI Program Description and addresses not only the activities servicing the HMO/HMO Plus populations covered under the FPH lines of business, but also the PPO/EPO lines of business that are serviced through FPLIC. Consequently, 2012 is the initial year for the review and analysis of the population data for the FPLIC network. This report reflects the data analysis and comparisons where applicable between the products

FPH, FPLIC Pediatric Population Analysis (June 2011 – May 2012)

A. Demographic Profile

Information to profile the demographics of the FPH and FPLIC Membership was derived from internal profiling and age distribution of members aged 0 to 19 years using Med Stat Advantage Suite software.

1. Age Distribution

Analysis of FPH and FPLIC Membership age distribution using Med Stat data as of May, 2012 indicates the following:

Table I: FPH, FPLIC Pediatric Age Distribution

Age	FPH	PPO	EPO
0-2	963 (11.22%)	4,212 (11.55%)	494 (9.94%)
3-5	1,104 (12.87%)	4,581 (12.56%)	561 (11.29%)
6-12	2,945 (34.32%)	12,364 (33.90%)	1,714 (34.49%)
13-19	3,569 (41.59%)	15,316 (41.99%)	2,201 (44.29%)
Total	**8,581**	**36,473**	**4,970**

2. Gender Distribution

Analysis of FPH and FPLIC Membership age distribution using Med Stat data as of May, 2012 indicates the following:

Table II: FPH, PPO, EPO Gender Distribution by Age

Age	FPH		PPO		EPO	
	Male	Female	Male	Female	Male	Female
0-2	482 (11.07%)	481 (11.38%)	2,128 (11.46%)	2,084 (11.64%)	259 (10.13%)	235 (9.74%)
3-5	585 (13.43%)	519 (12.28%)	2,334 (12.57%)	2,247 (12.55%)	307 (12.01%)	254 (10.53%)
6-12	1,480 (33.98%)	1,465 (34.67%)	6,282 (33.83%)	6,082 (33.97%)	884 (34.57%)	830 (34.40%)
13-19	1,809 (41.53%)	1,760 (41.66%)	7,826 (42.14%)	7,490 (41.84%)	1,107 (43.29%)	1,094 (45.34%)
Totals	**4,356 (50.76%)**	**4225 (49.24%)**	**18,579(50.91%)**	**17,903(49.09%)**	**2,557 (51.45%)**	**2,413 (48.55%)**

Analysis:

The majority of the pediatric members for all product lines are found within the 13-19 age range, followed by the 6-12 age groups. Infants aged 0-2 years represent the smallest age category. This is consistent with findings in the CHIP population as well. Gender distribution across all product lines are very close to 50/50, with a small number of males in the majority. This parallels the CHIP results.

B. FPH & FPLIC Health Services Utilization

All tables include data for claims incurred from June 2011 to May 2012 paid through August, 2012. Pharmacy Utilization Reports are based on the top 100 drugs by amount paid and claims count.

Table III: FPH Top Ten Inpatient Diagnoses, All Ages 0-19 years

Inpatient Diagnoses	Frequency/%	Net Payment	% of Total Dollars
2012 Ranking			
1. Psychoses	22 (10.43%)	$109,049.21	2.84%
2. Alcohol and Drug Abuse DRGs	19 (8.92%)	$99,520.07	2.59%
3. Vaginal Delivery w/o complicating Dx	10 (4.69%)	$56,542.24	1.47%
4. Bronchitis & Asthma w/o CC/MCC	9 (4.23%)	$33,627.12	0.88%
5. Nutritional & Misc Metabolic Disorders wo MCC	9 (4.23%)	$37,228.21	0.97%
6. Simple Pneumonia & Pleurisy wo CC/MCC	7 (3.29%)	$26,655.04	0.69%
7. Cellulitis wo MCC	7 (3.29%)	$35,449.98	0.92%
8. Simple Pneumonia & Pleurisy w CC	6 (2.82%)	$29,153.70	0.76%
9. Appendectomy wo Complic Prin Dx wo CC/MCC	6 (2.82%)	$52,650.94	1.37%
10.Nutritional & Misc Metabolic Disorders w MCC	6 (2.82%)	$114,647.41	2.98%
Total Top Ten Inpatient Diagnoses	**101 (47.41%)**	**$594,523.92**	**15.48%**
Total Inpatient overall	**213**	**$3,841,335.18**	

Table IV: FPLIC PPO Top Ten Inpatient Diagnoses, All Ages 0-19 years

Inpatient DRG	Frequency/%	Net Payment	% of Total Dollars
2012 Ranking			
1. Psychoses	96 (11.79%)	$776,484.32	8.15%
2. Alcohol and Drug Abuse DRGs	67 (8.23%)	$361,034.03	3.79%
3. Vaginal Delivery w/o Complicating DX	34 (4.17%)	$144,394.03	1.52%
4. Depressive Neuroses	29 (3.56%)	$152,181.65	1.60%
5. Simple Pneumonia & Pleurisy w/o CC/MCC	28 (3.43%)	$155,554.36	1.63%
6. Bronchitis & Asthma w/o CC/MCC	25 (3.07%)	$104,349.26	1.10%
7. Bronchitis & Asthma w CC/MCC	21 (2.58%)	$141,859.38	1.49%
8. Appendectomy w/o Complic Prin Dx w/o CC/MCC	21 (2.58%)	$188,246.49	1.98%
9. Nutritional & Misc Metabolic Disorders w/o MCC	21 (2.58%)	$95,736.10	1.00%
10. Disorders of Personality & Impulse Control	21 (2.58%)	$308,772.71	3.24%
Total Top Ten	**363 (44.59%)**	**$2,428,612.33**	25.4%
Total Inpatient overall	**814**	**$9,527,690.42**	

Table V: FPLIC EPO Top Ten Inpatient Diagnoses, All Ages 0-19 years

Inpatient DRG	Frequency/%	Net Payment	% of Total Dollars
2012 Ranking			
1. Alcohol and Drug Abuse DRGs	16 (12.21%)	$99,776.19	5.25%
2. Psychoses	14 (10.69%	$114,135.52	6.00%
3. Bronchitis & Asthma w/o CC/MCC	6 (4.58%)	$25,412.46	1.34%
4. Simple Pneumonia & Pleurisy w/o CC/MCC	5 (3.82%)	$20,412.46	1.07%
5. Esoph Gastroent & Misc Digest Disorders w/o CC/MCC	5 (3.82%)	$21,374.26	1.12%
6. Nutritional & Misc Metabolic Disorders w/o MCC	4 (3.05%	$13,523.08	0.71%
7. Depressive Neuroses	4 (3.05%)	$15,971	0.84%
8. Seizures w/o MCC	3 (2.29%	$17,251.32	0.91%
9. Appendectomy w/o Complic Prin Dx w/o CC/MCC	3 (2.29%)	$22,602.67	1.19%
10. Cellulitis w/o MCC	3 (2.29%)	$20,204.54	1.06%
Total Top Ten	**63 (48.09%)**	**$370,829.30**	**19.51%**
Total Inpatient overall	**131**	**$1,901,020.94**	

The top inpatient DRGs demonstrate the following characteristics:

- Mental/Behavioral health conditions, especially Psychoses, Depressive Neuroses, and Disorders of Personality and Impulse Control, as well as alcohol and drug abuse/dependence are top drivers for inpatient utilization in the FPH, PPO, and EPO Pediatric Populations.

- Psychoses was the top reason for inpatient admissions in the FPH and PPO pediatric population in 2012. Alcohol and Drug Abuse diagnoses were the top reason for inpatient admissions in the EPO pediatric population. Combining these top two (2) inpatient DRGs, in the FPH data, this accounted for 19.24% of all admissions with a 5.4% claims cost. In the PPO data, 20.03% of admissions could be attributed to these top two DRGs with a claims cost of 11.94% of all inpatient admissions. The EPO had similar findings with 22.9% of admissions in these categories with a claims cost of 11.25%. The high utilization of inpatient services for behavioral health issues in the BCNEPA pediatric population parallels a national trend. A 10 year study based on the National Hospital Discharge Survey* showed a significant increase in hospital admissions for mental health episodes in older teens (↑ 42%) and younger children aged 5 – 13 years (↑ 80%), while remaining steady for the adult population.

- Vaginal Deliveries without complicating diagnoses, the number 3 inpatient diagnosis by frequency in the FPH population (4.69%) and the PPO population (4.18%) was not a top ten diagnosis in the EPO group.

- Respiratory disorders (Bronchitis, Asthma, Pneumonia and Pleurisy) were main drivers of inpatient admissions in all 3 groups. These admissions account for 10.93% of FPH admissions, 9.09% of PPO admissions, and 8.41% of EPO admissions.

- Nutritional and Miscellaneous Metabolic Disorders with and without complications was in the top ten admission diagnoses for all three (3) groups, highest utilization being in the FPH population at 7.04%, with a claims cost of 3.94%.

- Appendectomy without complications was also a top ten driver of inpatient admissions in all groups.

- The top ten inpatient diagnoses for FPH accounted for 47.4% of all admissions by frequency, but only accounted for 15.47% of claims cost. There were several instances of high claims cost for a small number of cases that were not in the top ten. A combination of six (6) Cardiovascular Procedures with complications accounted for 19.53% of all cost claims at $750,404.01. There were also two (2) complex respiratory cases with Tracheotomy and ECMO (extra corporeal membranous oxygenation) that accounted for 15.25% of all claims cost at $585,876.09.

- The top ten inpatient diagnoses for the PPO pediatric population accounted for 44.5% of all admissions by frequency and 25.5% of all claims cost.

- In the EPO population, the top ten admissions accounted for 48.09% of all admissions by frequency, and only 19.5% of all claims costs. One notable case, not in the top ten, a liver transplant diagnosis, accounted for 29% of all claims cost at $549,597.30.

Figure I: Top Inpatient Diagnoses Utilization Comparison

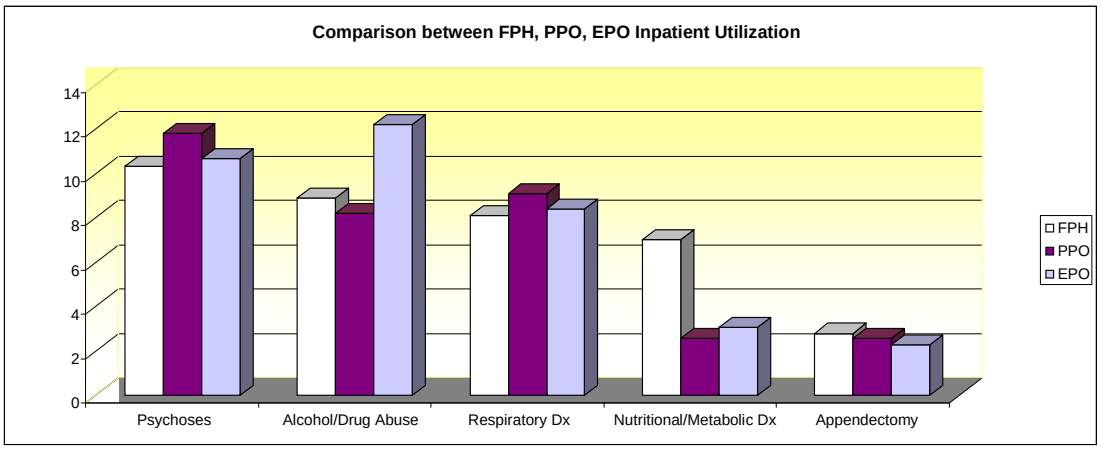

Figure I shows a comparison by product line of 5 top ten inpatient diagnoses that are common among the groups. Similar utilization is present across the board, except for a spike in the FPH population for Nutritional and Metabolic disorders.

Table VI: FPH Top Ten Emergency Room Encounters Ages 0-19 years

ER Diagnoses	Frequency/%	Net Payment	% of Total Dollars
2012 Ranking			
1. Open Wound	206 (9.51%)	$87,270.33	8.15%
2. Sprains	183 (8.44%)	$70,342.65	6.57%
3. Contusion	163 (7.52%)	$68,847.23	6.43%
4. Fractures/Dislocations	137 (6.32%)	$72,501.42	6.77%
5. Abdominal Pain	97 (4.48%)	$65,747.63	6.14%
6. Injury	87 (4.01%)	$42,159.83	3.94%
7. Otitis Media	68 (3.14%)	$17,201.36	1.61%
8. Behavioral Health/Drug & Alcohol	58 (2.68%)	$34,821.60	3.25%
9. Acute Pharyngitis	47 (2.17%)	$8,399.92	0.78%
10. Fever NOS	47 (2.17%)	$22,567.42	2.11%
Total Top Ten ER Encounters	**1,093 (50.44%)**	**$489,859.39**	**45.75%**
Total ER Encounters overall	**2,167**	**$1,070,713.86**	

Table VII: PPO Top 10 Emergency Room Encounters Ages 0-19 years

ER Diagnoses	Frequency/%	Net Payment	% of Total Dollars
2012 Ranking			
1. Open Wound	759 (0.09%)	$291,086.96	6.61%
2. Sprains	712 (8.53%)	$278,534.92	6.33%
3. Fractures/Dislocations	589 (7.06%	$366,278.48	8.32%
4. Contusion	578 (6.92%)	$247,571.81	5.63%
5. Abdominal Pain	398 (4.77%)	$470,561.60	10.69%
6. Injury	335 (4.01%)	$178,959.36	4.07%
7. Otitis Media	301 (3.61%)	$45,672.72	1.04%
8. Acute Pharyngitis	214 (2.56%)	$45,822.82	1.04%
9. Fever NOS	191 (2.29%)	$77,945.41	1.77%
10. Behavioral Health/Drug & Alcohol	186 (2.23%)	$109,437.09	2.49%
Total Top Ten ER Encounters	**4,263 (51.07%)**	**$2,111,871.17**	**47.98%**
Total ER Encounters overall	**8,347**	**$4,401,262.24**	

Table VIII: EPO Top Ten Emergency Room Encounters, Ages 0-19 Years

Emergency Room 2012 Ranking	Frequency/%	Net Payment	% of Total Dollars
1. Sprains (All)	115 (10.92%)	$39,556.03	7.89%
2. Fractures/Dislocations	82 (7.79%)	$46,274.04	9.22%
3. Open Wound	80 (7.60%)	$25,368.64	5.06%
4. Contusion	67 (6.36%)	$29,123.99	5.21%
5. Injury	55 (5.22%)	$25,898.49	5.16%
6. Abdominal Pain	49 (4.65%)	$50,245.51	10.02%
7. Otitis Media	28 (2.66%)	$5,923.99	1.18%
8. Behavioral Health/Drug & Alcohol	27 (2.56%)	$17,716.93	3.53%
9. Acute Pharyngitis	27 (2.56%)	$5,501.41	1.10%
10.Fever NOS	21 (1.99%)	$6,261.85	1.25%
Total Top Ten ER	**551 (52.33%)**	**$251,870.88**	**50.21%**
Total Visits to ER/$	**1,053**	**$501,626.17**	

The top ten Emergency Room encounters in the Pediatric Population for FPH, FPLIC PPO and EPO demonstrated the following:

- Injuries were the main driver in ER utilization across all product lines in the Pediatric population. Sprains, Open Wounds, Contusions, Fractures/Dislocations, and other Injuries combined accounted for 35.8% of all ER encounters in the FPH group, 35.61% in the PPO group, and 37.89% in the EPO group. For FPH, PPO and EPO these top ten injury categories accounted for approximately a 3rd of total claims cost. Abdominal pain was also in the top ten ER encounters for all product lines, and accounted for 6.14% of FPH claims cost and over 10% for PPO and EPO claims cost.

- Otitis Media and Acute Pharyngitis, as well as Fever NOS were in the top ten ER encounters for all Product lines.

- Behavioral Health/Drug and Alcohol Diagnoses also were main drivers of ER Utilization in the Pediatric Population of all product lines.

- The top ten ER DRGs in the Commercial products for BCNEPA closely mirrored CHIP utilization.

Figure II: FPH, PPO, EPO Pediatric Top ER Encounter Utilization Comparison

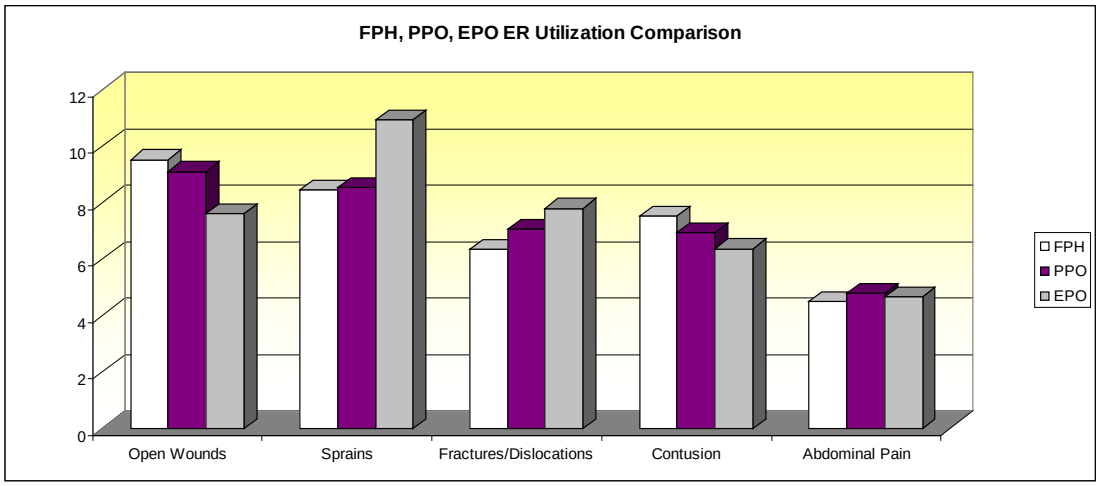

Figure II demonstrates the similarity in ER Utilization between the FPH, PPO and EPO Pediatric Population.

Table IX: FPH Top Ten Outpatient Diagnoses excluding ER Ages 0-19 years

Outpatient Diagnoses ex ER	Frequency/%	Net Payment	% Total Dollars
2012 Ranking			
1. Behavioral Health/Drug & Alcohol	40,182 (25.08%)	$1,108,200.27	13.27%
2. Routine Child Health Exam	22,391 (13.98%)	$641,433.99	7.68%
3.Vaccination for Influenza	4,438 (2.77%)	$53,756.23	0.64%
4. Acute Pharyngitis	3,649 (2.28%)	$55,781.75	0.67%
5. Otitis Media NOS	2,828 (1.77%)	$153,042.56	1.83%
6. Joint Pain-L/Leg	1,563 (0.98%)	$102,147.59	1.22%
7. Vaccin for Single Dis NOS	1,540 (0.96%)	$48,867.22	0.59%
8. Acute Sinusitis NOS	1,400 (0.87%)	$17,169.86	0.21%
9. Rhinitis Due to Pollen	1,335 (0.83%)	$36,358.80	0.44%
10.Vaccination for Dtp-Dtap	1,290 (0.81%)	$27,205.73	0.29%
Total Top Ten Outpatient ex ER	**80,616 (50.32%)**	**$2,243,964.00**	**26.9%**
Total Outpatient ex ER overall	**160,199**	**$8,352,609.40**	

Table X: PPO Top Ten Outpatient Diagnoses excluding ER Ages 0-19 Year

OP Diagnoses ex ER	Frequency/%	Net Payment	% of Total Dollars
2012 Ranking			
1. Routine Child Health Exam	89,203 (17.93%)	$4,903,879.94	15.04%
2. Behavioral Health/Drug & Alcohol	42,831 (8.61%)	$2,213,290.07	6.7%
3.Vaccination for Influenza	15,855 (3.19%)	$263,082.61	0.81%
4. Acute Pharyngitis	15,652 (3.15%)	$433,706.92	1.33%
5. Otitis Media NOS	8,550 (17.20%)	$517,489.02	1.59%
6. Acute URI NOS	5,756 (1.16%)	$290,254.71	0.89%
7. Acute Sinusitis NOS	5,490 (1.10%)	$304,525.17	0.93%
8. Vaccine-Dis Combinations NEC	5,048 (1.01%)	$152,466.90	0.47%
9. Vaccination for Dtp-Dtap	5,009 (1.01%)	$126,565.22	0.39%
10.Malaise & Fatigue NEC	4,369 (0.88%)	$117,909.44	0.36%
Total Top Ten OP Diagnoses ex ER	**197,763**	**$9,323,170.00**	**28.59%**
Total OP Diagnoses except ER overall	**497,388**	**$32,606,147.48**	

Table XI: EPO Top Ten Outpatient Diagnoses excluding ER, Ages, 0-19 Years

Outpatient Utilization	Frequency/%	Net Payment	% of Total Dollars
2012 Ranking			
1. Routine Child Health Exam	11,017 (17.45%)	$653,021.27	18.41%
2. Behavioral Health /Drug & Alcohol	6,033 (9.56%)	$255,670.00	4.24%
3. Vaccination for Influenza	1,976 (0.12%)	$32,246.96	0.91%
4. Acute Pharyngitis	1,876 (2.97%)	$47,966.35	1.35%
5. Vaccination for single dis - NOS	1,037 (1.64%)	$37,653.23	1.06%
6. Otitis Media NOS	983 (1.56%)	$61,251.18	1.73%
7. Acute Sinusitis	777 (1.23%)	$42,584.27	1.2%
8. Malaise and Fatigue NEC	713 (1.13%)	$12,894.74	0.36%
9. Acute URI NOS	708 (1.12%)	$33,659.74	0.95%
10. Vaccination for Dtp-Dtap	646 (1.02%)	$17,125.89	0.48%
Total Top Ten OP ex ER	**25,766 (40.81%)**	**$1,194,073.63**	**33.66%**
Total Outpatient ex ER overall	**63,129**	**$3,547,394.41**	

The top ten Outpatient Diagnoses excluding emergency room encounters in the Pediatric population for FPH, FPLIC PPO and EPO demonstrated the following:

- Routine Child Health Exams are the number one reason for outpatient visits for the PPO (17.93%) and EPO (17.45%) groups. In the FPH pediatric population, Behavioral Health/Drug and Alcohol diagnoses were the top reason for outpatient visits at 25.08% for all visits, with Routine Child Health Exam in second place at 13.98%.

- Behavioral Health/Drug and Alcohol diagnoses were the 2nd most frequent reason for outpatient encounters in the PPO and EPO groups at 8.61% and 9.56% respectively. The prevalence of Behavioral Health/Drug and Alcohol issues aligns closely with the inpatient psychiatric admission trends cited previously.

- The third most common reason for outpatient visits to providers was for the influenza vaccine across all product lines, and accounted for approximately 3% of all encounters by frequency. Other forms of vaccinations also were in the top ten outpatient encounters.

- A combination of infectious disease processes/allergy were also key drivers in outpatient encounters, including Acute Pharyngitis, Otitis Media; Acute Sinusitis, and Acute Upper Respiratory Infection, and Rhinitis due to Pollen.

- Joint/Leg pain was in the top ten outpatient encounters for FPH only, and Malaise and Fatigue (not otherwise coded) were in the top ten for both PPO and EPO.

- The top ten outpatient encounters in the FPH pediatric population accounted for 50.32% of all visits with a claims cost of 26.87%. In the PPO group, the top ten accounted for 39.76% of all visits, with a claims cost of 28.6%, and in the EPO group the top ten accounted for 40.81% with a claims cost of 33.7%.

- The data for top outpatient encounters in the commercial lines were consistent with the CHIP population as well.

Figure III: FPH, PPO, EPO Outpatient Utilization Comparison

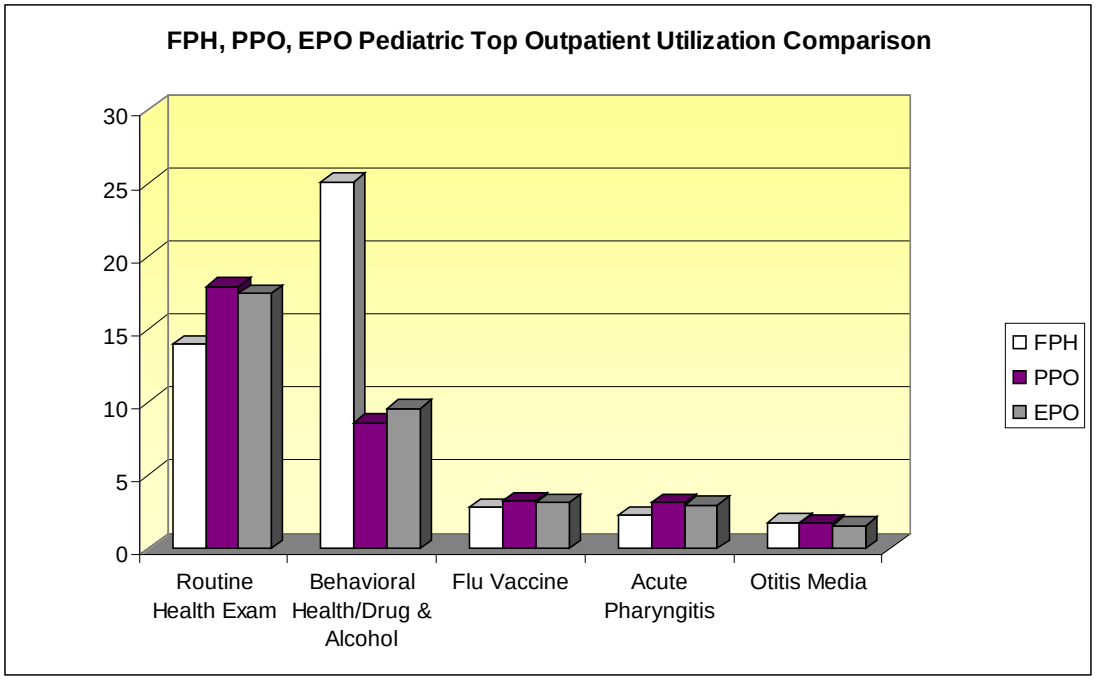

Figure III shows a comparison between FPH, PPO and EPO outpatient utilization rates. Except for the FPH utilization in the area of Behavioral Health/Drug and Alcohol diagnoses, the top reasons for outpatient visits are relatively the same. Routine Health exams and Behavioral Health/Drug and Alcohol issues are the main drivers for Outpatient Utilization.

Table XII: FPH HMO – Ages 0 to 18 Years Pharmacy Utilization June 1, 2011 – May 31, 2012

Rank (# of prescriptions)			Rank by Drug Costs		
2012 Medications	**Rx Count**	**Rank by #**	**2012 Medications**	**Rx Count**	**Rank by cost**
Amoxicillin	7,056	**1**	Singulair	3,793	**1**
Azithromycin	5,165	**2**	Abilify	526	**2**
Singulair	3,793	**3**	Methylphenidate ER	1,317	**3**
Amox Tr-Potassium Clavulanate	2,888	**4**	Nasonex	1,491	**4**
Multivitamins/Flouride	2,568	**5**	Vyvanase	1,172	**5**
Cefdinir	2,192	**6**	Budesonide	569	**6**
Ventolin HFA	1,807	**7**	Dextroamphetamine-Amphetamine	875	**7**
Albuterol Sulfate	1,492	**8**	Flovent HFA	922	**8**
Nasonex	1,491	**9**	Norditropin Flexpro	31	**9**
Sulfamethoxazole-Trimethoprim	1,324	**10**	Cefdinir	2,192	**10**
Methylphenidate ER	1,317	**11**	Strattera	519	**11**
Fluticasone Propionate	1,242	**12**	Amox Tr-Potassium Clavulanate	2,888	**12**
Cephalexin	1,229	**13**	Advair Diskus	436	**13**
Proair HFA	1,210	**14**	Focalin XR	575	**14**
Vyvanase	1,172	**15**	Azithromycin	5,165	**15**
Flouride	1,159	**16**	Humira	39	**16**
Sodium Flouride	1,133	**17**	Humalog	239	**17**
Prednisone	989	**18**	Epiduo	337	**18**
Prednisolone Sodium Phosphate	960	**19**	Lansoprazole	598	**19**
Flovent HFA	922	**20**	Ventolin HFA	1,807	**20**
Total Top 20 Drugs by Rx Count	***41,109***		**Top 20 Drugs by Plan Cost**		***$1,813,256***
Total # All Drugs	***92,084***		**Total Plan Cost All Drugs**		***$5,794,161***

Top 20 Pharmacy Utilization by Cost and Frequency for FPH HMO demonstrated these key points:

- Medications for the treatment of Asthma had the highest utilization in cost at 17.13% and accounted for a frequency of 10.01% in the top 20 medications prescribed.
- Medications for the treatment of ADHD/Behavioral Health Disorders accounted for 16.73 % of all cost utilization, but only accounted for 6.63% by frequency of pharmacy claims.
- The treatment of infections accounted for 3.8% % of total pharmacy utilization costs, but was the number one utilization by frequency at 20.55%.

Table XIII: FPLIC PPO – Ages 0 to 18 Years Pharmacy Utilization June 1, 2011 – May 31, 2012

Rank (# of prescriptions)			Rank by Drug Costs		
2012 Medications	**Rx Count**	**Rank by #**	**2012 Medications**	**Rx Count**	**Rank by cost**
Amoxicillan	9141	**1**	Singulair	3222	**1**
Azithromycin	6495	**2**	Norditropin Flexpro	125	**2**
Amox Tr-Potassium Clavulanate	4145	**3**	Abilify	668	**3**
Multivitamins/Flouride	3616	**4**	Methylphenidate ER	1629	**4**
Cefdinir	3495	**5**	Budesonide	804	**5**
Singulair	3222	**6**	Kuvan	13	**6**
Flouride	1988	**7**	Nasonex	1538	**7**
Ventolin HFA	1942	**8**	Cefdinir	3495	**8**
Sodium Flouride	1826	**9**	Vyvanase	1094	**9**
Albuterol Sulfate	1777	**10**	Dextroamphetamine-Amphetamine	840	**10**
Sulfamethoxazole-Trimethoprim	1765	**11**	Focalin XR	747	**11**
Methylphenidate ER	1629	**12**	Straterra	665	**12**
Nasonex	1538	**13**	Pulmozyne	51	**13**
Cephalexin	1520	**14**	Flovent HFA	944	**14**
Prednisolone Sodium Phosphate	1384	**15**	Amox Tr-Potassium Clavulanate	4145	**15**
Fluticasone Propionate	1309	**16**	Xopenex	393	**16**
Prednisone	1114	**17**	Epiduo	447	**17**
Vyvanase	1094	**18**	Amnesteem	120	**18**
Flovent HFA	944	**19**	Claravis	116	**19**
Minocycline HCL	909	**20**	Enbrel	52	**20**
Total Top 20 Drugs by Rx Count	**50,853**		**Top 20 Drugs by Plan Cost**		**$3,426,434.95**
Total # All Drugs	**110,157**		**Total Plan Cost All Drugs**		**$7,074,507.88**

Top 20 Pharmacy Utilization by Cost and Frequency for FPLIC PPO demonstrated these key points:

- Medications for the treatment of ADHD/Behavioral Health disorders accounted for 15.19% of all cost claims for pharmacy utilization, while the frequency rate among the top 20 prescribed behavioral drugs was 2.48%.

- Medications for the treatment of Asthma/Respiratory Conditions were also top drivers of pharmacy utilization for cost claims at 14.36%. Asthma medications accounted for 7.15% of top 20 medications by frequency.

- Medication for the treatment of growth deficiency (Norditropin Flexpro) accounted for 6.53% of all cost claims, but this represented only 0.11% of utilization by frequency.

- Antibiotics, while only accounting for 5.31% of total cost claims, were the number one driver of pharmacy utilization by frequency at 24.98%.

- Acne medications were also key drivers in cost claims at 3.7%.

Table XIV: FPLIC EPO – Ages 0 to 18 Years Pharmacy Utilization June 1, 2011 – May 31, 2012

Rank (# of prescriptions)			Rank by Drug Costs		
2012 Medications	**Rx Count**	**Rank by #**	**2012 Medications**	**Rx Count**	**Rank by cost**
Amoxicillan	325	**1**	Increlex	10	**1**
Azithromycin	243	**2**	Singulair	111	**2**
Multivitamins/Flouride	174	**3**	Valcyte	9	**3**
Amox Tr-Potassium Clavulanate	119	**4**	Cell Cept	14	**4**
Singulair	111	**5**	Claravis	12	**5**
Ventolin HFA	94	**6**	Methylphenidate ER	65	**6**
Cefdinir	92	**7**	Abilify	24	**7**
Flouride	80	**8**	Concerta	32	**8**
Albuterol Sulfate	74	**9**	Gengraf	12	**9**
Methylphenidate ER	65	**10**	Budesonide	17	**10**
Sodium Flouride	61	**11**	Rapamune	4	**11**
Sulfamethoxazole-Trimethoprim	56	**12**	Humalog	19	**12**
Cephalexin	54	**13**	Focalin XR	31	**13**
Prednisolone Sodium Phosphate	53	**14**	Strattera	21	**14**
MCV-Flouride	52	**15**	Novolog	9	**15**
Vyvanase	51	**16**	Cefdinir	92	**16**
Risperidone	48	**17**	Geodon	11	**17**
Prednisone	44	**18**	Flovent HFA	33	**18**
Tri-Vitamin with Flouride	41	**19**	Amox Tr-Potassium Clavulanate	119	**19**
Ortho Tri-Cyclen Lo	40	**20**	Dextroamphetamine-Amphetamine	23	**20**
Total Top 20 Drugs by Rx Count	**1,877**		**Top 20 Drugs by Plan Cost**		**$157,441.09**
Total # All Drugs	**4,131**		**Total Plan Cost All Drugs**		**$ 239,305.03**

Top 20 Pharmacy Utilization by Cost and Frequency for FPLIC EPO demonstrated these key points:

- A Medication for the treatment of growth deficiency (Increlex) was the top driver for pharmacy utilization cost claims at 16.84% of all cost claims, but only accounted for 0.24% of utilization by frequency.
- Medications for ADHD/Behavioral Health Disorders accounted for 15.31% of all cost claims and 3.97% by frequency.
- A combination of medications for the treatment of rejection post transplant accounted for a total of 8.68% of all cost claims, with a frequency of only 0.73%.
- Medications for the treatment of viral and bacterial infections showed a cost claim of 8.55% and accounted for 16.42% of pharmacy utilization by frequency.
- Vitamins with fluoride represented 9.88% of pharmacy utilization by frequency, but only accounted for 0.84% of cost claims.

Figure IV: Comparative Analysis between FPH, PPO, and EPO Pharmacy Utilization by Cost

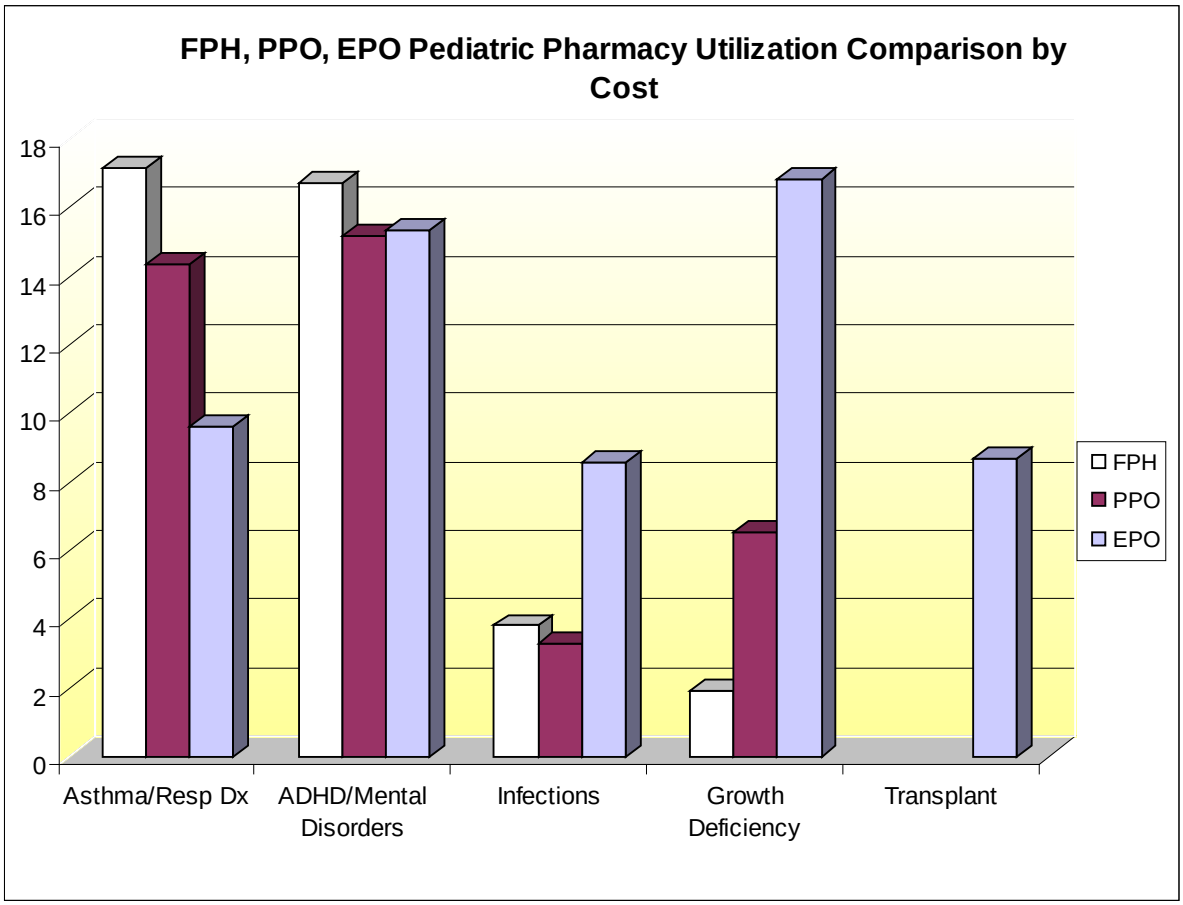

Figure IV shows a comparison between the FPH HMO, FPLIC PPO and EPO products for the top pharmacy utilization cost claims. Medications for the treatment of Asthma/Respiratory Disorders, ADHD/Behavioral Health Disorders and Infections are top drivers for pharmacy utilization costs across all product lines. These categories of medications are also reflected in the top 20 by frequency. Growth deficiency medications are also a key driver across all product lines, but are not reflected in the top 20 utilization by frequency. The FPLIC EPO population was the only group with transplant medication in the top 20 cost claims. This may be due to the small EPO population where one large claim (a liver transplant) may have skewed these results.

Figure V: Comparative Analysis between FPH, PPO, and EPO Pharmacy Utilization by Frequency

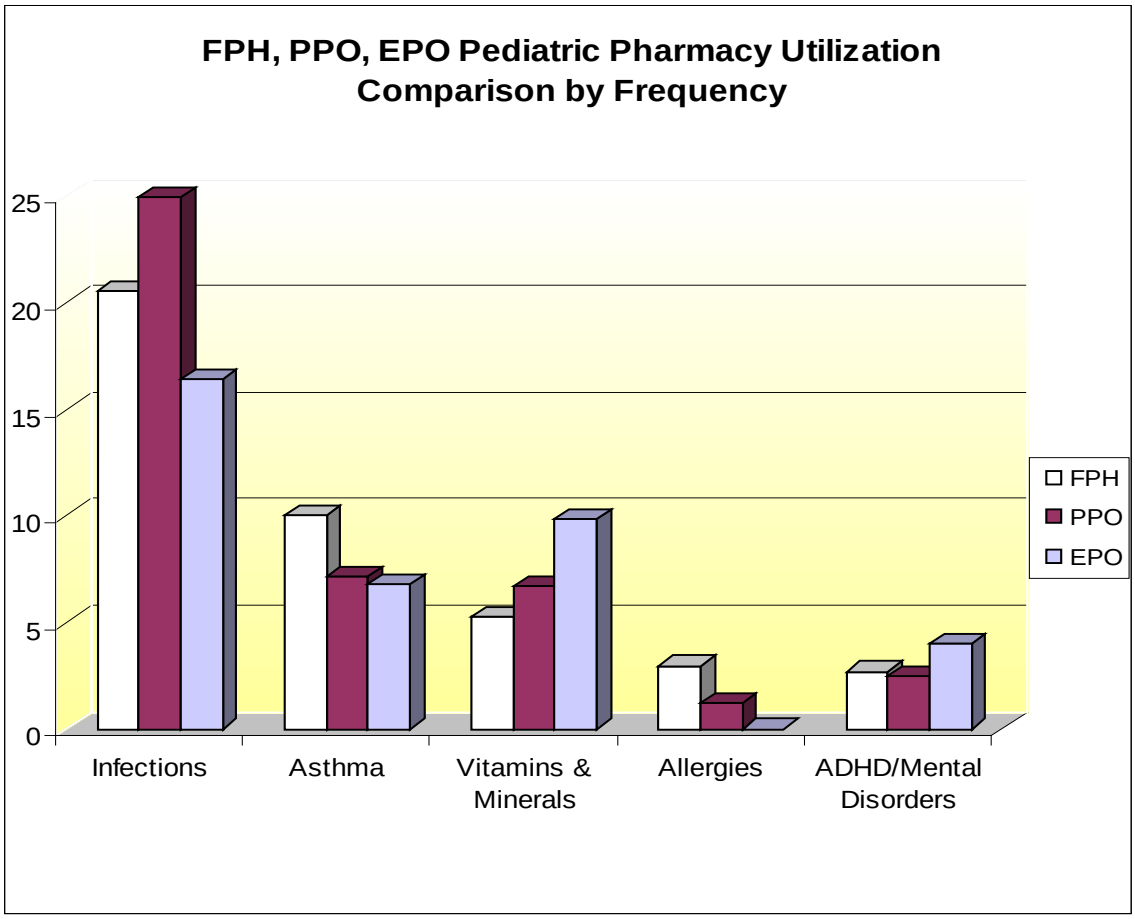

Figure V shows a comparison of FPH HMO, FPLIC PPO and EPO top pharmacy utilization by frequency of claims. The treatment of Infections, Asthma and ADHD/Mental Disorders are in the top 5 of all utilization claims across all product lines for frequency of claims. Vitamins and Minerals (namely fluoride) utilizations closely mirrors the top reasons for outpatient visits to the PCP. Allergy treatment is also utilized routinely, especially in the FPH and PPO populations.

Analysis of Pharmacy Utilization for the reporting period 6/2011 – 5/2012 indicates the following:

- Pharmacy utilization by the number of scripts shows that antibiotics are the most frequently prescribed drugs for the pediatric population across all commercial product lines. This correlates positively with the CHIP data for the same time period. A combination of antibiotics and anti viral medications range from 16.42% in the EPO group and 20.55% in the FPH group to 24.98% in the PPO group for utilization frequency.

- Asthma medication combined to be the second largest driver of Pharmacy utilization, ranging from 6.76% in the EPO population and 7.15% in the PPO population to 10.01% in the FPH population for all scripts written.

- Singulair for asthma treatment was the top cost medication in the FPH and PPO population, while Increlex for growth deficiency was the top cost drug for the EPO group.

- Medications for the treatment of ADHD and Behavioral Health disorders were consistent across all commercial lines for frequency and cost claims. This was also the case with the CHIP population.

- Preventive medications in the form of vitamins and sodium fluoride are consistent with the high number of outpatient visits for well child checkups.

- The Pharmacy utilization tables seen above are consistent with the top ten diagnoses, outpatient encounters, emergency room encounters, and inpatient admission encounters in the pediatric commercial population.

This population analysis will serve as a first year baseline for the FPH, PPO and EPO commercial product lines. BCNEPA will continue to evaluate data on an annual basis to monitor utilization trends and develop Quality Improvement applications to address opportunities as appropriate.

* Blader, Joseph C., Acute Inpatient Care for Psychiatric Disorders in the United States, 1996 Through 2007; *Arch Gen Psychiatry/Vol 68 (NO. 12) pp 1276 – 1283,* Dec, 2011

Divider Page

Population Analysis
First Priority Health
2011

First Priority Health Population Analysis (June 2010 - May 2011)

A. Demographic Profile

Information to profile the demographics of the First Priority Health Membership, which includes BlueCare HMO and HMO Plus (FPH), was derived from an analysis of Pennsylvania Department of Health Profiles (2008) - State Center for Health Statistics and Research; US Census DP1 Profile of General Demographic Characteristics (2000) - NCQA CAHPS 4.0H 2011 and internal profiling of age and sex distribution of First Priority Health Members using Med Stat Advantage Suite software.

Table I: Provides a comparison of gender distribution among Pennsylvania, the thirteen (13) county service areas of First Priority Health and active First Priority Health Membership.

Table I: 2011 Gender Distribution

	Female	Male	Data Source
Pennsylvania	52%	48%	Census (2010)
Service Area	51%	49%	Census (2010)
FPH Membership	52%	48%	Med Stat Data
37,791	18,138	19,653	

1. Age Distribution

Comparison of age distribution among the several data sources cannot be completed due to the variations in the age bands. However, analysis of First Priority Health Membership age distribution using Med Stat data obtained from Membership files indicates the following:

Table II: 2011 Age Distribution

Age	Frequency*				
	2011	2010	2009	2008	2007
0 - 5	6.48%	6.12%	5.97%	6.08%	6.32%
6 - 10	6.19%	5.88%	6.05%	6.10%	6.37%
11 - 24	20.68%	18.03%	18.71%	19.08%	19.40%
25 - 29	5.18%	5.61%	5.78%	5.77%	5.78%
30 - 39	13.54%	14.99%	14.92%	15.43%	15.76%
40 - 49	18.76%	20.38%	20.65%	20.92%	21.07%
50 - 59	19.88%	20.21%	19.71%	18.74%	18.01%
60 - 69	8.72%	8.31%	7.72%	7.40%	6.83%
70 – 79	0.53%	0.46%	0.47%	0.45%	0.41%
80 +	0.03%	0.03%	0.03%	0.04%	0.04%

**MED STAT Data* (Excludes CHIP; Includes Adult Basic)

2. Ethnic Background

Frequency of ethnic origins as noted in the census data for the thirteen (13) county First Priority Health service area indicates the following ranking of ethnic backgrounds:

Table III: Ethnic Origin * **Rank Order**

	2011
1. German	25.4%
2. Irish	16.1%
3. Italian	11.6%
4. English	7.9%
5. Polish	6.7%
6. USA	5.2%

2011 CAHPS 4.0 Adult Survey

3. Racial Distribution

The racial distribution within Pennsylvania, the FPH thirteen (13) county service area and as reported by the FPH Membership indicates the following:

Table IV: Racial Distribution – 2011

	White	**Black**	**Asian**	**Other**	**Data Source**
Pennsylvania	81.9%	10.8%	2.7%	2.4%	Census 2010
Service Area	94.6%	3.72%	0.83%	--	Census 2010
FPH Membership	88.94%	4.26%	4.51%	3.02%	NCQA 2011 CAHPS 4.0H (Adult)

County specific ethnicity information not available for service area in annual DOH vital statistics reports.

* 2011 CAHPS Response rates >100%, (More responses than respondents, some checked >1 response)

Table V: 2009-2011 Hispanic or Latino Origin

	2011	**2010**	**2009**	**Source**
Pennsylvania	5.7%	3.20%	3.20%	Census 2010
Service Area	3.8%	1.89%	1.89%	Census 2010
FPH Membership	3.92%	0.87%	0.92%	NCQA 2009-2011 CAHPS (Adult)

4. Education

Level of education as reported by respondents to the 2008-2011 CAHPS Survey indicates the following:

Table VI: Education Level

Education Attained	**Percentage %**			
	2011	**2010**	**2009**	**2008**
Less than 8th Grade	0.00%	0.28%	0.30%	0.41%
Some High School	3.00%	3.13%	3.57%	4.15%
High School Graduate / GED	38.17%	35.61%	41.82%	41.36%
Some College or 2 year degree	30.50%	32.48%	30.26%	28.22%
4 year College Graduate	15.17%	17.66%	13.39%	16.32%
More than 4 year college degree	13.17%	10.83%	10.71%	9.54%
Total	**100%**	**100%**	**100%**	**100%**

5. Tobacco Use

Prevalence of smoking as reported by respondents to the 2008-2011 CAHPS Survey indicates the following:

Table VII: Tobacco Use

	2011	2010	2009	2008	Data Source
First Priority Health*	16.97%	21.94%	21.58%	18.75%	NCQA 2011 CAHPS 4.0H
Pennsylvania	21.3%	20.2%	20.9%	21.5%	CDC**
Nation	18.4%	21.0%	19.5%	19.7%	CDC**

* Current tobacco use/ total respondents

** As reported by the Centers for Disease Control and Prevention (CDC).

B. Analysis of Demographics

- The FPH gender distribution is relatively stable and consistent with both the state and our service area. For the state, our 13 county service area and FPH, females make up 52% of the population and males 48% of the population. The overall FPH population continues to steadily decrease.
- For the purpose of this report, the age bands derived from analysis of FPH Membership files will be utilized to direct plan activity for Quality Improvement interventions and programs. From a practical analysis standpoint, the age bands 40-49, 50-59 and 60-69 should be combined since interventions for health promotion and disease state interventions are usually directed at the combined group. Age distribution is essentially unchanged from 2009. Over the last few years, the age bands 50-59 and 60-69 have steadily increased. The shift in the population may be a result of normal aging in a relatively constant population. The age bands over 69 have remained constant. Age is a contributing factor in increasing health care costs.
- Racial distribution, educational level, tobacco use are self-reported data obtained through the 2011 CAHPS survey. 88.94% of the population is noted as Caucasian, which is a 0.13% decrease from 2010. The number of respondents noting “Black” and “Asian” increased in 2011. Survey results showed an increase over the past few years in the Hispanic/Latino membership, which is reported to be 3.92%. FPH remains above both the state and the service area demographics in white membership and below the state and service area in Black and Hispanic membership. The elimination of the small group products from the managed care line of business may be contributing to this result.
- Analysis of self-reported educational level indicates that 38.17% of FPH Membership has at least a high school education which is a 3 percentage point increase over last year.. Respondents reported a decrease in some college/two year degrees and four year college graduates. Education post four year degree showed a 2.34% increase for 2011.
- Self-reported tobacco use in FPH membership had a 4.97% decrease from 2010-2011. The rate of 16.97% is below both the state rate of 21.3% and the national rate of 18.4% as reported by the Centers for Disease Control and Prevention.

C. Health Services Utilization First Priority Health

All tables include data for claims incurred from 6/1/2010- 5/31/2011 paid through 8/31/2011.

Table IX: 2011 Top Ten Inpatient Diagnoses

Inpatient Diagnosis		**Frequency**				**% of Total Dollars**
Rank Order		**Number**		**Percent**		
2011	**2010**	**2011**	**2010**	**2011**	**2010**	**2011**
1. Obstetrical Deliveries	1	**452**	**672**	**14.59%**	**15.25%**	**7.01%**
2. Coronary Artery Disease	2	**285**	**346**	**9.20%**	**7.85%**	**16.36%**
3. Psychoses	3	**140**	**179**	**4.52%**	**4.06%**	**2.22%**
4. Major Joint & Limb Reattachment Upper & Lower Extremity	4	**114**	**159**	**3.68%**	**3.6%**	**5.36%**
5. Alcohol/Drug Abuse or Dependence	5	**102**	**130**	**3.29%**	**2.95%**	**1.35%**
6. Esophag, Gastroen, Misc. GI DX > 17 w C.C. and >17 w/o CC	8	**97**	**203**	**2.91%**	**3.29%**	**1.00%**
7. Total Neoplasm/ Malignancy	6	**68**	**103**	**2.19%**	**2.34%**	**2.51%**
8. Cellulitis	19	**61**	**77**	**1.87%**	**1.75%**	**0.69%**
9. Simple Pneumonia and Pleurisy w/wo CC MCC	8	**55**	**104**	**1.78%**	**2.36%**	**1.03%**
10. Uterine & Adnexa Procedures w/o C.C.	7	**54**	**129**	**1.74%**	**2.93%**	**0.84%**
Total Inpatient Encounter -		**3,098**			**$39,480,134.82**	

The top ten-inpatient diagnoses show the following characteristics:

- Obstetrical Deliveries and Coronary Artery Disease remain top ranking drivers for inpatient length of stays.
- Behavioral Health Care issues remain a driver for inpatient services with Psychoses and Alcohol/Drug Abuse or Dependence remaining in the top ten. Looking at the FPH 0-19 pediatric population two of the top ten diagnoses were also Alcohol/Drug Dependence and Psychoses. These two diagnoses accounted for 16.6% or 54 of the 325 total pediatric admissions. This is demonstrates decrease from 2010 where these two diagnoses totaled 23.77% (97/408).
- Orthopedics, as reflected in the joint and limb reattachment admissions, remains a key driver. Even though back and neck procedures do not hit the top ten, when back and neck/spinal and cervical fusing are rolled together they account for 117 admissions.
- Female reproductive system issues are reflected in uterine diagnoses unrelated to pregnancy and delivery.
- Total neoplasm/malignancy grouping reflects the incidence of cancer at all sites and remains a key inpatient driver. Within the neoplasm/malignancy inpatient admissions, the top ranking inpatient stay is for mastectomy related to breast cancer (5 of 68 or 7.35%).
- Gastroenteritis entered the top ten ranking third with 97 admissions.

- Simple pneumonia and pleurisy diagnosis which was 8th in 2010 and now 9th, accounts for 1.78% of admissions.
- Cellulitis moved into the 8th ranked spot with 61 inpatient admissions.

Table X: Top Ten Outpatient Diagnoses

Outpatient Diagnosis		**Frequency**				**% of Total Dollars**
Rank Order		**Number**		**Percent**		
2011	**2010**	**2011**	**2010**	**2011**	**2010**	**2011**
1. BH/ Drug & Alcohol	4	**71,593**	**55,780**	**5.22%**	**2.6%**	**2.65%**
2. All Malignancies / Neoplasm Diagnoses	1	**67,526**	**140,277**	**4.93%**	**6.54%**	**10.55%**
3. All Cardiac (393-429)	3	**60,842**	**90,689**	**4.44%**	**4.23%**	**3.65%**
4. Hyperlipidemia/ Hypercholesterimia (272.xx)	7	**35,292**	**56,484**	**2.57%**	**2.63%**	**0.75%**
5. All Diabetes (250.xx)	6	**32,765**	**42,637**	**2.39%**	**1.99%**	**1.35%**
6. Routine Child Exam (V20.2) Routine Health Exam (V700)	5	**27,723**	**56,897**	**2.02%**	**2.65%**	**0.75%**
7. Sprains	N/A	**27,763**	**N/A**	**2.03%**	**N/A**	**1.69%**
8. Abdominal Pain (789.xx)	12	**26,943**	**51,517**	**1.97%**	**2.41**	**2.45%**
9. Fractures/Dislocations	N/A	**23,648**	**N/A**	**1.73%**	**N/A**	**1.93%**
10. Lumbago	11	**20,657**	**23,346**	**1.51%**	**1.09%**	**1.05%**
Total Outpatient Encounter -		**1,370,742**				**$103,235,087.16**

The top ten-outpatient diagnoses show the following characteristics:

- The chronic conditions of Hyperlipidemia/Hypercholesterimia, Cardiac and Diabetes account for 9.4% of all outpatient encounters this year.
- Diabetes is reported as an aggregate grouping of diagnosis codes 250.0-250.9. 26,944 or 82.2% of the diabetic encounters were for 250.00-250.03 Diabetes Type I and Type II without complications (controlled and non-controlled). The 32,765 outpatient encounters for diabetic diagnoses involved 4,653 unique FPH members. The number of unique members has decreased by 1,190 from last years data.
- Screening Mammograms jumped to the 11th ranking outpatient encounter diagnosis from the 12th in 2010, and decreased in both number of and percentage of encounters. The percentage of FPH female membership that is 40 and over decreased slightly from 49.36% in 2010 to 48.27% in 2011. This is a change from the past several years showing a continuation of an increase up until 2011. Despite the increases in the number of mammogram eligible female membership, the incidence of screening continues to decrease yearly from 1.14% in 2010 to 1.03% in 2010.
- GYN exam, although still not in top ten, ranks 16th, and accounts for 1.02% of outpatient encounter staying relatively unchanged over the past few years. At 1.05% of total outpatient dollars GYN exam ranks in the top ten for outpatient diagnosis by total dollar.
- Noteworthy is the diagnosis Lumbago, which has remained close to the top ten over the past five years in both frequency and percent of total dollars spent. In 2011, it ranks 10th with 20,657 outpatient visits for Lumbago at 1.05% of total dollars.
- Cancer (all sites) diagnoses are rolled up and reported as single encounter diagnoses group. They account for 4.92% of outpatient encounters and 10.55% of outpatient service dollar. This represents a slight decrease in both from 2010 when Cancer (all sites) accounted for 6.54% of encounters and 9.02% of total costs. There are 2,805 unique members with a 41.5

encounter/member ratio. Malignant neoplasm of the breast (174.xx) accounted for 16,325 or 24.17% of the cancer encounters, and 28.70 % of the cancer outpatient dollars. This is an increase in incidence and total cost from 2010. (19.46% of the cancer encounters/22.85 % of the cancer outpatient dollars.)

- The number of services ("frequency") for ESRD (diagnosis code 585.6) across all products decreased dramatically from last year's report to this year's report. For 2010, the count for ESRD was 92,752 (585.6) with 33 unique members. In 2011 the count for ESRD was 2,897 (585.6) with 27 unique members; thus pulling ESRD from the number 2 spot in 2010 to the 79th spot in 2011. This resulted when earlier this year our IT department was doing extensive testing of our database that we use to run reports, they discovered that the logic used to set the service count back to 1 was not being used. For certain procedure codes, like ESRD where the units count can potentially be very high, the service count has now been set back to 1 if the units count is above 20. This is why such a huge discrepancy has shown up for 2010-2011. The 2011 results are much more accurate using this new method to count services. The 2011-2012 data comparisons will be a much more accurate read than this years report.

Table XI: Top Fifteen Emergency Department Diagnoses

ER Diagnosis		**Frequency**				**% of Total Dollars**
Rank Order		**Number**		**Percent**		
2011	**2010**	**2011**	**2010**	**2011**	**2010**	**2011**
All Injury	**1**	**3,469**	**5,074**			
--Sprain (84-8480xx)		**802**	**1,201**	**7.10%**	**7.59%**	**4.82%**
--Open Wound (870-894)		**787**	**1,136**	**6.97%**	**7.81%**	**4.61%**
--Contusion (920-924)		**542**	**784**	**4.80%**	**4.95%**	**4.01%**
--Fractures/Dislocations (801-838)		**510**	**730**	**4.52%**	**4.62%**	**4.41%**
All Respiratory	**2**	**999**	**1,503**			
---Bronchitis (466xx + 490)		**220**	**349**	**1.95%**	**1.42%**	**1.41%**
---Pharyngitis (462)		**183**	**195**	**1.62%**	**1.23%**	**0.71%**
--Acute URI (465.xx)		**116**	**207**	**10.3%**	**1.31%**	**0.65%**
--Asthma (493.xx)		**137**	**201**	**1.25%**	**1.28%**	**0.99%**
Abdominal Pain (789xx)	**3**	**632**	**823**	**5.60%**	**5.20%**	**8.90%**
Chest Pain (786.5x)	**4**	**471**	**634**	**4.17%**	**4.01%**	**10.52%**
Headache (346.xx + 784.0)	**5**	**315**	**435**	**2.80%**	**3.93%**	**2.53%**
Backache/Lumbago (724.xx)	**6**	**264**	**328**	**2.33%**	**2.07%**	**1.84%**
Cellulitis (682xx)	**7**	**231**	**304**	**2.05%**	**1.92%**	**1.33%**
Pregnancy Related Ante - partum/Postpartum (633-676)	**10**	**186**	**223**	**1.65%**	**1.41%**	**1.88%**
UTI (599.0)	**8**	**163**	**262**	**1.44%**	**1.66%**	**1.18%**

Otitis Media (382.x)	**9**	**155**	**245**	**1.37%**	**1.55%**	**0.47%**
Total Emergency Room Encounters - 11,292						**$6,981,666.02**

The top ranking Emergency Department diagnoses show the following characteristics:

- Sprains, Wounds, Contusions, Fractures and Injuries are noted as top drivers for ED utilization and account for almost 25% of ED encounters for the FPH population.
- Like both the Inpatient and Outpatient utilization patterns, Cardiac (Chest pain), Respiratory (Bronchitis) and Musculo-skeletal (Backache/Lumbago) issues are drivers for utilization for Emergency Services.
- Just as pregnancy related diagnoses drive inpatient and outpatient services, both ante-and post-partum diagnoses are significant drivers of ED utilization.
- Chest Pain leads other diagnoses for percentage of dollars for ER care at 9.26% with only 4.01% of the encounters.
- Although not noted individually, the roll-up of all Mental Health/Behavioral Health diagnoses (290-319) account for 292 or 2.58% of the visits and 1.97% of total ED costs. Alcohol and drug related diagnoses account for 64 or 17.97 % of the Behavioral Health ED visits.

Table XII: FPH Pharmacy Utilization Top 20 Drugs by Prescription Count - 6/2010-5/2011

2011			**2010**	**2009**	**2008**
Medication	**Category**	**2011 Rx Count**	**Rank**	**Rank**	**Rank**
1. Simvastatin	High Blood Cholesterol	16,655	1	1	1
2. Omeprazole	Ulcer Disease	14,482	2	2	3
3. Lisinopril	HBP/Heart Disease	12,849	3	6	5
4. Azithromycin	Infections	12,446	4	3	4
5. Hydrocodone c/ APAP	Severe Pain	11,846	6	5	2
6. Amoxicillin	Infections	12,294	5	4	7
7. Levothyroxine Sodium	Thyroid Disorders	11,504	6	7	6
8. Metformin HCL	Diabetes	7,373	9	9	12
9. Alpazolam	Anxiety	6,985	10	8	8
10. HCTZ	Fluid Retention	6,307	11	12	14
11. Citalopram HBR	Depression	7,649	8	19	
12. Metoprolol Tartrate	HBP/Heart Disease	5,513	16	16	17
13. Singular	Asthma	6,251	12	17	
14. AmoxTr-K+Clavulanate	Infections	5,950	14	15	20
15. Metoprolol Succinate	HBP/Heart Disease	6,195	13	10	9
16.Atenolol	HBP/Heart Disease	4,829	20	14	15
17. Sertraline HCl	Depression	5,611	15	18	16
18. Synthroid	Thyroid Disorders	5,058	18	13	10
19. Lexapro	Depression	**NR**	**NR**	11	11
20. Fluoxetine	Depression	5,151	17		

Table XII: FPH Pharmacy Utilization Top 20 Drugs by Prescription Count - 6/2010-5/2011

HCL					
Total Top 20		**169,910**			
Total Prescriptions		**539,902**		**912,940**	**861,210**

Table XIII: Pharmacy Cost FPH - 6/2010-5/2011 Rank (Plan Cost)

2010			**2010**	**2009**	**2008**
Medication Cost Rank	**Category**	**Plan Cost Rank**	**Plan Cost Rank**	**Plan Cost Rank**	**Plan Cost Rank**
1. Enbrel	Inflammatory Conditions	1	1	1	1
2. Singulair	Asthma	14	2	4	14
3. Omeprazole	Ulcer Disease	4	3	2	4
4. Advair Diskus	Asthma	3	4	3	3
5. Plavix	Blood Modifying	5	7	5	5
6. Humira	Inflammatory Condition	15	5	11	15
7. Abilify	Mental/Neuro Disorders	NR	8	14	NR
8. Avonex	Multiple Sclerosis	7	6	8	7
9. Simvastatin	High Blood Cholesterol	10	29	6	10
10. Copaxone	Multiple Sclerosis	165	9	13	12
11. Lexapro	Depression	6,408	12	9	8
12. Effexor XR	Depression	2,796	15	7	2
13. Vytorin	High Blood Cholesterol	4,204	14	12	6
14. Kogenate FS	Hemophilia	17	NR		
15. Actos	Diabetes	1,990	10	16	19
16. Concerta	Attention Disorders	2,490	11	NR	NR
17. Nasonex	Allergies	4,362	13	NR	NR
18. Solodyn	Infections	691	NR	NR	NR
19. Novolog	Diabetes	1,264	16	NR	NR
20. Prevacid	Ulcer Disease	1,948		10	11
Total-Top 20		**222,220**		**$4,044,054**	**$4,044,054**
Total-All Drugs			**$35,743,246**	**$36,727,709**	**$36,727,709**

- In 2010 four medications were listed as top 20 for both number of prescriptions and percentage of total drug cost: Simvastatin, Omeprazole, Lexapro and Singulair. These four medications account for 8.53% of total prescriptions and 7.2% of total drug cost to health plan. In 2011 this has changed for total prescriptions, Simvastatin, Omeprazole, Lisinopril and Azithromycin hold the top four counts and count for 10.5% of the total prescription count. Drugs that cost the plan the most for 2011 include Enbrel, Singulair, Omeprazole, and Advair Diskus.
- Asthma, anti-ulcer and inflammatory condition medications (as seen in table XIII) have the highest cost for the health plan in 2011. Medications that remain the highest for prescription count continue to include cholesterol, high blood pressure/heart disease, and anti-ulcer medications.
- The asthma classification of medications has three medications noted on either the twenty top ranking number of scripts or plan cost. Singulair as noted above is on both. Advair Diskus is ranked fourth by plan cost.
- Simvastatin, a cholesterol lowering medication, remains the top ranking medication for number of prescriptions, and is 9th for plan cost. Vytorin is also found on the top twenty lists for plan cost at the 13th ranked spot.

- Anti-depressant medications are noted multiple times on both lists. This year five of the top 20 prescribed medications are related to treating Depression/Anxiety and account for 5.2% of the total prescriptions. They include Lexapro and the generics for Xanax (Alpazolam), Celexa (Citalopram), Zoloft (Setraline HCL) and Prozac (Fluoxetine). Abilify and Effexor XR appear in the top 20 for plan cost. Abilify, ranked 7th on the plan cost list, can be used to treat Depression as well as Bipolar Disease and Schizophrenia.
- There are four Hypertension/Heart Disease medications in the top twenty by volume: Lisinopril, Metoprolol Succinate, Atenolol and Metoprolol tartrate. These four drugs account for 4.42% of total prescriptions. Combining these meds with the top cholesterol lowering and diuretic medication on the top 20 prescribed list account for 10.19% of plan scripts.
- Antibiotics continue to have the same three medications in the top 20 drugs by prescription count, Azithromycin, Amoxicillin and AmoxTr Potassium Clavulanate. Solodyn (the generic form is minocycline) appears on the top 20 cost list this year and is ranked 18th. It is generally used to treat bacterial infections of the respiratory system, acne and the urinary tract.
- Diabetes is represented by Metformin HCL as the 8th ranking med for number of prescriptions and Actos (15th) and Novolog (19th) on the plan cost list.
- Medication for pain control continues to be prescribed frequently with Hydrocodone with Acetaminophen ranking #5 in number of prescription.
- Two Multiple Sclerosis medications are on the top ranking list for drugs by plan cost: Avonex (8th) and Copaxone (10th).
- Enbrel and Humira, treatments for rheumatoid arthritis, as well as psoriatic arthritis and ankylosing spondylitis, are among the top ranking medications for plan cost. Enbrel being the top ranked in cost.
- The trend in drug utilization for FPH may indicate a change in specific drug use due to formulary changes. The pattern of drug utilization reflects and is consistent with the diagnoses found to be leading causes of both inpatient and outpatient utilization, with cardiac disease and behavioral health as key issues. Chronic disease management with cardiac, asthma, and diabetes remains present in pharmacy utilization and costs.

D. Health Services Analysis

- Total membership in the FPH commercial population continues to fall significantly the last few years from 101,879 in 2007 to 59,111 in 2010 to 37,791 in 2011. During the same time there were notable increases in the FPLIC PPO and EPO populations.
- Age, sex, and ethnic/racial demographics are essentially unchanged for 2011 in the FPH population. There is a slight decrease in the 50-59 age band (20.21% to 19.88%) and an increase in the 60-69 age band (8.31% to 8.72%). Additionally, the percent of high school graduates has increased and the percentages for post high school education have increased.
- Self-reported smoking prevalence in FPH membership for 2011 is 16.97%, which is below the Pennsylvania (21.3%) and National (18.4%) rates as reported by the Centers for Disease Control and Prevention (CDC).
- Several common themes tend to be found within the inpatient/outpatient/emergency and pharmacy utilization.
    - Cardiac disease and related diagnoses remain significant drivers of utilization in all areas monitored; inpatient, outpatient, emergency department and pharmacy.
    - Respiratory related diagnoses including chronic obstructive pulmonary disease, rhinitis, bronchitis, pharyngitis and asthma remain prevalent.

- Behavioral Health Conditions including Depression and Alcohol /Drug Dependency issues continue to be significant cause for inpatient and pharmacy utilization. Five of the top 20 medications in number of prescriptions and two in plan cost are anti-depressants. Continuing efforts to coordinate continuity of care between inpatient and outpatient services for members with ongoing behavioral health needs may present an opportunity for improvement.
- Female reproductive system issues, specifically pregnancy related, are a driver for inpatient stays. Ante-natal and post-partum related issues continue to rank in the top ER utilization diagnoses.
- Insulin Resistance / Metabolic Syndrome remain issues in outpatient services as indicated by DM II, Hyperlipidemia, and Chronic Renal Failure diagnoses. Pharmacy utilization also is significant for Metabolic Syndrome diagnoses with Cholesterol Lowering, Anti-hypertensive, Cardiac and Diabetes medications noted as top ranking medications for both number of prescriptions and total plan cost.
- Oncology related diagnoses remain the top ranking cause for outpatient utilization. Ranking for total neoplasm/malignancy inpatient admissions has decreased from the last two years (from 2.22% in 2009 to 2.34% last year and now to 2.19% of all admissions this year). The incidence of screening mammograms (screening code V76.12) has increased for this year. (1.13% of encounters in 2010 to 1.39% this year). Malignant neoplasm of the breast remains a top ranking cause of outpatient services for neoplasm diagnoses and is followed by malignant neoplasm of tongue and lung.
- Drugs prescribed for gastrointestinal symptoms (Prevacid and Omeprazole) rank on both the number and cost of prescriptions. There are related high ranking inpatient and outpatient diagnoses/DRGs: Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders and abdominal pain. Contributing diagnoses could include drug and alcohol issues as well as orthopedic conditions. Many anti-inflammatory and pain medications can cause GI distress. Alcohol is also a GI irritant, especially if excessively utilized. FPH Blue Health Solutions has developed a GERD (Gastro Esophageal Reflux Disease) Program as part of the Lifestyle Management suite of health maintenance programs which will provide education and support to members with GERD/heartburn and prescribed anti-ulcer/pro-motility medications.

E. Early Implementation

- Continue initiative to expand PCP dashboard to identify key member specific utilization and pharmacy information for continuity and coordination of care.
- Continue to develop Facility Contract incentives that address facility related issues, including patient safety, readmission, infection, transition of care and evidenced based care protocols.
- Quality Physician Incentive Program expansion to specialists as well as PCP to provide feedback on care outcomes and encourage collaboration for a team approach to treatment of chronic disease.

- Episodes of care program that identifies practitioners with patterns of care that deviate from the network. These providers are educated on process that are inconsistent with their peers to provide actionable information for the practitioners.

- Transparency. Public reporting of cost and quality information on facilities and practitioner is moving forward with publication expected in the 3rd or 4th quarter 2012.

- The Patient Review of Physicians tool allows members to offer feedback on the experiences they have had with participating physicians in BCNEPA's 13 county network and to read reviews about other members' patient experience.

- Expansion of IVR outreach to include customer service outreach calls to members including gaps in care reminders and messaging related to preventive screenings and chronic condition monitoring which may reduce avoidable inpatient and emergency utilization.

- Continue implementation of member recognition and interactive IVR outreaches to increase effectiveness of messaging and ability for warm transfer to meet member needs.

- Build collaboration with non-Learning Collaborative physician offices to provide support system for transition to Patient Centered Medical Home.

- Continue to explore interventions to encourage members to use ER appropriately through education of other available resources such as the 24/7 Nurse Now line, urgent care centers, high utilization member reports to physicians and physician compensation for members requiring non-scheduled urgent care in PCP office.

- Continue enhancements of member portal to be more user-friendly.

F. Maintenance Activities

- Continue annual notification to PCP of member's with gestational diabetes of risk factor so that they can incorporate into long-term preventative care and management.

- Continue biannual mailing of gaps in care dashboard to PCPs that identifies members with missed screenings for chronic and preventive care.

- Continue collaboration with the Governor's Office on Health Care Reform Northeastern PA Learning Collaborative pilot project to support dissemination of Chronic Care Model to regional provider offices and with the revision to include Centers for Medicare/Medicaid in 2012.

- Continue the Behavioral Health Case Management process between CBHNP and BCNEPA to encourage continuity of care between inpatient and outpatient care for members with both behavioral health and medical diagnoses needs.

- Continue opt-out participation in Asthma, CAD, and Diabetes Management Programs, CHF and COPD to optimize number of members receiving targeted information to assist them in managing their health. Continue opt-in Programs for Prenatal Care, Weight Management, Back Care and Depression.

- Continue Coordination of Care between the medical Disease Management and Case Management programs and the Depression Disease Management Program with referrals of members with a positive depression screening from the medical programs to the Depression Program coordinator for further evaluation and follow-up.

- Continue Tobacco Cessation Disease Management Program with targeted member and physician education on tobacco cessation.

- Continued initiatives to improve asthma care, comprehensive diabetes care particularly eye examinations, and behavioral health initiatives and preventive cancer screenings.

- Continue Medication Adherence program with targeted mailings to members and prescribing physicians when medication fill ratios for chronic care medications fall below threshold.

- Continue collaboration with CM/DM for identification and outreach to high ER utilization by members with certain chronic diseases or non emergent diagnoses and gaps in care for chronic disease.

- Continue inclusion of facilities and provider/practitioner offices in education about Preventative Health and Disease Management Programs available to FPH membership.

- Continue Blue Health Solutions 24/7 hour Nurse Now line and Lifestyle Management programs as a health coaching resources for all members.

- Blues Health Solutions member reminder letters for preventative and diagnosis specific care: colorectal cancer screening, breast cancer screening, chlamydia and PAP and immunizations.

- Continue risk factor reduction programs through health assessment and health coaching for cholesterol management, stress reduction and tobacco cessation.

- Continue the current initiative in Depression, which includes a Depression Management Program with a designated social worker, with a focus on detection and treatment of depression in the Primary Care setting. Encourage outpatient treatment for Behavioral Health disorders with a focus on depression and alcohol /substance abuse.

- Continue exploration of Internet strategy to enable communication to the appropriate Membership and Providers and to facilitate the health care delivery process.

- Continue expansion of Navinet to all Providers to provide increase in timely information.

- Continue education and mailing on Member Health Statement.

G. Opportunities/Recommendations

- Explore initiatives to encourage membership to access health benefit and educational information/programs available on BCNEPA internet, including Blue Health Solutions and care, health and lifestyle management programs.

- Explore expansion of Blue Health Solutions Case and/or Health Management programs to address the Behavioral Health issues identified in the pediatric population.

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- Explore the feasibility of a community behavioral health care management program to assist with outpatient care management.
- Explore opportunities to facilitate earlier and more focused screening of new members by their Primary Care Physicians to identify health risks and augment member data collection.

- Explore development of new initiatives to promote preventive cancer screenings.

- Explore collaborative opportunities with community agencies.

- Explore development of educational mailing to women who experienced gestational diabetes during pregnancy about the risks of developing Type II diabetes and the recommended routine care monitoring for risk of diabetes.

- Collaboration with AllOne to encourage the utilization of Personal Health Records and Health Risk Assessment by membership.

- Continue recommended cholesterol screening mailings to include members with ischemic vascular disease.

- Explore collaboration with BHS regarding the feasibility of light touch CM for identified special needs members that do not meet criteria for existing CM/DM programs.

- Explore development of new and expanded initiatives to improve ongoing management of members with diabetes, including increasing members' awareness of and proactive participation in HbA1C, diabetic eye, cholesterol and nephropathy screening.

- Explore opportunities to provide education and targeted reminders on continued use of medication to members on chronic care medications, i.e., beta-blockers, anti-hypertensive, and anti-depressants.

- Continue ongoing monitoring of pharmaceutical adherence for members with prescriptions for medications to manage chronic conditions and explore enhancing initiatives to remind members and alert prescribing physicians of medication non-adherence.

- Explore opportunities to improve the coordination of care post hospitalization.

- Explore Continuous Process Improvement project to enhance continuity and coordination of care between PCP and ophthalmologists to capture diabetic eye exam adherence.

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CHIP POPULATION ANALYSIS

2011

CHIP Population Analysis (June 2010 - May 2011)

A. Demographic Profile

Information to profile the demographics of the CHIP Membership was derived from an analysis of Pennsylvania Department of Health Profiles- State Center for Health Statistics and Research; County Health Profiles - US Census, Penn State Data Center; Hospital Association of PA; US Census DP1 Profile of General Demographic Characteristics - NCQA CAHPS 4.0H 2011, and internal profiling of age and sex distribution of CHIP Members using Med Stat Advantage Suite software.

1. Age Distribution

Analysis of CHIP Membership age distribution using Med Stat data indicates the following:

Table 1:CHIP Age Distribution*

Age	2009	2010	2011
0-2	881 / (5.73%)	851/ (5.77%)	732/ (5.38%)
3-5	1,526 / 9.93%	1,391/ (9.43%)	1,306/ (9.60%)
6-12	6,295 / (40.98%)	6,089/ (41.27%)	5,736/ (42.15%)
13-19	6,661 / (43.36%)	6,423/ (43.53%)	5,834/ (42.87%)
Total	**15,363**	**14,754**	**13,608**

*Data Source: Med Stat

2. Racial Distribution

The racial distribution within Pennsylvania, the thirteen (13) county service area, First Priority Health Membership, and reported CHIP members is indicated in the following table. The reporting of this data is voluntary and members frequently choose not to report.

Table II: Racial Distribution – 2011

	White	Black	Asian	Other	Data Source
Pennsylvania	81.9%	10.8%	2.7%	2.4% Other 0.1% American Indian/Alaskan Native 0.0% Native Hawaiian/ Other Pacific Islander	U.S. Census Bureau, American Community Survey
Service Area	94.6%	3.72%	0.83%	*	U.S. Census Bureau, American Community Survey
FPH Membership	88.94%	4.26%	4.51%	3.81% Other 1.67%American Indian /Alaska Native 0.35% Native Hawaiian/ Other Pacific Islander	NCQA 2011 CAHPS 4.0H (Adult)

CHIP Membership	93.13%	4.36%	2.41%	3.81% Other 0.56%American Indian /Alaska Native 0.09%Native Hawaiian/Other Pacific Islander	NCQA 2011 CAHPS 4.0H (Child)

*County specific ethnicity information not available for service area in annual DOH vital statistics reports.

Table III: Hispanic or Latino Origin

	2009	2010	2011	Source
Pennsylvania	3.20%	4.7%	5.7%	U.S. Census Bureau, American Community Survey
Service Area	1.89%	3.0%	3.8%	U.S. Census Bureau, American Community Survey
FPH Membership	0.92%	4.09%	3.92%	NCQA 2011 CAHPS 4.0H (Adult)
CHIP Membership	5.26%	7.57%	6.67%	NCQA 2011 CAHPS 4.0H (Child)

Analysis:

The majority of CHIP members are found within the 13-19 age range, with infants representing the smallest age category. This is consistent with the previous year's findings. Membership in all age categories has decreased from the 2010 data. The total CHIP membership has decreased by 1146 members this year.

Race and ethnicity information is self-reported through the CAHPS survey returns. Percentages totaling greater than 100% may reflect those who identify themselves under several race categories. Not unlike the FPH population, the CHIP population is predominantly Caucasian. The CHIP population has higher percentages of the Black population and a lower percentage of the Asian population when compared to FPH. Additionally, the CHIP population has higher percentages in the Hispanic and Latino populations when compared to the FPH and other memberships.

From the self-reported data, the Hispanic population represents 6.67% of the CHIP population. This is a decrease from last year. This percentage continues to be higher than the Pennsylvania population as a whole, the thirteen county service areas and the FPH commercial membership.

B. Health Services Utilization CHIP

All tables include data for claims incurred from June 2010 to May 2011 paid through September 2011.

Table V: CHIP Top Ten Inpatient Diagnosis, All Ages 0-19 years

Inpatient DRG		Frequency		Net Payment
2011 Ranking	**2010 Ranking**	**2011**	**2010**	**2011**
1. Psychoses	1	45	41	$272,956.57
2. Depressive Neuroses	7	23	21	$110,071.67
3. Alcohol/Drug Abuse or Dependence w/o CC w/o Rehab	3	21	20	$129,168.92
4. All Vaginal and Cesarean Deliveries	5	20	20	$109,678.60
5. Appendectomy with/ without Complication	2	18	12	$144,348.45
6. All Simple Pneumonia & Pleurisy	6	12	11	$61,958.97
7. All Bronchitis & Asthma	4	12	10	$69,513.86
8. Esophag, Gastroent & Misc GI Dx	9	9	9	$46,478.55
9. Hip & Femur Procs Exc Major Joint w/wo CC/MCC	N/A	6	9	$109,090.65
10. Nutritional & Misc Metab Disorder	8	6	9	$24,591.24
Total Top Ten		**172**	**162**	$1,077,857.48
Total Inpatient overall		**310**		$3,518,030.97

The top ten inpatient DRGs show the following characteristics:

- Mental/Behavioral Health conditions, including alcohol and drug dependence, account for 51.7% of the total top ten inpatient diagnoses; this is an increase from last year. There were 310 total inpatient admissions; 78 were related to Mental/Behavioral Health, an increase from 61 last year. Behavioral health care issues were also reflected in the commercial population as a driver for inpatient utilization.

- Psychoses have remained the most frequent reason for inpatient admissions again for 2010-2011. The cost to care for psychoses admissions represents 7.75% of claims paid for all CHIP inpatient encounters for 2010-2011. Although Psychoses is the most frequent reason for admission, in the past it was more costly to treat diagnoses related to drug and alcohol abuse. Now psychoses in 2011 are the most frequent admission and the most costly. Drug and Alcohol treatment admissions account for 3.67% of total claim dollars for this CHIP population and represent 23 admissions.

- Respiratory conditions account for 7.74% of the top ten admissions in this category. This is a decrease from 13.7% last year. Respiratory diagnoses consistently have been a top driver for inpatient hospitalizations for CHIP population, which is consistent with the trends in the FPH 0-19 year population.

- All Cesarean/Vaginal deliveries remain in the top ten for inpatient admissions and represents 6.5% of all admissions. The previous year, delivery represented 4.6% of all inpatient admissions.

Table X: CHIP Top Ten Diagnosis for Emergency Room Encounters, Ages 0-19 Years

Emergency Room 2011 Ranking	2010 Rank	Frequency 2011	Frequency 2010	Net Payment 2011
1. Sprains (All)	1	482	608	$87,377.93
2. Contusions (All)	2	440	503	$212,047.18
3. Open Wounds	3	390	459	$193,641.67
4. Fractures/Dislocations	4	267	402	$174,041.99
5. Abdominal Pain	5	237	275	$213,283.65
6. Acute Pharyngitis	7	210	221	$68,402.13
7. Otitis Media NOS	6	202	222	$59,808.45
8. Fever NOS	N/A	125	N/A	$42,322.03
9. Acute URI NOS	N/A	122	N/A	$35,337.87
10. Head Injury NOS	N/A	117	N/A	$97,427.31
Total Top Ten		2507		$1,183,690.10
11. Behavioral Health/Drug and Alcohol	N/A	103	N/A	$61,501.27
Total Visits to ER/$		**5751**		**$2,712,444.21**

- Emergency room encounters continue to present a challenge in terms of educating members regarding the appropriate usage of the emergency room. Treatment for infectious processes such as Otitis Media and Acute Pharyngitis continue to be in the top ten most frequent diagnoses seen in the emergency room. In the past Bronchitis was also apart of this list however in 2011 it has dropped out of the top ten. These diagnoses account for 7.70% of top ten emergency room encounters for 2010-2011. When some of the more prevalent infection related diagnoses are combined (Otitis Media, Bronchitis, Strep, Pharyngitis, URI, Viral Infection), they account for almost 11.73% of visits for total emergent care.

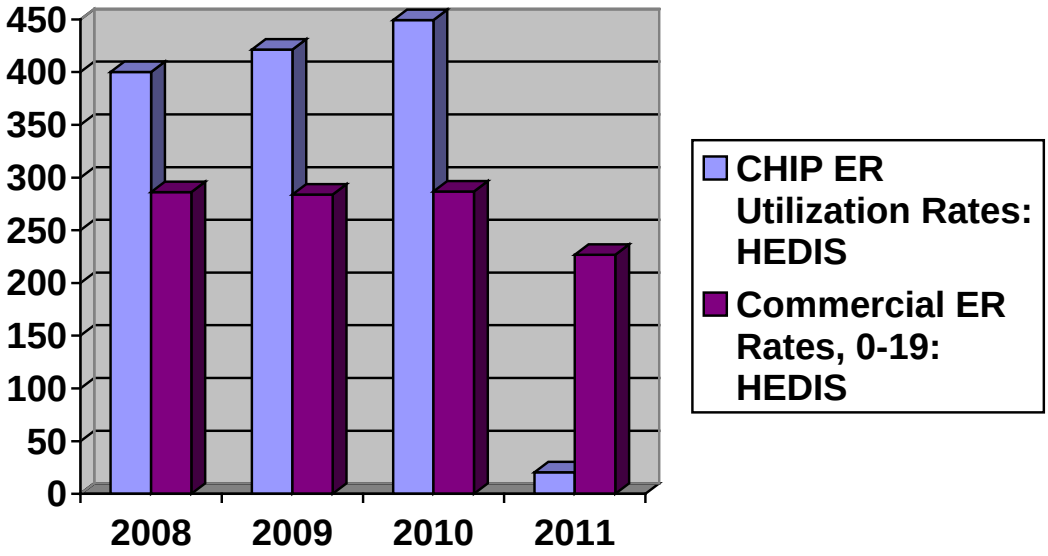
- Within the top ten diagnoses found above, 7.70% appear to be diagnoses that may be treatable in the PCP office. Those diagnoses that appear to have been appropriate for the emergency room include sprains, fractures/dislocations and head injuries which would have required radiological evaluation. Contusions, open wounds, fever and abdominal pain also may have been appropriate for ER or PCP dependent on the member specific circumstances. These are not included in the percentage.

- A more detailed look at ER usage involves combining ICD-9 codes. Unsurprisingly, injury related diagnoses are the main driver in ER usage. When Contusions, Fractures, Sprains, Open Wounds, and Injury are combined they account for 29.49% of total ER visits. Encounters with Abdominal Pain (789.xx-.09) numbered at 237. Psychosis (290-299.xx) and Non-Psychotic Mental/Behavioral Disorders/Drug and Alcohol (300-316xx) diagnoses numbered at 103 visits a decrease from 2009-2010 data at 120 visits.

- When the individual asthma ICD-9 codes are totaled, services for Asthma (493.xx) are not in 2011 a top ranking driver for ER utilization. For 2011,

there were 99 ER encounters for combined asthma diagnoses, a decrease from 145 in 2010 for the CHIP population.

FIGURE 1: ER Utilization Rates: CHIP and FPH Commercial Pediatrics

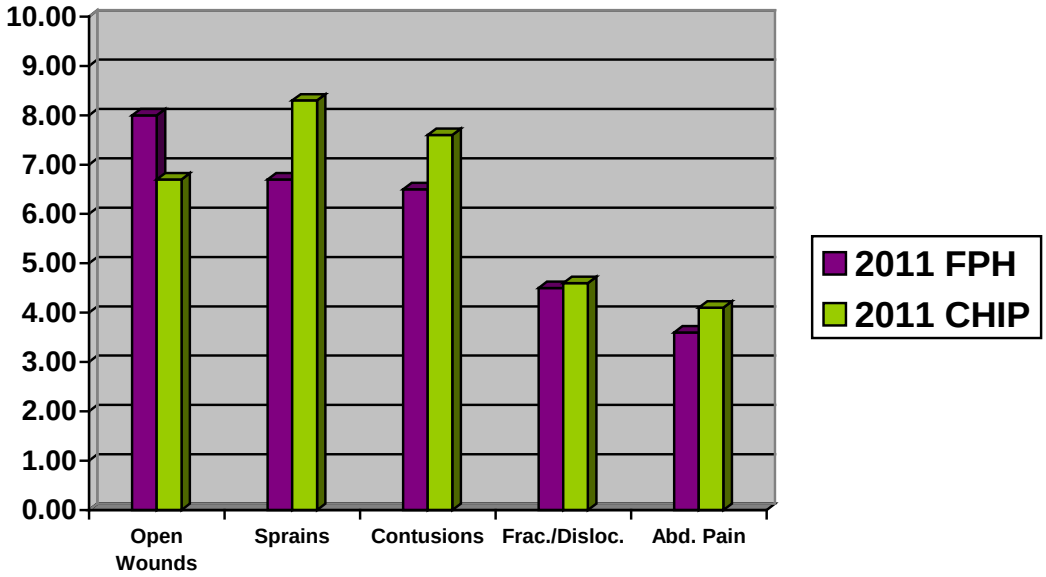


	2007	2008	2009	2010	2011
CHIP ER Utilization Rates: HEDIS	393.58	400.14	421.23	449.23	394.25
Commercial ER Rates, 0-19: HEDIS	278.65	272.12	283.80	286.65	226.82

Annually as a component of the Quality Improvement Program Evaluation, FPH completes an analysis which includes a trending of Emergency Room utilization and a comparison of trends in Emergency Room utilization in the commercial population, ages 0-19 to the CHIP population. In the graph above, the HEDIS rate for use of the emergency room shows the CHIP population to have a higher utilization per member/month than the commercial population. The rate of Emergency Room utilization by the commercial population has remained relatively flat, with a solid decrease in 2011, as noted above: whereas the usage by the CHIP population has grown steadily since 2007.

FIGURE 2: CHIP to Commercial FPH ER Diagnoses Comparison

Top 5 CHIP to Commercial Comparisons ER 2010-2011



In the graph above, the trending for ER utilization for both the CHIP and commercial populations are depicted to be essentially the same for the top five ER diagnoses. These are drivers for ER utilization for both populations and both ranked the same exact way. Otitis Media, Acute Pharyngitis, upper respiratory infections and fever are also drivers for ER utilization for both populations. Additionally, Mental Health/Behavioral Health diagnoses are also drivers for both CHIP and Commercial populations including Inpatient/Outpatient and Emergency Room.

Asthma in the past has always been one of the top ten diagnoses driving outpatient utilization. Asthma has fallen out of the CHIP and FPH top ten diagnoses for ER. This can probably be attributed to the Asthma disease management program and the overall better education to members about Asthma treatment and control. Not only are the members in the BHS program being outreached to but all CHIP members who are using the ER inappropriately are being called by a disease management nurse to address member needs.

Table XV: CHIP Top Ten Outpatient Diagnoses, Excluding ER, All Ages, 0-19 Years

Outpatient Utilization				
2011 Ranking	**2010 Ranking**	**2011 Frequency**	**2010 Frequency**	**2011 Payment**
1. Routine Child Health Exam	1	20,065	28,480	$496,016.40
2. Behavioral Health /Drug & Alcohol	2	13,186	12,971	$980,785.77
3. All Vaccines Except Influenza	N/A	7,558	N/A	
4. Acute Pharyngitis	5	6,306	5,858	$108,299.61
5. Vaccine for Influenza	6	5,017	5,553	$54,151.13
6. All Fractures/Dislocations	8	3,795	5,395	$424,385.46
7. All Sprains	10	3,780	4,017	$314,418.12
8. Abdominal Pain	13	3,503	2,121	$348,772.52
9. Otitis Media NOS	11	2,582	3,927	$106,195.52
10. Acute URI NOS	14	2,372	362	$39,001.14
Total Top Ten Outpatient		**68,164**	86,521	**$2.872025.40**
Total Outpatient		**175,597**		**$11,273,704.33**

Outpatient utilization for this age group shows the following characteristics:

- Routine child exams are the number one reason for encounters in the outpatient setting for both males and females. This is consistent with the results from previous years.

- Disorders of the upper respiratory system, ears, nose and throat remain the key drivers in the top ten diagnoses for outpatient visits by the CHIP population. This remains consistent over years past.

- Combined diseases of the respiratory system (ICD-9 codes 460-519) account for 29,220 visits or 16.6% of all outpatient visits. This is a decrease from the 2010 analysis of 38,418 or 18.07% of all outpatient visits.

- The Vaccine for Influenza remains in the top ten and continues to slowly increase over the past few years. Vaccines overall have jumped into the top ten, this is new for 2011.

- Behavioral health issues including psychosis, depressive neurosis, drug and alcohol addiction, and childhood mental disorders are reflected in the top ten outpatient encounters, and do account for 7.5% of overall outpatient visits. Compared to last year at 4% of overall outpatient visits.

- Asthma is a significant driver for outpatient utilization for the CHIP population. When all Asthma codes (493.xx) are totaled the outpatient usage, excluding ER utilization for CHIP Population, is 3,090 encounters and $131,187.85 in outpatient claims, a decrease of 2,321 and $46,970.54 from last year.

- Diabetes diagnoses (250.xx) visits equaled 701 with a claim cost of $71,409.27. Last year for 2010 there were 797 outpatient visits for diabetes.

- Trauma/Injury related diagnoses, such as Open Wound, Fracture, and Sprains, account for 2.6% of the overall outpatient visits in this age band.

Table VII: CHIP Pharmacy Utilization - June 2010-May 2011

Rank (# of prescriptions)				% of Drug Costs			
2011	Rank Rx Count	2010	2009	2011	Plan Cost Rank	2010	2009
1. Amoxicillin	1	1	1	1. Singulair	1	1	1
2. Azithromycin	2	2	2	2. Concerta	2	2	2
3. Singulair	3	3	3	3. Abilify	3	3	3
4. Multivitamins w/Fluoride	4	4	5	4. Dextroamphetamine-Amphetamine	4	7	NR
5. AMOX TR-Potassium Clavulanate	5	5	4	5. Nasonex	5	5	9
6. Sodium Fluoride	6	6	NR	6. Vyvanse	6	9	17
7. Cefdinir	7	8	NR	7. Advair Diskus	7	6	8
8. ProAir HFA	8	7	6	8. Norditropin Nordiflex	8	10	NR
9. Nasonex	9	9	9	9. Solodyn	9	4	15
10. Ventolin HFA	10	16	NR	10. Budesonide	10	NR	NR
11. Cephalexin	11	13	12	11.Strattera	11	13	13
12. Sulfamethoxazole-Trimethoprim	12	14	15	12. Amnesteem	12	NR	NR
13. Albuterol Sulfate	13	11	13	13. Focalin XR	13	NR	NR
14. Fexofenadine HCL	14	12	11	14. Cefdinir	14	12	7
15. Concerta	15	10	NR	15. Flovent HFA	15	17	20
16. Vyvanse	16	15	NR	16. Amox-TR-Potassium Clavulanate	16	18	11
17. Fluticasone Propionate	17	NR	NR	17. Humalog	17	NR	NR
18. Loestrin 24 FE	18	NR	NR	18. Humira	18	NR	NR
19. Hydrocodone-Acetaminophen	19	19	19	19.Benzaclin	19	16	12
20. Dextroamphetamine-Amphetamine	20	17	NR	20. Lansoprazole	20	NR	NR
				Top 20 Drugs by Plan Cost	*$2,142,387.25*		
Total # All Drugs	*73,713*			Total Plan Cost All Drugs	*$4,670,412.82*		

*Report based on top 100 drugs by amount paid and claims count.

- The drug utilization by number of scripts indicates that antibiotics are the most frequently prescribed medications. The antibiotic medications account for 20.3% of the prescription count for CHIP membership prescriptions. Singulair, Concerta and Abilify account for 15.57% of all CHIP drug cost and remain in the top three for 2011.

- Medications to treat allergies/asthma follow as the second most frequently prescribed at 25% of the total prescriptions. Vitamins, ADHD, and Acne medications are also noted in top drivers for prescription utilization.

- Narcotic pain relievers remain in the top 20 for usage for the fourth consecutive year. This can most likely be associated with the high volume of care including injury/trauma.

- Singulair remains the number one drug by cost to the plan for the CHIP membership. Five Asthma medications are found in the list of top 20 medications by plan cost: Singulair, Advair Diskus, Pulmicort, ProAir HFA, and Flovent HFA and Ventolin.
- Preventive medications in the form of vitamins and sodium fluoride are consistent with the high number of outpatient visits for well checks that are seen within all age ranges.

- The use of the above prescriptions is consistent with the top ten diagnoses, outpatient encounters, emergency room encounters, and inpatient admission encounters.

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Population Analysis
First Priority Health
2010

First Priority Health Population Analysis (June 2010 - May 2011)

A. Demographic Profile

Information to profile the demographics of the First Priority Health Membership, which includes BlueCare HMO and HMO Plus (FPH), was derived from an analysis of Pennsylvania Department of Health Profiles (2008) - State Center for Health Statistics and Research; US Census DP1 Profile of General Demographic Characteristics (2000) - NCQA CAHPS 4.0H 2010 and internal profiling of age and sex distribution of First Priority Health Members using Med Stat Advantage Suite software.

Table I provides a comparison of gender distribution among Pennsylvania, the thirteen (13) county service area of First Priority Health and active First Priority Health Membership.

Table I: 2010 Gender Distribution

	Female	Male	Data Source
Pennsylvania	52%	48%	Census (2000)
Service Area	51%	49%	Census (2000)
FPH Membership	53%	47%	Med Stat
59,111	31,316	27,795	

*Excludes CHIP; Includes Adult Basic

1. Age Distribution

Comparison of age distribution among the several data sources cannot be completed due to the variations in the age bands. However, analysis of First Priority Health Membership age distribution using Med Stat data obtained from Membership files indicates the following:

Table II: Age Distribution

Age	Frequency*				
	2010	2009	2008	2007	2006
0 - 5	6.12%	5.97%	6.08%	6.32%	6.59%
6 - 10	5.88%	6.05%	6.10%	6.37%	6.51%
11 - 24	18.03%	18.71%	19.08%	19.40%	19.92%
25 - 29	5.61%	5.78%	5.77%	5.78%	5.95%
30 - 39	14.99%	14.92%	15.43%	15.76%	16.25%
40 - 49	20.38%	20.65%	20.92%	21.07%	21.15%
50 - 59	20.21%	19.71%	18.74%	18.01%	17.03%
60 - 69	8.31%	7.72%	7.40%	6.83%	6.15%
70 – 79	0.46%	0.47%	0.45%	0.41%	0.42%
80 +	0.03%	0.03%	0.04%	0.04%	0.04%

*Excludes CHIP; Includes Adult Basic

2. Ethnic Background

Frequency of ethnic origins as noted in the census data for the thirteen (13) county First Priority Health service area indicates the following ranking of ethnic backgrounds:

Table III: 2009 Ethnic Origin *	**Rank Order**
1. German	25.4%
2. Irish	16.1%
3. Italian	11.6%
4. English	7.9%
5. Polish	6.7%
6. USA	5.2%

* Source US Census Bureau- 2000 Census

3. Racial Distribution

The racial distribution within Pennsylvania, the FPH thirteen (13) county service area and as reported by the FPH Membership indicates the following:

Table IV: Racial Distribution – 2011

	White	**Black**	**Asian**	**Other**	**Data Source**
Pennsylvania	85.4%	10.0%	1.8%		Census
Service Area	95.55%	2.19%	.59%	--	Census
FPH Membership	98.58%	0.99%	0.85%		NCQA 2010 CAHPS 4.0H (Adult)

County specific ethnicity information not available for service area in annual DOH vital statistics reports.
* 2010 CAHPS Response rates >100%, (More responses than respondents, some checked >1 response)

Table V: Hispanic or Latino Origin

	2011	**2010**	**2009**	**Source**
Pennsylvania	5.7%	3.20%	3.20%	Census
Service Area	3.8%	1.89%	1.89%	Census
FPH Membership	3.92%	0.87%	0.92%	NCQA 2009-2011 CAHPS (Adult)

4. Education

Level of education as reported by respondents to the 2008-2011 CAHPS Survey indicates the following:

Table VI: Education Level

Education Attained	**Percentage %**			
	2011	**2010**	**2009**	**2008**
Less than 8th Grade	0.00%	0.28%	0.30%	0.41%
Some High School	3.00%	3.13%	3.57%	4.15%
High School Graduate / GED	38.17%	35.61%	41.82%	41.36%
Some College or 2 year degree	30.50%	32.48%	30.26%	28.22%
4 year College Graduate	15.17%	17.66%	13.39%	16.32%
More than 4 year college degree	13.17%	10.83%	10.71%	9.54%

Total	**100%**	**100%**	**100%**	**100%**

5. Tobacco Use

Prevalence of smoking as reported by respondents to the 2008-2011 CAHPS Survey indicates the following:

Table VII: Tobacco Use

	2011	2010	2009	2008	Data Source
First Priority Health*	16.97%	21.94%	21.58%	18.75%	NCQA 2011 CAHPS 4.0H
Pennsylvania	21.3%	20.2%	20.9%	21.5%	CDC**
Nation	18.4%	21.0%	19.5%	19.7%	CDC**

* Current tobacco use/ total respondents
** As reported by the Centers for Disease Control and Prevention (CDC).

B. Analysis of Demographics

- The FPH gender distribution is relatively stable and consistent with both the state and our service area. For the state, our 13 county service area and FPH, females make up slightly more than 50% of the population and males slightly less than 50%.
- For the purpose of this report, the age bands derived from analysis of FPH Membership files will be utilized to direct plan activity for Quality Improvement interventions and programs. From a practical analysis standpoint, the age bands 40-49, 50-59 and 60-69 should be combined since interventions for health promotion and disease state interventions are usually directed at the combined group. Age distribution is essentially unchanged from 2009. Over the last few years, the age bands 50-59 and 60-69 have steadily increased. The shift in the population may be a result of normal aging in a relatively constant population. The age bands over 69 have remained constant. Age is a contributing factor in increasing health care costs.
- Racial distribution, educational level, tobacco use are self-reported data obtained through the 2010 CAHPS survey. Over 98.58% of the population is noted as Caucasian, which is a 0.53% increase from 2009. The number of respondents noting “Black” and “Asian” decreased in 2010. Survey results showed a decrease over the past few years in the Hispanic/Latino membership, which is reported to be 0.87%. FPH remains above both the state and the service area demographics in white membership and below the state and service area in Black and Hispanic membership. The elimination of the small group products from the managed care line of business may be contributing to this result.
- Analysis of self-reported educational level indicates that over 35% of FPH Membership has at least a high school education. Respondents reported an increase in some college/two year degrees, four year college graduates and some education post four year degree.
- Self-reported tobacco use in FPH membership has increased slightly over the past few years to 21.94% in 2010 from 18.75% in 2008. This is after a decrease in 2008 to 18.75% from 23.95% in 2007. The rate of 21.94% is above both the state rate of 20.2% and the national rate of 21% as reported by the Centers for Disease Control and Prevention.

C. Health Services Utilization First Priority Health

All tables include data for claims incurred from 6/1/09- 5/31/10 paid through 8/31/10

Table IX: Top Ten Inpatient Diagnoses

Inpatient Diagnosis		**Frequency**				**% of Total Dollars**
Rank Order		**Number**		**Percent**		
2010	**2010**	**2010**	**2009**	**2010**	**2009**	**2010**
. Obstetrical Deliveries	1	**672**	858	**15.25%**	14.44%	**7.04%**
. Coronary Artery Disease	2	**346**	538	**7.85%**	9.06%	**13.83%**
. Esophag, Gastroen, Misc. GI DX > 17 w C.C. and >17 w/o CC	3	**203**	191	**3.29%**	3.56%	**1.74%**
. Psychoses	4	**179**	205	**4.06%**	3.45%	**2.08%**
. Major Joint & Limb Reattachment Upper & Lower Extremity	5	**159**	200	**3.6%**	3.22%	**5.62%**
. Alcohol/Drug Abuse or Dependence	6	**130**	181	**2.95%**	3.05%	**1.12%**
. Uterine & Adnexa Procedures w/o C.C.	7	**129**	161	**2.93%**	2.71%	**1.57%**
. Pneumonia & Pluerisy	8	**104**	94	**2.36%**	1.58%	**1.23%**
. Total Neoplasm/ Malignancy	9	**103**	132	**2.34%**	2.22%	**2.86%**
. Cellulitis	10	**77**	52	**1.75%**	1.21%	**0.7%**
Total Inpatient Encounter - 4,407						

The top ten-inpatient diagnoses show the following characteristics:

- Obstetrical Deliveries and Coronary Artery Disease remain top ranking drivers for inpatient length of stays.
- Behavioral Health Care issues remain a driver for inpatient services with Psychoses and Alcohol/Drug Abuse or Dependence remaining in the top ten. Looking at the FPH 0-19 pediatric population two of the top ten diagnoses were also Alcohol/Drug Dependence and Psychoses. These two diagnoses accounted for 23.77% or 97 of the 408 total pediatric admissions. This is a significant jump from 2009 where these two diagnoses totaled 15.37% (93/605).
- Orthopedics, as reflected in the joint and limb reattachment admissions, remains a key driver. Even though back and neck procedures do not hit the top ten, when back and neck/spinal and cervical fusing are rolled together they account for 104 admissions.
- Female reproductive system issues are reflected in uterine diagnoses unrelated to pregnancy and delivery.
- Total neoplasm/malignancy grouping reflects the incidence of cancer at all sites and remains a key inpatient driver. Within the neoplasm/malignancy inpatient admissions, the top ranking inpatient stay is for mastectomy related to breast cancer (25 of 103 or 24%).
- Gastroenteritis entered the top ten ranking third with 203 admissions.

- Pneumonia and Pleurisy, which was 11th in 2009 and now 8th, accounts for 1.23% of admissions.
- Cellulitis moved into the 10th ranked spot with 77 inpatient admissions.

Table X: Top Ten Outpatient Diagnoses

Outpatient Diagnosis		**Frequency**				**% of Total Dollars**
Rank Order		**Number**		**Percent**		
2010	**2010**	**2010**	**2009**	**2010**	**2009**	**2010**
. All Malignancies / Neoplasm Diagnoses	1	**140,277**	197,923	**6.54%**	6.92%	**9.02%**
. End Stage Renal Disease (585.6)	2	**92,752**	104,880	**4.32%**	3.67%	**0.77%**
. All Cardiac (393-429)	3	**90,689**	116,113	**4.23%**	4.06%	**3.63%**
. Routine Child Exam (V20.2) Routine Health Exam (V700)	4	**56,897**	66,643	**2.65%**	2.33%	**1.09%**
. Hyperlipidemia/ Hypercholesterimia (272.xx)	5	**56,484**	47,559	**2.63%**	1.66%	**0.89%**
. BH/ Drug & Alcohol	6	**55,780**	40,392	**2.6%**	1.26%	**1.87%**
. Abdominal Pain (789.xx)	7	**51,517**	88,276	**2.41**	3.09%	**2.54**
. Chest pain NOS/NEC	8	**44,329**	42,302	**2.07%**	1.48%	**2.47%**
. All Diabetes (250.xx)	9	**42,637**	54,611	**1.99%**	1.91%	**1.38%**
. Rhinitis (477.x)	10	**30,559**	42,431	**0.62%**	1.48%	**0.43%**
. Malaise & Fatigue NEC (780.79)	11	**26,320**	39,254	**1.23%**	1.37%	**0.47%**
. Screen Mammogram NEC (V76.12)	12	**24,380**	33,573	**1.14%**	1.17%	**1.13%**
Total Outpatient Encounter - **2,144,969**						

The top ten-outpatient diagnoses show the following characteristics:

- The chronic conditions of Hyperlipidemia, Chest Pain, Diabetes, and ESRD account for 11.01% of all outpatient encounters this year, which is an increase from the 8.72% they represented last year.
- Diabetes is reported as an aggregate grouping of diagnosis codes 250.0-250.9. 33,966 or 79.67% of the diabetic encounters were for 250.00-250.03 Diabetes Type I and Type II without complications (controlled and non-controlled). The 42,637 outpatient encounters for diabetic diagnoses involved 5,848 unique FPH members and averages to 7.3 encounters per member. The number of unique members has increased from 5,115 last year yet the number of encounters/members has decreased (10.7 per member in 2009).
- Outpatient services for the 33 members with ESRD accounted for 98.44% of the utilization frequency and 92.97% of total outpatient costs for Chronic Kidney Disease/ESRD. In 2009, ESRD accounted for 0.82% of outpatient costs. Although the number of unique members remained the same as last year the frequency of outpatient care decreased and the % of total dollars has decreased from 0.92% to 0.77% of total costs.

- Screening Mammograms remains the 12th ranking outpatient encounter diagnosis, and decreased in both number of and percentage of encounters. The percentage of FPH female membership that is 40 and over increased slightly from 49.20% in 2009 to 49.36% in 2010. This is a continuation of the increase over the past few years. Despite the increases in the number of mammogram eligible female membership, the incidence of screening continues to decrease yearly from 1.24% in 2007 to 1.14% in 2010.
- GYN exam, although still not in top ten, ranks 13th, and accounts for 0.89% of outpatient encounter staying relatively unchanged over the past few years. At 1.02% of total outpatient dollars GYN exam ranks in the top ten for outpatient diagnosis by total dollar.
- Noteworthy is the diagnosis Lumbago, which has remained close to the top ten over the past five years in both frequency and percent of total dollars spent. In 2010, there were 23,346 outpatient visits for Lumbago at 0.95% of total dollars.
- Cancer (all sites) diagnoses are rolled up and reported as single encounter diagnoses group. They account for 6.54% of outpatient encounters and 9.02% of outpatient service dollar. This represents a slight decrease in both from 2009 when Cancer (all sites) accounted for 6.92% of encounters and 9.59% of total costs. There are 3,070 unique members with a 45.7 encounter/member ratio. Although there is a decrease in encounters per member, which was 78.7 in 2009, the number of unique members with a cancer diagnosis jumped from 2,516 last year. Malignant neoplasm of the breast (174.xx) accounted for 27,306 or 19.46% of the cancer encounters, and 22.85 % of the cancer outpatient dollars. This is a slight increase in incidence and total cost from 2009. (16.49% of the cancer encounters/22.30 % of the cancer outpatient dollars.)

Table XI: Top Fifteen Emergency Department Diagnoses

ED Diagnosis		**Frequency**				**% of Total Dollars**
Rank Order		**Number**		**Percent**		
2010	**2010**	**2010**	**2009**	**2010**	**2009**	**2010**
All Injury	**1**	**5,074**				
--Sprain (84-8480xx)		**1,201**	1,837	**7.59%**	8.20%	**4.87%**
--Open Wound (870-894)		**1,136**	1,606	**7.81%**	7.17%	**5.81%**
--Contusion (920-924)		**784**	1,190	**4.95%**	5.31%	**3.51%**
--Fractures/Dislocations (801-838)		**730**	1,171	**4.62%**	5.23%	**4.78%**
All Respiratory	**2**	**1,503**				
---Bronchitis (466xx + 490)		**349**	452	**1.42%**	2.02%	**1.28%**
---Pharyngitis (462)		**195**	345	**1.23%**	1.54%	**0.51%**
--Acute URI (465.xx)		**207**	251	**1.31%**	1.12%	**0.64%**
--Asthma (493.xx)		**201**	306	**1.28%**	0.66%	**0.97%**
Abdominal Pain (789xx)	**3**	**823**	1,129	**5.20%**	5.04%	**9.11%**
Chest Pain (786.5x)	**4**	**634**	1,031	**4.01%**	4.60%	**9.26%**
Headache (346.xx + 784.0)	**5**	**435**	299	**3.93%**	1.33%	**1.61%**
Backache/Lumbago (724.xx)	**6**	**328**	445	**2.07%**	1.99%	**1.59%**

Cellulitis (682xx)	**7**	**304**	464	**1.92%**	2.07%	**1.45%**
UTI (599.0)	**8**	**262**	353	**1.66%**	1.58%	**1.66%**
Otitis Media (382.x)	**9**	**245**	326	**1.55%**	1.46%	**0.56%**
Pregnancy Related Ante - partum/Postpartum (633-676)	**10**	**223**	334	**1.41%**	1.49%	**1.44%**
Total Emergency Room Encounters - 15,828						

The top ranking Emergency Department diagnoses show the following characteristics:

- Sprains, Wounds, Contusions, Fractures and Injuries are noted as top drivers for ED utilization and account for over 25% of ED encounters for the FPH population.
- Like both the Inpatient and Outpatient utilization patterns, Cardiac (Chest pain), Respiratory (Bronchitis) and Musculo-skeletal (Backache/Lumbago) issues are drivers for utilization for Emergency Services.
- Just as pregnancy related diagnoses drive inpatient and outpatient services, both ante-and post-partum diagnoses are significant drivers of ED utilization.
- Chest Pain leads other diagnoses for percentage of dollars for ER care at 9.26% with only 4.01% of the encounters.
- Although not noted individually, the roll-up of all Mental Health/Behavioral Health diagnoses (290-319) account for 509 or 3.22% of the visits and 2.80% of total ED costs. Alcohol and drug related diagnoses account for 101 or 19.84 % of the Behavioral Health ED visits.

Table XII: Pharmacy Utilization FPH - 6/09-5/10 Rank (# of prescriptions)

2010			**2009**	**2008**	**2007**
Medication	**Category**	**Rx Count**	**Rank**	**Rank**	**Rank**
1. Simvastatin	High Blood Cholesterol	24,884	1	1	2
2. Omeprazole	Ulcer Disease	21,438	2	3	15
3. Lisinopril	HBP/Heart Disease	16,791	6	5	4
4. Azithromycin	Infections	16,108	3	4	5
5. Hydrocodone c/ APAP	Severe Pain	15,047	5	2	1
6. Amoxicillin	Infections	14,953	4	7	3
7. Levothyroxine Sodium	Thyroid Disorders	14,501	7	6	6
8. Metformin HCL	Diabetes	9,955	9	12	13
9. Alpazolam	Anxiety	9,055	8	8	8
10. HCTZ	Fluid Retention	8,431	12	14	14
11. Citalopram HBR	Depression	8,017	19		
12. Metoprolol tartrate	HBP/Heart Disease	7,867	16	17	20
13. Singular	Asthma	7,566	17		
14. AmoxTr-K+Clavulanate	Infections	7,102	15	20	NR
15. Metoprolol Succinate	HBP/Heart Disease	7,048	10	9	NR

Table XII: Pharmacy Utilization FPH - 6/09-5/10 Rank (# of prescriptions)

16.Atenolol	HBP/Heart Disease	6,949	14	15	12
17. Sertraline HCl	Depression	6,939	18	16	NR
18. Synthroid	Thyroid Disorders	6,826	13	10	10
19. Lexapro	Depression	6,408	11	11	11
20. Fluoxetine HCL	Depression	6,315			
Total Top 20		**222,200**			
Total Prescriptions		**706,489**	**912,940**	**861,210**	**852,690**

Table XIII: Pharmacy Cost FPH - 6/09-5/10 Rank (Plan Cost)

2010			**2009**	**2008**	**2007**
Medication Cost Rank	**Category**	**RX Count**	**Cost Rank**	**Cost Rank**	**Cost Rank**
1. Enbrel	Inflammatory Conditions	712	1	1	2
2. Singulair	Asthma	7,566	4	14	NR
3. Omeprazole	Ulcer Disease	21,438	2	4	NR
4. Advair Diskus	Asthma	4,004	3	3	6
5. Plavix	Blood Modifying	4,444	5	5	18
6. Humira	Inflammatory Condition	341	11	15	16
7. Abilify	Mental/Neuro Disorders	1,459	14	NR	NR
8. Avonex	Multiple Sclerosis	215	8	7	8
9. Simvastatin	High Blood Cholesterol	24,884	6	10	3
10. Copaxone	Multiple Sclerosis	165	13	12	15
11. Lexapro	Depression	6,408	9	8	9
12. Effexor XR	Depression	2,796	7	2	4
13. Vytorin	High Blood Cholesterol	4,204	12	6	7
14. Kogenate FS	Hemophilia	17			NR
15. Actos	Diabetes	1,990	16	19	NR
16. Concerta	Attention Disorders	2,490	NR	NR	NR
17. Nasonex	Allergies	4,362	NR	NR	NR
18. Solodyn	Infections	691	NR	NR	NR
19. Novolog	Diabetes	1,264	NR	NR	NR
20. Prevacid	Ulcer Disease	1,948	10	11	1
Total-Top 20		**222,220**	**$4,044,054**		
Total-All Drugs			**$36,727,709**	**$48,395,952**	**$42,002,593**

- Four medications are listed as top 20 for both number of prescriptions and percentage of total drug cost: Simvastatin, Omeprazole, Lexapro and Singulair. These four medications account for 8.53% of total prescriptions and 7.2% of total drug cost to health plan.
- Cholesterol lowering, High Blood Pressure/Heart disease, anti-ulcer, asthma, and anti-depressant medication classifications remain as high ranking medication classifications for both number and plan cost of drug prescriptions.
- The asthma classification of medications has three medications noted on either the top ranking number of scripts or plan cost. Singulair as noted above is on both. Advair Diskus is ranked fourth by plan cost.
- Simvastatin, a cholesterol lowering medication, remains the top ranking medication for number of prescriptions, and is 9th for plan cost. Vytorin is also found on the top twenty list for plan cost at the 13th ranked spot.

- Anti-depressant medications are noted multiple times on both lists. This year five of the top 20 prescribed medications are related to treating Depression/Anxiety and account for 5.2% of the total prescriptions. They include Lexapro and the generics for Xanax (Alpazolam), Celexa (Citalopram), Zoloft (Setraline HCL) and Prozac (Fluoxetine). Abilify and Effexor XR appear in the top 20 for plan cost. Abilify, ranked 7th on the plan cost list, can be used to treat Depression as well as Bipolar Disease and Schizophrenia.
- There are four Hypertension/Heart Disease medications in the top twenty by volume: Lisinopril, Metoprolol Succinate, Atenolol and Metoprolol tartrate. These four drugs account for 5.47% of total prescriptions. Combining these meds with the top cholesterol lowering and diuretic medication on the top 20 prescribed list account for 10.19% of plan scripts and 2.92% of cost.
- Antibiotics continue to have the same three medications in the top 20 drugs by prescription count, Azithromycin, Amoxicillin and AmoxTr Potassium Clavulanate. Solodyn (the generic form is minocycline) appears on the top 20 cost list this year and is ranked 17th. It is generally used to treat bacterial infections of the respiratory system, acne and the urinary tract.
- Diabetes is represented by Metformin HCL as the 8th ranking med for number of prescriptions and Actos (15th) and Novolog (19th) on the plan cost list.
- Medication for pain control continues to be prescribed frequently with Hydrocodone with Acetaminophen ranking #5 in number of prescription.
- Two Multiple Sclerosis medications are on the top ranking list for drugs by plan cost: Avonex (8th) and Copaxone (10th). These drugs only account for 0.05% of total number of prescriptions but 2.88% of total cost.
- Enbrel and Humira, treatments for rheumatoid arthritis, as well as psoriatic arthritis and ankylosing spondylitis, are among the top ranking medications for plan cost.
- The trend in drug utilization for FPH may indicate a change in specific drug use due to formulary changes. The pattern of drug utilization reflects and is consistent with the diagnoses found to be leading causes of both inpatient and outpatient utilization, with cardiac disease and behavioral health as key issues. Chronic disease management with cardiac, asthma, and diabetes remains present in pharmacy utilization and costs.

D. Health Services Analysis

- Total membership in the FPH commercial population continues to fall significantly the last few years from 101,879 in 2007 to 59,111 in 2009. During the same time there were notable increases in the FPLIC PPO and EPO populations.
- Even with the decrease in the overall FPH population, the following is noted:
    1. An increase in the number of unique diabetic members from 5,115 to 5,848.
    2. An increase in the percentage of inpatient admissions for the FPH pediatric population for the diagnoses of Psychoses and Alcohol/Drug Dependence.
    3. An increase in the number of unique members seeking outpatient care for All Malignancies/Neoplasm—from 2,516 to 3,070 this year.
    4. An increase in the frequency of outpatient visits for the chronic conditions of Chest pain (42,302 to 44,329), Hyperlipidemia/Hypercholesterimia (47,559 to 56,484) and BH/Drug and Alcohol (40,392 to 55,780).
    5. Increased prevalence of smoking in FPH population, higher than National average.
    6. Reviewing the Pharmacy by RX count, the four meds that appear in the top 20 and targeted for depression total 27,679
- Age, sex, and ethnic/racial demographics are essentially unchanged for 2010 in the FPH population. There is a slight increase in the 50-59 age band (19.71% to 20.21%) and 60-69 age band (7.72% to 8.31%). Although the percent of high school graduates has decreased, the percentages for post high school education have increased.

- Self-reported smoking prevalence in FPH membership for 2010 is 21.94%, which is above the Pennsylvania (20.2%) and National (21.0%) rates as reported by the Centers for Disease Control and Prevention (CDC). This Northeast Region of Pennsylvania has recently been ranked second in the nation for number of smokers by a national website. With the higher than average incidence of smoking comes a higher incidence of smoking related diseases. The effects of nicotine and exposure to second hand smoke are probable contributions to FPH's top ranking inpatient and outpatient diagnoses that include cardiac and respiratory disease and cancer/malignancy related services.
- Several common themes tend to be found within the inpatient/outpatient/emergency and pharmacy utilization.
    - Cardiac disease and related diagnoses remain significant drivers of utilization in all areas monitored; inpatient, outpatient, emergency department and pharmacy.
    - Respiratory related diagnoses including chronic obstructive pulmonary disease, rhinitis, bronchitis, pharyngitis and asthma remain prevalent.
    - Behavioral Health Conditions including Depression and Alcohol /Drug Dependency issues continue to be significant cause for inpatient and pharmacy utilization. Five of the top medications in # of prescriptions and two in plan cost are anti-depressants. Continuing efforts to coordinate continuity of care between inpatient and outpatient services for members with ongoing behavioral health needs may present an opportunity for improvement.
    - Female reproductive system issues, specifically pregnancy related, are a driver for inpatient stays. Ante-natal and post-partum related issues continue to rank in the top ER utilization diagnoses.
    - Insulin Resistance / Metabolic Syndrome remain issues in outpatient services as indicated by DM II, Hyperlipidemia, and Chronic Renal Failure diagnoses. Pharmacy utilization also is significant for Metabolic Syndrome diagnoses with Cholesterol Lowering, Anti-hypertensive, Cardiac and Diabetes medications noted as top ranking medications for both number of prescriptions and total plan cost.
    - Chronic Kidney Disease/ESRD remains a key driver in outpatient utilization, with the majority of the utilization being driven by the 33 members with ESRD. Outpatient services for these 33 members with ESRD accounted for 98.44 % of the utilization frequency for Chronic Kidney Disease /ESRD and 92.97% of total costs for Chronic Kidney Disease /ESRD.
    - Oncology related diagnoses remain the top ranking cause for outpatient utilization. Ranking for total neoplasm/malignancy inpatient admissions has decreased from the last two years (from 2.45% in 2008 to 2.22% last year and now to 2.34% of all admissions this year). The incidence of screening mammograms (screening code V76.12) has fallen slowly for the last few years. (1.18% of encounters in 2008 to 1.13% this year). If all screening mammogram codes (V76.1x) are rolled together then the incidence of screening mammograms has decreased from 1.31% in 2008 to1.19% this year. Malignant neoplasm of the breast remains a top ranking cause of outpatient services for neoplasm diagnoses and is followed by malignant neoplasm of tongue and lung.
    - Back & Neck Procedures as individual diagnoses are not noted in the top ten inpatient diagnosis. However when rolled up the compiled diagnoses of spinal fusion, cervical fusion, and other back and neck procedures account for 104 inpatient admissions or 2.36 % of all and would be ranked 9th. Back and neck issues are also

noted in outpatient utilization with the prevalence of diagnosis codes 722xx for intervertebral disease, 723 for cervicalgia and neck disorders and 724xx for cervical and spinal stenosis, lumbago and other back pain disorders. When rolled up the diagnoses codes 722.xx-724.xx accounted for 98,961 encounters (4.61% of total).

- Drugs prescribed for gastrointestinal symptoms (Prevacid and Omeprazole) rank on both the number and cost of prescriptions. There are related high ranking inpatient and outpatient diagnoses/DRGs: Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders and abdominal pain. Contributing diagnoses could include drug and alcohol issues as well as orthopedic conditions. Many anti-inflammatory and pain medications can cause GI distress. Alcohol is also a GI irritant, especially if excessively utilized. FPH Blue Health Solutions has developed a GERD (Gastro Esophageal Reflux Disease) Program as part of the Lifestyle Management suite of health maintenance programs which will provide education and support to members with GERD/heartburn and prescribed anti-ulcer/pro-motility medications.

E. Early Implementation

- Continue initiative to expand PCP dashboard to identify key member specific utilization and pharmacy information for continuity and coordination of care.
- Continue to develop Facility Contract incentives that address facility related issues, including patient safety, readmission, infection and care protocols.
- Expansion of IVR outreach to members to include gaps in care reminders and messaging related to preventive screenings and chronic condition monitoring which may reduce avoidable inpatient and emergency utilization.
- Continue implementation of member recognition and interactive IVR outreaches to increase effectiveness of messaging and ability for warm transfer to meet member needs.
- Build collaboration with non-Learning Collaborative physician offices to provide support system for transition to Patient Centered Medical Home.
- Continue to explore interventions to encourage members to use ER appropriately through education of other available resources such as the 24/7 Nurse line, par retail clinics, high utilization member reports to physicians and physician compensation for members requiring non-scheduled urgent care in PCP office.
- Continue enhancements of member portal to be more user-friendly.

F. Maintenance Activities

- Continue annual notification to PCP of member's with gestational diabetes of risk factor so that they can incorporate into long-term preventative care and management.
- Continue biannual mailing of gaps in care dashboard to PCPs that identifies members with missed screenings for chronic and preventive care.

- Continue collaboration with the Governor's Office on Health Care Reform Northeastern PA Learning Collaborative pilot project to support dissemination of Chronic Care Model to regional provider offices and with the revision to include Centers for Medicare/Medicaid in spring 2011.

- Continue development of Behavioral Health Case Management process between CBHNP and BCNEPA to encourage continuity of care between inpatient and outpatient care for members with both behavioral health and medical diagnoses needs.

- Continue opt-out participation in Asthma, CAD, and Diabetes Management Programs, CHF and COPD to optimize number of members receiving targeted information to assist them in managing their health. Continue opt-in Programs for Prenatal Care, Weight Management, Back Care and Depression.

- Continue Coordination of Care between the medical Disease Management and Case Management programs and the Depression Disease Management Program with referrals of members with a positive depression screening from the medical programs to the Depression Program coordinator for further evaluation and follow-up.

- Continue Tobacco Cessation Disease Management Program with targeted member and physician education on tobacco cessation.

- Continued initiatives to improve asthma care, comprehensive diabetes care particularly eye examinations, and behavioral health initiatives and preventive cancer screenings.

- Continue Medication Adherence program with targeted mailings to members and prescribing physicians when medication fill ratios for chronic care medications fall below threshold.

- Continue collaboration with CM/DM for identification and outreach to high ER utilization by members with certain chronic diseases or non emergent diagnoses and gaps in care for chronic disease.

- Continue inclusion of facilities and provider/practitioner offices in education about Preventative Health and Disease Management Programs available to FPH membership.

- Continue Blue Health Solutions 24/7 hour Nurse line and Lifestyle Management programs as a health coaching resources for all members

- Blues Health Solutions member reminder letters for preventative and diagnosis specific care: colorectal cancer screening, breast cancer screening, Chlamydia and PAP.
- Continue risk factor reduction programs through health assessment and health coaching for cholesterol management, stress reduction and tobacco cessation.

- Continue the current initiative in Depression, which includes a Depression Management Program with a designated social worker, with a focus on detection and treatment of depression in the Primary Care setting. Encourage outpatient treatment for Behavioral Health disorders with a focus on depression and alcohol /substance abuse.

- Continue exploration of Internet strategy to enable communication to the appropriate Membership and Providers and to facilitate the health care delivery process.

- Continue expansion of Navinet to all Providers to provide increase in timely information.

- Continue education and mailing on Member Health Statement

G. Opportunities/Recommendations

- Explore initiatives to encourage membership to access health benefit and educational information/programs available on BCNEPA internet, including Blue Health Solutions and care, health and lifestyle management programs.

- Explore expansion of Blue Health Solutions Case and/or Health Management programs to address the Behavioral Health issues identified in the pediatric population.

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- Explore opportunities to facilitate earlier and more focused screening of new members by their Primary Care Physicians to identify health risks and augment member data collection.

- Explore development of new initiatives to promote preventive cancer screenings.

- Explore collaborative opportunities with community agencies.

- Explore development of educational mailing to women who experienced gestational diabetes during pregnancy about the risks of developing Type II diabetes and the recommended routine care monitoring for risk of diabetes.

- Collaboration with AllOne to encourage the utilization of Personal Health Records and Health Risk Assessment by membership.

- Continue recommended cholesterol screening mailings to include members with ischemic vascular disease.

- Explore collaboration with BHS regarding the feasibility of light touch CM for identified special needs members that do not meet criteria for existing CM/DM programs.

- Explore development of new and expanded initiatives to improve ongoing management of members with diabetes, including increasing members' awareness of and proactive participation in HbA1C, diabetic eye, cholesterol and nephropathy screening.

- Explore opportunities to provide education and targeted reminders on continued use of medication to members on chronic care medications, i.e., beta-blockers, anti-hypertensive, and anti-depressants.

- Continue ongoing monitoring of pharmaceutical adherence for members with prescriptions for medications to manage chronic conditions and explore enhancing initiatives to remind members and alert prescribing physicians of medication non-adherence.

- Explore opportunities to improve the coordination of care post hospitalization.

- Explore Continuous Process Improvement project to enhance continuity and coordination of care between PCP and ophthalmologists to capture diabetic eye exam adherence.

Divider Page

CHIP POPULATION ANALYSIS

2010

CHIP Population Analysis (June 2009 - May 2010)

A. Demographic Profile

Information to profile the demographics of the CHIP Membership was derived from an analysis of Pennsylvania Department of Health Profiles (2008) - State Center for Health Statistics and Research; County Health Profiles - US Census, Penn State Data Center; Hospital Association of PA; US Census DP1 Profile of General Demographic Characteristics - NCQA CAHPS 4.0H 2010, and internal profiling of age and sex distribution of CHIP Members using Med Stat Advantage Suite software.

1. Age Distribution

Analysis of CHIP Membership age distribution using Med Stat data indicates the following:

Table 1:CHIP Age Distribution*

Age	2008	2009	2010
0-2	835 / (5.61%)	881 / (5.73%)	851/ (5.77%)
3-5	1,497 / (10.06%)	1,526 / 9.93%	1,391/ (9.43%)
6-12	6,236 / (41.90%)	6,295 / (40.98%)	6,089/ (41.27%)
13-19	6,314 /(42.43%)	6,661 / (43.36%)	6,423/ (43.53%)
Total	**14,882**	**15,363**	**14,754**

*Data Source: MedStat

2. Racial Distribution

The racial distribution within Pennsylvania, the thirteen (13) county service area, First Priority Health Membership, and reported CHIP members is indicated in the following table. The reporting of this data is voluntary and members frequently choose not to report.

Table II: Racial Distribution – 2010

	White	Black	Asian	Other	Data Source
Pennsylvania	83.8%	10.4%	2.4%	2.0% Other 0.1% American Indian/Alaskan Native 0.0% Native Hawaiian/ Other Pacific Islander	2005-2009 U.S. Census Bureau, American Community Survey
Service Area	94.3%	2.9%	0.8%	*	2006-2008 U.S. Census Bureau, American Community Survey
FPH Membership	88.81%	5.41%	3.22%	3.02% Other 1.67%American Indian /Alaska Native 0.35% Native Hawaiian/ Other Pacific Islander	NCQA 2010 CAHPS 4.0H (Adult)
CHIP Membership	92.77%	4.30%	1.83%	4.03% Other 1.65%American Indian /Alaska Native 0.18%Native Hawaiian/Other Pacific Islander	NCQA 2010 CAHPS 4.0H (Child)

*County specific ethnicity information not available for service area in annual DOH vital statistics reports.

Table III: Hispanic or Latino Origin

	2008	2009	2010	Source
Pennsylvania	3.20%	3.20%	4.7%	2005-2009 U.S. Census Bureau, American Community Survey
Service Area	1.89%	1.89%	3.0%	2006-2008 U.S. Census Bureau, American Community Survey
FPH Membership	1.14%	0.92%	4.09%	NCQA 2010 CAHPS 4.0H (Adult)
CHIP Membership	6.42%	5.26%	7.57%	NCQA 2010 CAHPS 4.0H (Child)

Analysis:

The majority of CHIP members are found within the 13-19 age range, with infants representing the smallest age category. This is consistent with the previous year's findings. Membership in all age categories has decreased from the 2009 data. The total CHIP membership has decreased by 609 members this year.

Race and ancestry information is self-reported through CAHPS survey returns. Percentages totaling greater than 100% may reflect those who identify themselves under several race categories. Not unlike the FPH population, the CHIP population is predominantly Caucasian. The CHIP population has lower percentages of Black and Asian populations and higher percentages in the Hispanic and Latino populations when compared to the FPH and other memberships.

From the self-reported data, the Hispanic population represents 7.57% of the CHIP population. This is an increase from last year. This percentage continues to be higher than the Pennsylvania population as a whole, the thirteen county service areas and the FPH commercial membership.

B. Health Services Utilization CHIP

All tables include data for claims incurred from June 2009 to May 2010 paid through September 2010.

Table V: CHIP Top Ten Inpatient Diagnosis, All Ages 0-19 years

Inpatient DRG		Frequency		Net Payment
2010 Ranking	**2009 Ranking**	**2010**	**2009**	**2010**
1. Psychoses	1	41	41	$202,085.85
2. Appendectomy with/ without Complication	4	21	16	$134,048.94
3. Alcohol/Drug Abuse or Dependence w/o CC w/o Rehab	3	20	17	$185,874.23
4. Bronchitis & Asthma Age, 0-17	7	20	11	$70,653.35
5. All Vaginal and Cesarean Deliveries	2	12	18	$57,513.48
6. Simple Pneumonia & Pleurisy Age 0-17	9	11	8	$53,746.67
7. Depressive Neuroses	6	10	12	$51,583.73
8. Nutritional & Misc Metab Disorder Age 0-17	5	9	13	$21,186.98
9. Esophag, Gastroent & Misc GI Dx Age 0-17	N/A	9	5	$30,151.17
10. Kidney and UTI Age 0-17	/A	9	5	$49,886.98
Total Top Ten		**162**		**$856,731.30**
11. Seizure & Headache Age 0-17	8	3	9	$24,165.20
12. Diabetes Age 0-35	10	1	7	$3,362.69
13. Otitis Media & URI Age 0-17	11	**5**	**6**	$16,176.41
Total All Inpatient		**171**		**$897,072.91**

The top ten inpatient DRGs show the following characteristics:

- Mental/Behavioral Health conditions, including alcohol and drug dependence, account for 23% of the total inpatient diagnoses, an increase from last year. There were 263 total inpatient admissions; 61 were related to Mental/Behavioral Health. Inpatient admissions for 2008-2009 were at 70 showing a slight decrease. Behavioral health care issues were also reflected in the commercial population as a driver for inpatient utilization.

- Psychoses has remained the most frequent reason for inpatient admissions again for 2009-2010. The cost to care for psychoses admissions represents 9.35% of claims paid for all CHIP inpatient encounters for 2009-2010. Although Psychoses is the most frequent reason for admission, in 2008-2009 it was more costly to treat diagnoses related to drug and alcohol abuse. A decrease in drug and alcohol abuse cost is noted for 2009-2010 data. These twenty admissions account for 8.6% of total claim dollars for this CHIP population. Alcohol and Drug abuse may have improved this year when compared to Psychoses however it's a 2.2% increase from the 2008-2009 data.

- Respiratory conditions account for 13.7 % of all admissions in this category. This is an increase from 9.8% last year. Respiratory diagnoses consistently have been a top driver for inpatient hospitalizations for CHIP population, which is consistent with the trends in the FPH 0-19 year population.

- Cesarean/Vaginal delivery (DRG 370-373xx) remains in the top ten for inpatient admissions and represents 4.6% of all admissions. The previous year, delivery represented 6.9% of all inpatient admissions.

Table X: CHIP Top Ten Diagnosis for Emergency Room Encounters, Ages 0-19 Years

Emergency Room 2010 Ranking	Frequency 2010	Net Payment 2010
1. Sprains (All)	608	$280,032.37
2. Contusions (All)	503	$220,325.00
3. Open Wounds	459	$200,860.00
4. Fractures/Dislocations	402	$282,890.00
5. Abdominal Pain	275	$272,062.97
6. Otitis Media	222	$62,773.78
7. Pharyngitis	221	$62,480.40
8. Bronchitis	148	$54,598.33
9. Asthma	145	$75,358.00
10. Chest Pain	123	$64,230.00
Total Visits to ER	**3106**	**$1,575,610.70**

Emergency Room usage for ages 0-19 years shows the following characteristics:
For the 2010 Population Analysis roll-ups of like diagnoses were defined and utilized in the utilization analysis for all BCNEPA product lines to support consistency of monitoring and reporting and too promote easier identification of both product specific and overall population issues and/or trends. Therefore the trending to last years five digit drg code analysis is not valid, so the 2009 data is not included..

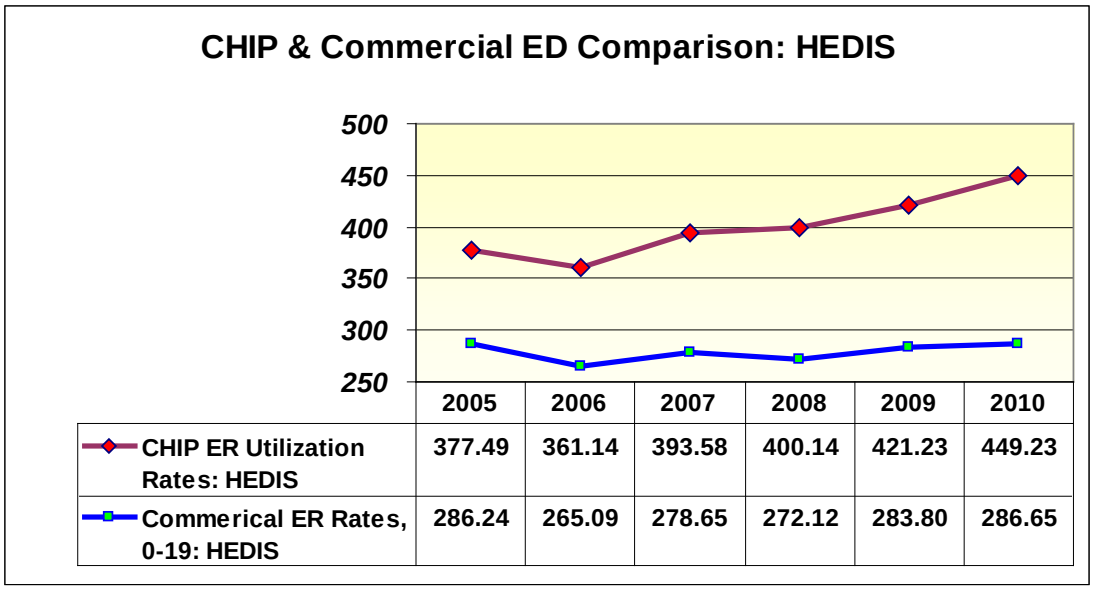
- Emergency room encounters continue to present a challenge in terms of educating members regarding the appropriate usage of the emergency room. Treatment for infectious processes such as Otitis Media, Acute Pharyngitis and Bronchitis continue to be in the top ten most frequent diagnoses seen in the emergency room. These diagnoses account for 19% of top ten emergency room encounters for 2009-2010. When some of the more prevalent infection related diagnoses are combined (Otitis Media, Bronchitis, Strep, Pharyngitis, URI, Viral Infection), they account for almost 15.4% of visits for total emergent care.

- Within the top ten diagnoses found above, 28% appear to be diagnoses that may be treatable in the PCP office. Those diagnoses that appear to have been appropriate for the emergency room include sprains and fractures which would have required radiological evaluation. Contusions, open wounds and abdominal pain also may have been appropriate for ER or PCP dependent on the member specific circumstances. These are not included in the percentage.

- A more detailed look at ER usage involves combining ICD-9 codes. Unsurprisingly, injury related diagnoses are the main driver in ER usage. When Contusions, Fractures, Sprains, Open Wounds, and Injury are combined they account for 40.5% of total ER visits. Encounters with Abdominal Pain (789.xx-.09) numbered at 275. Psychosis (290-299.xx) and Non-Psychotic Mental/Behavioral Disorders (300-316xx) diagnoses numbered at 120 visits a decrease from 2008-2009 data at 133 visits.

- When the individual asthma ICD-9 codes are totaled, services for Asthma (493.xx) are a top ranking driver for ER utilization. For 2010, there were 145 ER encounters for combined asthma diagnoses, an increase from 111 in 2009 for the CHIP population.

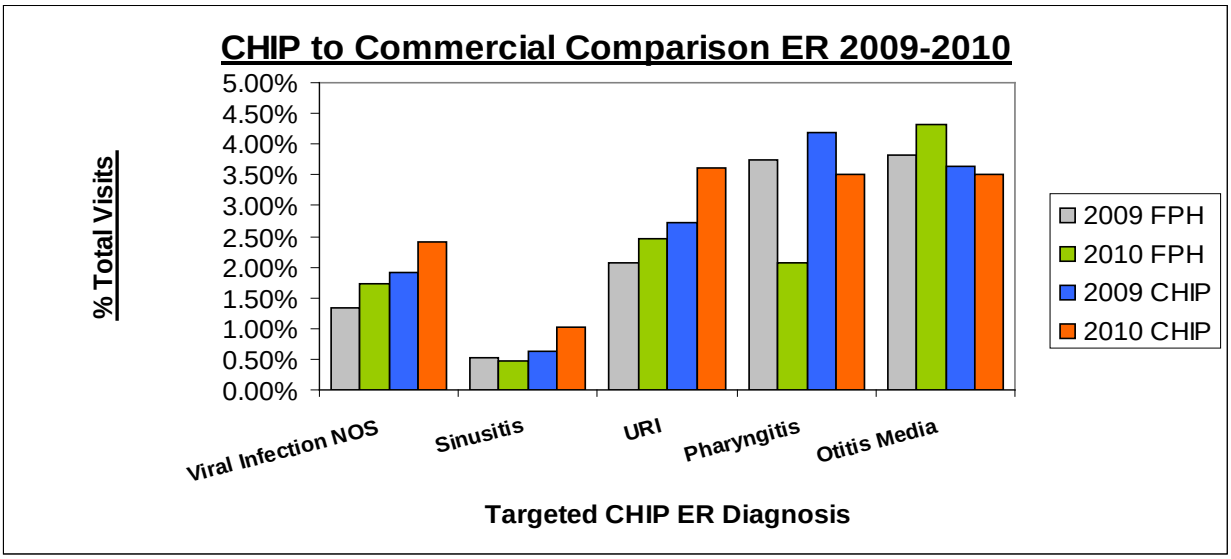
FIGURE 1: ER Utilization Rates: CHIP and FPH Commercial Pediatrics



	2005	2006	2007	2008	2009	2010
CHIP ER Utilization Rates: HEDIS	377.49	361.14	393.58	400.14	421.23	449.23
Commerical ER Rates, 0-19: HEDIS	286.24	265.09	278.65	272.12	283.80	286.65

Annually as a component of the QI Program Evaluation, FPH completes an analysis which includes a trending of ER utilization and a comparison of trends in ER utilization in the commercial population 0-19 to the CHIP population. In the graph above, the HEDIS rate for use of the emergency room shows the CHIP population to have a higher utilization per member/month than the commercial population. The rate of ER utilization by the commercial population has remained relatively flat, whereas the usage by the CHIP population has grown steadily since 2005.

FIGURE 2: CHIP to Commercial FPH ER Diagnoses Comparison



In the graph above, the trending of for ER utilization for both the CHIP and commercial populations are depicted to be essentially the same for the ER diagnoses related to respiratory infections. FPH as a Pennsylvania Insurance Department CHIP Contractor is participating in a Process Improvement Project addressing inappropriate ER Utilization. As part of the quality improvement project the health plan is monitoring ER utilization for diagnoses that may have been able to be addressed at the physician office level of care. The CHIP targeted diagnoses include the respiratory related diseases of URI, Pharyngitis, Sinusitis, Otitis Media, and Viral Infection NOS. These are drivers for ER utilization for both populations and both showed increases from 2009 and 2010 overall. One exception is the decrease in both FPH commercial pediatrics and CHIP Pharyngitis related ER visits (3.74% of visits in 2009 and 2.07% in 2010 for FPH and 4.20% in 2009 to 3.50% in CHIP population). Also noted is a slight decrease in CHIP ER Otitis Media visits from 3.64% to 3.50%. However for these diagnoses, it is shown that the CHIP membership uses the ER at a significantly higher rate for diagnoses that can most likely be treated appropriately in a physician office.

Sprains, Contusions, Open Wounds and Fractures/Dislocations are also drivers for ER utilization for both populations and both showed increases in 2009 and 2010. Additionally, Mental Health/Behavioral Health diagnoses are also drivers for both CHIP and Commercial populations including Inpatient/Outpatient and Emergency Room.

Asthma continues to be one of the top ten diagnoses driving outpatient utilization. Asthma has fallen into the CHIP top ten diagnoses for ER encounters for 2009-2010. There were 145 ER claims with a primary diagnosis of asthma resulting in a payment of $75,358.00. Compared to 2008-2009 Asthma ER claims were at 111. The Asthma Disease Management Program is available to CHIP members and their caregivers to provide educational support and assistance in managing Asthma. The current CHIP members enrolled in the disease management are triggered for an outreach call from the Asthma Disease Management nurse after an ER visit for an Asthma related diagnosis. A new initiative that started 11/2010 is tracking inappropriate ER utilization in the CHIP population. Not only are the members in the BHS program being outreached to but all

CHIP members who are using the ER inappropriately are being called by a disease management nurse to address member needs.

Table XV: CHIP Top Ten Outpatient Diagnoses, Excluding ER, All Ages, 0-19 Years

Outpatient Utilization				
2010 Ranking	**2009 Ranking**	**2010 Frequency**	**2009 Frequency**	**2010 Payment**
1. Routine Child Health Exam	1	28,480	30,327	$735,244.26
2. Behavioral Health /Drug & Alcohol	N/A	12,971	10.841	$872,136.03
3. Rhinitis	2	7676	7757	$153,593.63
4. Joint Pain	* N/A	5978	5031	$353,040.03
5. Pharyngitis	3	5858	6945	$96,304.70
6. Vaccine for Influenza	10	5,553	2832	$56,940.52
7. Asthma	6	5411	4046	$178,158.39
8. Fractures/Dislocations	*N/A	5395	5508	$586,902.48
9. Tonsil & Adenoids	5	5182	5391	$586,475.88
10. Sprain	*N/A	4017	4157	$251,233.23
Total Top Ten Outpatient		**86,521**		**3,870,028.70**
11. Otitis Media	7	3927	3565	$157,806.06
12. Sinusitis	11	2738	2828	$33,437.80
13. Abdominal Pain	4	2121	5592	$206,929.96
14.Acute URI NOS	8	362	3026	$14,047.21
Total Outpatient (Top 14)		**95,669**		**4,282,249.60**

Outpatient utilization for this age group shows the following characteristics:

- Routine child exams are the number one reason for encounters in the outpatient setting for both males and females. This is consistent with the results from previous years.

- Disorders of the upper respiratory system, ears, nose and throat remain the key drivers in the top ten diagnoses for outpatient visits by the CHIP population. This remains consistent over years past.

- Combined diseases of the respiratory system (ICD-9 codes 460-519) account for 38,418 visits or 18.07% of all outpatient visits. This is essentially unchanged from the 2009 analysis of 37,178 or 18.02% of all outpatient visits.

- The Vaccine for Influenza remains in the top ten and continues to slowly increase over the past few years.

- Behavioral health issues including psychosis, depressive neurosis, drug and alcohol addiction, and childhood mental disorders are reflected in the top ten outpatient encounters, and do

account for 4% of overall outpatient visits. Compared to last year at 5.8% of overall outpatient visits.

- Asthma is a significant driver for outpatient utilization for the CHIP population. When all Asthma codes (493.xx) are totaled the outpatient usage, excluding ER utilization for CHIP Population, is 5,411 encounters and $178,158.39 in outpatient claims, an increase of 1,365 and $50,346.39 from last year.

- Diabetes diagnoses (250.xx) visits equaled 797 with a claim cost of $80,671.08. Last year there were 676 outpatient visits for diabetes.

- Trauma/Injury related diagnoses, such as Open Wound, Fracture, and Sprains, account for 7% of the overall outpatient visits in this age band.

Table VII: CHIP Pharmacy Utilization - June 1, 2009 – May 31, 2010

Top 20 Drugs by Prescription Count				Top 20 Drugs by Plan Cost			
2010	**# / % Total**	**2009**	**2008**	**2010**	**% all drug cost**	**2009**	**2008**
1. AMOXICILLIN	**5,511/ 6.76%**	**1**	**1**	1. SINGULAIR	**8.00%**	**1**	**1**
2. AZITHROMYCIN	**4,617/ 5.66%**	**2**	**2**	2. CONCERTA	**3.82%**	**2**	**4**
3. SINGULAIR	**3,567/ 4.37%**	**3**	**3**	3. ABILIFY	**3.33%**	**4**	**9**
4. MULTI VITAMINS W/ FLUORIDE	**2,250/ 2.76%**	**5**	**4**	4. SOLODYN	**2.76%**	**15**	**12**
5. AMOX TR-POTASSIUM CLAVULANATE	**2,238/ 2.74%**	**4**	**14**	5. NASONEX	**2.69%**	**9**	**5**
6. SODIUM FLUORIDE	**2,149/ 2.64%**	**-**	**16**	6. ADVAIR DISKUS	**2.62%**	**8**	**6**
7. PROAIR-HFA	**1,923/ 2.36%**	**6**		7. DEXTROAMPHETAMINE-AMPHETAMINE	**2.56%**	**-**	**10**
8. CEFDINIR	**1,502/ 1.84%**	**10**	**7**	8. PREVACID	**2.10%**	**3**	**7**
9. NASONEX	**1,483/ 1.82%**	**9**	**9**	9. VYVANSE	**1.99%**	**17**	**11**
10. CONCERTA	**1,325/ 1.62%**	**8**	**10**	10. NORDITROPIN NORDIFLEX	**1.99%**	**-**	**8**
11. ALBUTEROL SULFATE	**1,263/ 1.55%**	**13**	**8**	11. PULMICORT	**1.97%**	**10**	**17**
12. FEXOFENADINE HCL	**1,258/ 1.54%**	**11**	**15**	12. CEFDINIR	**1.68%**	**7**	**16**
13. CEPHALEXIN	**1,078/ 1.32%**	**12**	**13**	13. STRATTERA	**1.64%**	**13**	**NR**
14. SULFAMETHOXAZOLE -TRIMETHOPRIM	**1,024/ 1.26%**	**15**	**NR**	14. AZITHROMYCIN	**1.53%**	**6**	**NR**
15. VYVANSE	**830/ 1.02%**	**-**	**18**	15. PROAIR HFA	**1.51%**	**16**	**NR**
16. VENTOLIN HFA	**820/ 1.01%**	**-**	**19**	16. BENZACLIN	**1.47%**	**12**	**NR**
17. DEXTROAMPHETAMINE-AMPHETAMINE	**815/ 1.00%**	**-**	**11**	17. FLOVENT HFA	**1.43%**	**20**	**NR**
18. PREDNISONE	**812/ 1.00%**	**-**	**-**	18. AMOX TR-POTASSIUM CLAVULANATE	**1.42%**	**11**	**NR**
19. HYDROCODONE-ACETAMINOPHEN	**797/ 0.98%**	**19**	**20**	19. DIFFERIN	**1.29%**	**14**	**20**
20. ACETAMINOPHEN-CODEINE	**756/ 0.93%**	**18**		20. FEXOFENADINE HCL	**1.21%**	**19**	**NR**
Total # All Drugs	**81,542**			**Plan Cost All**	**$5,066,722.40**		

*Report based on CHIP Top 100 drugs by amount paid and claim count.

- The drug utilization by number of scripts and plan cost indicates that antibiotics are the most frequently prescribed medications. The antibiotic medications account for 20% of all of the CHIP membership prescriptions. Last year they accounted for 20.18%, a slight decrease this year.

- Medications to treat allergies/asthma follow as the second most frequently prescribed at 25% of the total prescriptions. Vitamins, ADHD, and Acne medications are also noted in top drivers for prescription utilization.

- Narcotic pain relievers remain in the top 20 for usage for the third consecutive year. With the high volume of care associated with injury/trauma, this is not surprising.

- Singulair remains the number one drug by cost to the plan for the CHIP membership. Five Asthma medications are found in the list of top 20 medications by plan cost: Singulair, Advair Diskus, Pulmicort, Profair HFA, and Flovent HFA and Ventolin HFA account for 11% of CHIP membership pharmacy costs to the plan.

- Preventive medications in the form of vitamins and sodium fluoride are consistent with the high number of outpatient visits for well checks that are seen within all age ranges.

- The use of the above prescriptions is consistent with the top ten diagnoses, outpatient encounters, emergency room encounters, and inpatient admission encounters.

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AllOne Health Population Assessment
Analysis of 2010 Report

GOAL

- Annually assess the characteristics and needs of AllOne's member population and relevant subpopulations to determine if the case management process and case management resources need to be updated to address member needs.

PROCESS

- AllOne currently has only one customer for catastrophic case management services – Blue Cross of Northeastern Pennsylvania (BCNEPA). BCNEPA provided a Population Analysis of its First Priority Health product. AllOne Health's Compliance department and Case Management leadership completed a review and analysis of the report.

RESULTS

Demographics

- Racial Distribution – Over 98.58% of the population is reported as being Caucasian. The number of respondents noting "Black" or "Asian" has decreased from previous year.
- Hispanic or Latino Origin – The report indicates that there has been a decrease over the past few years in the Hispanic/Latino membership, which is now reported to be 0.87%.
- Education – The report indicates that 3.41% of the membership has Some High School/Less than 8th Grade and 96.58% are high school graduates/GED or have varying levels of a college education.
- Tobacco Use – Tobacco use in the population has increased slightly over the past few years to 21.94%. This is above the state rate of 20.2% and the national rate of 21% as reported by the Centers for Disease Control and Prevention.

Health Services

- The following are significant drivers of utilization for inpatient, outpatient, emergency and/or pharmacy services:
    - Cardiac disease and related diagnoses
    - Respiratory related diagnoses
    - Behavioral health conditions including depression and alcohol/drug dependency
    - Female reproductive system issues, specifically pregnancy related
    - Insulin Resistance/Metabolic Syndrome
    - Chronic Kidney Disease/ESRD
    - Oncology related diagnoses
    - Back & neck procedures
    - Gastrointestinal symptoms

ANALYSIS

- Ethnic/racial demographics remained essentially unchanged for 2010 in the FPH population.
    - No changes to program or resources required.
- The percentage of high school graduates decreased; however, the percentage of members with college experience increased in all three categories.
    - AllOne Health will continue to monitor reading levels of case management member materials. No changes required.
- Tobacco use has been identified as an issue for the population in this region of Pennsylvania. AllOne Health assesses the use of tobacco in its program. Additionally the Tobacco Cessation Program is offered to all members who indicate that they use tobacco and are interested in quitting.
    - No changes to program or resources required.
- The case management department is able to manage catastrophic events for any of the conditions indicated. Additionally programs are offered related to transition of care and intermediate care management for conditions such as oncology and back & neck procedures. AllOne Health also offers disease management programs for cardiovascular disease, heart failure, asthma, COPD, diabetes and depression. A Maternity Program and Tobacco Cessation Program are offered are also available for referral.
    - No changes to program or resources required.

STATUS

- No changes are required to the case management program or resources.
- Continue to annually assess the characteristics and needs of the AllOne Health member population and relevant subpopulations.

APPROVALS

Approved by:

Lisa Skudalski, Manager, Compliance — Date: 03/14/11

Donna Koepfler, Manager, Case Management — Date: 03/14/11

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AllOne Health Population Assessment
Analysis of 2011 Report

GOAL

- Annually assess the characteristics and needs of AllOne Health's member population and relevant subpopulations to determine if the case management process and case management resources need to be updated to address member needs.

PROCESS

- AllOne Health currently has only one customer for catastrophic case management services – Blue Cross of Northeastern Pennsylvania (BCNEPA). BCNEPA provided 2011 data on its commercial HMO and POS product line for this Population Analysis. AllOne Health's Compliance department and Case Management leadership completed a review and analysis of the data.

RESULTS

Demographics

Source: PA Dept. of Health Profiles (2008) – State Center for Health Statistics and Research; US Census DP1 Profile of General Demographic Characteristics (2000) – NCQA CAHPS 4.0H 2011 and internal profiling of age and sex distribution using Med Stat Advantage Suite software

- Racial Distribution – 88.94% of the FPH HMO respondents in the 2011 CAHPS survey population reported their race as being Caucasian. This is a 0.13% decrease from 2010. The number of respondents reporting their race as "Black" was 4.26% and "Asian" was 4.51%.
- Hispanic or Latino Origin – The 2011 HMO CAHPS report indicates that there has been an increase in 2011 in the Hispanic/Latino membership, which is now reported to be 3.92%. In 2010, it was reported as 0.87%.
- Education – The 2011 HMO CAHPS results indicates that 3.00% of the membership have a less than 8th grade/some high school level of education. 38.17% of the membership report they are high school graduates/GED and 58.84% report varying levels of college education from some college to more than a four year college degree.
- Tobacco Use – 2011 HMO CAHPS results indicates tobacco use has decreased in 2011 to 16.97%. This is a 4.97 percentage point decrease from the 2010 rate of 21.94%. The 2011 rate is below both the state rate of 21.3% and the national rate of 18.4% as reported by the Centers for Disease Control and Prevention.

Health Services

Source: Data includes the top diagnoses for inpatient, outpatient, emergency room and pharmacy claims incurred from 06/01/2010 – 05/31/2011 paid through 08/31/2011 for the managed care population.

Top 10 Diagnoses for Managed Care Population					
	Inpatient	**Outpatient**	**Emergency Room**	**Prescriptions (by Count)**	**Prescriptions (by Cost)**
1	Obstetrical Deliveries	BH/Drug & Alcohol	All Injury (sprain, open wound, contusion, fractures/dislocations)	Simvastatin-High Blood Cholesterol	Enbrel-Inflammatory Conditions
2	Coronary Artery Disease	All Malignancies/ Neoplasm Diagnoses	All Respiratory (bronchitis, pharyngitis, acute URI, asthma)	Omeprazole-Ulcer Disease	Singulair-Asthma
3	Psychoses	All Cardiac	Abdominal Pain	Lisinopril-HBP/Heart Disease	Omeprazole-Ulcer Disease
4	Major Joint & Limb Reattachment Upper & Lower Extremity	Hyperlipidemia/ Hypercholesterimia	Chest Pain	Azithromycin-Infections	Advair Diskus-Asthma

	Inpatient	Outpatient	Emergency Room	Prescriptions (by Count)	Prescriptions (by Cost)
5	Alcohol/Drug Abuse or Dependence	All Diabetes	Headache	Hydrocodone c/APAP Severe Pain	Plavix-Blood Modifying
6	Esophag, Gastroen, Misc. GI DX>17 w CC and >17 w/o CC	Routine Child Exam Routine Health Exam	Backache/Lumbago	Amoxicillin-Infections	Humira-Inflammatory Condition
7	Total Neoplasm/ Malignancy	Sprains	Cellulitis	Levothyroxine-Thyroid Disorders	Abilify-Mental/Neuro Disorders
8	Cellulitis	Abdominal Pain	Pregnancy Related Antepartum/Postpartum	Metformin HCL-Diabetes	Avonex-Multiple Sclerosis
9	Simple Pneumonia & Pleurisy w/wo CC MCC	Fractures/Dislocations	UTI	Alpazolam-Anxiety	Simvastatin-High Blood Cholesterol
10	Uterine & Adnexa Procedures w/o CC	Lumbago	Otitis Media	HCTZ-Fluid Retention	Copaxone-Multiple Sclerosis

- The significant drivers of utilization for inpatient, outpatient, emergency and/or pharmacy services:
  - Cardiac disease and related diagnoses
  - Respiratory-related diagnoses (COPD, rhinitis, bronchitis, pharyngitis and asthma)
  - Behavioral health conditions including depression and alcohol/drug dependency
  - Female reproductive system issues, specifically pregnancy-related
  - Insulin Resistance/Metabolic Syndrome
  - Oncology-related diagnoses
  - Drugs for gastrointestinal symptoms

ANALYSIS

- Ethnic/racial demographics remained essentially unchanged for 2011 in the FPH population. The population remains fairly homogenous, thus there is little need to modify materials or processes to address different member cultural or linguistic needs.
  - No changes to program or resources required.

- The percentage of members with a high school degree and 4 year + college degree increased. The other levels of education had slight decreases.
  - AllOne Health will continue to monitor reading levels of case management member materials to promote health literacy. No changes required.

- While the rate for tobacco use decreased in 2011, it continues to be identified as a health risk issue for the population in this region of Pennsylvania. AllOne Health assesses the use of tobacco in all of its programs. The Tobacco Cessation Program is offered to all members who indicate that they use tobacco and are interested in quitting. Case Managers follow up with members on these referrals as part of their care plan.
  - No changes to program or resources required.

- A comparison of the significant drivers of health care and the criteria for the identification and referral to case management indicated that the criteria and processes are adequate. Cardiac disease, respiratory and oncology-related diagnoses are identified through the precertification process, claims reports and through other health management programs. Behavioral health cases are identified through the behavioral health vendor referral of any members readmitted within 30 days of the last admission date. AllOne has Maternity, GERD and Metabolic Syndrome programs for members identified with these conditions. Depending on the severity of the case, care coordinators will refer members to the CAT Case Management program or they will remain in the current program.
  - No changes to program or resources required.

- The case management department is able to manage catastrophic events for all of the conditions indicated. A program is also offered related to transition of care and intermediate care management for oncology. AllOne Health also offers disease management programs for cardiovascular disease, heart failure, asthma, COPD, diabetes and depression. A Maternity Program, GERD and Tobacco Cessation Program are available for referral. AllOne Health also collaborates with BCNEPA on the Governor's Office on Health Care Reform Northeastern PA Learning Collaborative pilot project for the Chronic Care Model.
    - No changes to program or resources required.

STATUS

- No changes are required to the case management program or resources.
- Continue to annually assess the characteristics and needs of the AllOne Health member population and relevant subpopulations.

APPROVALS

Approved by:

Lisa Skudalski, Manager, Compliance — Date: 06/28/12

Donna Koepfler, Manager, Case Management — Date: 06/28/12

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AllOne Health Population Assessment – HMO
Analysis of 2012 Report

GOAL

- Annually assess the characteristics and needs of AllOne Health's member population and relevant subpopulations to determine if the case management process and case management resources need to be updated to address member needs.

PROCESS

- AllOne Health currently has only one customer for catastrophic case management services – Blue Cross of Northeastern Pennsylvania (BCNEPA). BCNEPA provided 2012 data on its commercial HMO and POS product line for this Population Analysis. AllOne Health's Compliance department and Case Management leadership completed a review and analysis of the data.

RESULTS

Demographics

Source: US Census Bureau, American Community Survey, 2010-2012 NCQA CAHPS 4.0 surveys and internal profiling of age and sex distribution using MedStat Advantage Suite software

- Racial Distribution – 93.33% of the FPH HMO respondents in the 2012 CAHPS survey population reported their race as being Caucasian. This is an increase from 2011 (88.94%). The number of respondents reporting their race as "Black" was 1.79% and "Asian" was 2.64%. Both were decreases from 2011.
- Hispanic or Latino Origin – The 2012 HMO CAHPS report indicates that there has been a decrease in 2012 in the Hispanic/Latino membership, which is now reported to be 2.27%. In 2011, it was reported as 3.92%.
- Education – The 2012 HMO CAHPS results indicates that 3.43% of the membership have less than 8th grade/some high school level of education. 34.54% of the membership report they are high school graduates/GED and 62.03% report varying levels of college education from some college to more than a four year college degree.
- Tobacco Use – 2012 HMO CAHPS results indicates tobacco use has increased in 2012 to 19.66%. This is a 2.69 percentage point increase from the 2011 rate of 16.97%. The 2012 rate is below both the state average of 22% and the national average of 20.8% as reported by the Centers for Disease Control and Prevention.

Health Services

Source: Data includes the top diagnoses for inpatient, outpatient, emergency room and pharmacy claims incurred from 06/01/2011 – 05/31/2012 paid through 08/31/2012 for the managed care population.

Top 10 Diagnoses for Managed Care Population					
	Inpatient	**Outpatient**	**Emergency Room**	**Prescriptions (by Count)**	**Prescriptions (by Cost)**
1	Obstetrical Deliveries	Behavioral/Alcohol and Drug Abuse	Injury	Simvastatin-High Blood Cholesterol	Singulair-Asthma
2	Coronary Artery Disease	All Malignancies/ Neoplasm	Abdominal Pain	Amoxicillin-Infections	Enbrel-Inflammatory Conditions
3	Psychoses	All Cardiac DXs	Chest Pain (786.5x)	Azithromycin-Infections	Avonex-Multiple Sclerosis
4	Alcohol and Drug Abuse	Routine Child Health Exam	Respiratory	Omeprazole-Ulcer Disease	Humira-Inflammatory Condition

	Inpatient	Outpatient	Emergency Room	Prescriptions (by Count)	Prescriptions (by Cost)
5	Major Joint & Limb Reattachment Upper & Lower Extremity	All Diabetes DXs	Cellulitis	Lisinopril-Hypertension/ Heart Disease	Omeprazole-Ulcer Disease
6	All Malignancies/ Neoplasm	Sprains	Headache (346.xx + 784.xx)	Levothyroxine Sodium -Thyroid Disorders	Abilify - Mental/Neuro Disorders
7	Esophag, Gastroen, Misc. GI Disorders w/o CC	Abdominal Pain	Behavioral Health	Hydrocodone/ APAP - Severe Pain	Advair Diskus - Asthma
8	Cellulitis w/o MCC	Hyperlipidemia	UTI	Citalopram HBR - Depression	Plavix - Blood Modifying
9	Uterine & Adnexa Procedures w/o CC	Fractures/Dislocations	Syncope and Collapse	Singular - Asthma	Copaxone-Multiple Sclerosis
10	Appendectomy w/o CC	Lumbago	All Cardiac DXs	Alpazolam-Anxiety	Incivek – Hepatitis

- The significant drivers of utilization for inpatient, outpatient, emergency and/or pharmacy services:
  - Cardiac disease and related diagnoses
  - Behavioral health conditions including depression and alcohol/drug dependency
  - Respiratory-related diagnoses (COPD, rhinitis, bronchitis, pharyngitis and asthma)
  - Female reproductive system issues, specifically pregnancy-related
  - Oncology-related diagnoses
  - Drugs for gastrointestinal symptoms

ANALYSIS

- Ethnic/racial demographics slightly changed for 2012 in the FPH population. The members indicating that they are "Caucasian" increased 4.39% and those responding "Black", "Asian" and "Other" all decreased. FPH remains above the state and service area demographics in Caucasian membership and below the state and service area in Black and Hispanic membership. Currently, there is no need to modify materials or processes to address different member cultural or linguistic needs. The overall HMO population for BCNEPA continues to steadily decrease.
  - No changes to program or resources required.

- The percentage of members with a high school degree decreased 3.63 percentage points but the percentage with Some College or with a 4 year College Degree increased.
  - AllOne Health will continue to monitor reading levels of case management member materials to promote health literacy. No changes required.

- The rate for tobacco use increased in 2012 and it continues to be identified as a health risk issue for the population in this region of Pennsylvania. AllOne Health assesses the use of tobacco in all of its programs. The Tobacco Cessation Program is offered to all members who indicate that they use tobacco and are interested in quitting. Case Managers follow up with members on these referrals as part of their care plan.
  - No changes to program or resources required.

- A comparison of the significant drivers of health care and the criteria for the identification and referral to case management indicated that the criteria and processes are adequate. Cardiac disease, respiratory and oncology-related diagnoses are identified through the precertification process, claims reports and through other health management programs. Behavioral health cases are identified through the behavioral health vendor referral of any members readmitted within 30 days of the last admission date. AllOne has Maternity, GERD and Metabolic Syndrome

programs for members identified with these conditions. Depending on the severity of the case, care coordinators will refer members to the CAT Case Management program or they will remain in the current program.

- No changes to program or resources required.

- The case management department is able to manage catastrophic events for all of the conditions indicated. A program is also offered related to transition of care and intermediate care management for oncology. AllOne Health also offers disease management programs for cardiovascular disease, heart failure, asthma, COPD, diabetes and depression. A Maternity Program, Weight Management, GERD and Tobacco Cessation Program are available for referral.
  - No changes to program or resources required.

- Members using high cost prescriptions such as Enbrel, Avonex, Copaxone and Humira are identified upon pre authorization and referred to AllOne Health's intermediate care management program. Members admitted with cellulitis are also managed in this program.
  - No changes to program or resources required.

- Outreach calls are made to those members with 4 or more ER visits within the last 6 months. Case Managers use this opportunity for education regarding follow up with practitioner, education, use of 24 Hour Nurse Line and referrals to BHS programs.
  - No changes to program or resources required.

STATUS

- No changes are required to the case management program or resources.
- Continue to annually assess the characteristics and needs of the AllOne Health member population and relevant subpopulations.

APPROVALS

Approved by:

Lisa Skudalski, Manager, Compliance — Date: 04/03/13

Donna Koepfler, Director, Case Management — Date: 04/04/13

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AllOne Health Population Assessment – PPO/EPO
Analysis of 2012 Report

GOAL

- Annually assess the characteristics and needs of AllOne Health's member population and relevant subpopulations to determine if the case management process and case management resources need to be updated to address member needs.

PROCESS

- AllOne Health currently has only one customer for catastrophic case management services – Blue Cross of Northeastern Pennsylvania (BCNEPA). BCNEPA provided 2012 data on its commercial PPO and EPO product line for this Population Analysis. AllOne Health's Compliance department and Case Management leadership completed a review and analysis of the data.

RESULTS

Demographics

Source: US Census Bureau and American Community Survey

- Racial Distribution – PPO/EPO data is not available for analysis. In the BCNEPA service area, 94.19% of the population reported their race as being Caucasian. The number of respondents reporting their race as "Black" was 3.47% and "Asian" was 1.61%.
- Hispanic or Latino Origin – PPO/EPO data is not available for analysis. In the BCNEPA service area, 3.9% of the population reports an Hispanic or Latino origin. In 2011, it was reported as 3.8%.
- Education – Information for the PPO/EPO population will not be available until the 2013 CAHPS survey.
- Tobacco Use – Tobacco use data for the PPO/EPO population is not available. The Pennsylvania state average is 22% and the national average is 20.8% as reported by the Centers for Disease Control and Prevention.

Health Services

Source: Data includes the top diagnoses for inpatient, outpatient, emergency room and pharmacy claims incurred from 06/01/2011 – 05/31/2012 paid through 08/31/2012 for the PPO/EPO population.

Top 10 Diagnoses for PPO/EPO Population						
		Inpatient	**Outpatient**	**Emergency Room**	**Prescriptions (by Count)**	**Prescriptions (by Cost)**
1	PPO	Obstetrical Deliveries	All Cardiac DXs	Injury	Simvastatin- High Blood Cholesterol	Humira- Inflammatory Condition
	EPO	Obstetrical Deliveries	All Cardiac DXs	Injury		
2	PPO	Coronary Artery Disease	All Malignancies/ Neoplasm	Abdominal Pain	Omeprazole-Ulcer Disease	Enbrel- Inflammatory Conditions
	EPO	Coronary Artery Disease	All Malignancies/ Neoplasm	Abdominal Pain		
3	PPO	Major Joint & Limb Reattachment Upper & Lower Extremity	Behavioral/Alcohol and Drug Abuse	Respiratory	Lisinopril- Hypertension/ Heart Disease	Copaxone- Multiple Sclerosis
	EPO	Alcohol and Drug Abuse	Behavioral/Alcohol and Drug Abuse	Chest Pain		
4	PPO	Alcohol and Drug Abuse	Routine Child Health Exam	Chest Pain	Levothyroxine Sodium -Thyroid Disorders	Omeprazole- Ulcer Disease
	EPO	Ungroupable	All Diabetes DXs	Respiratory		

		Inpatient	Outpatient	Emergency Room	Prescriptions (by Count)	Prescriptions (by Cost)
5	PPO	Psychoses	All Diabetes DXs	Headache (346.xx + 784.xx)	Hydrocodone/ Acetaminophen - Pain	Lipitor – High Blood Cholesterol
	EPO	Major Joint & Limb Reattachment Upper & Lower Extremity	Routine Child Health Exam	Behavioral Health		
6	PPO	All Malignancies/ Neoplasm	Sprains	Behavioral Health	Azithromycin-Infections	Plavix - Blood Modifying
	EPO	Psychoses	Abdominal Pain	Headache		
7	PPO	Ungroupable	Abdominal Pain	Cellulitis	Amoxicillin-Infections	Singulair-Asthma
	EPO	Esophag, Gastroen, Misc. GI Disorders w/o CC	Hyperlipidemia	Cellulitis		
8	PPO	Esophag, Gastroen, Misc. GI Disorders w/o CC	Hyperlipidemia	UTI	Citalopram HBR - Depression	Advair Diskus - Asthma
	EPO	All Malignancies/ Neoplasm	Sprains	UTI		
9	PPO	Cellulitis w/o MCC	Fractures/ Dislocations	Otitis Media	Alpazolam-Anxiety	Abilify - Mental/Neuro Disorders
	EPO	Uterine & Adnexa Procedures w/o CC	Fractures/ Dislocations	Calculus of Ureter		
10	PPO	Uterine & Adnexa Procedures w/o CC	Lumbago	All Cardiac DXs	Hydrochlorothiazide - Hypertension	Avonex-Multiple Sclerosis
	EPO	Cellulitis w/o MCC	Malaise & Fatigue	All Cardiac DXs		

- The significant drivers of utilization for inpatient, outpatient, emergency and/or pharmacy services:
  - Cardiac disease and related diagnoses
  - Behavioral health conditions including depression and alcohol/drug dependency
  - Respiratory-related diagnoses (COPD, rhinitis, bronchitis, pharyngitis and asthma)
  - Female reproductive system issues, specifically pregnancy-related
  - Oncology-related diagnoses

ANALYSIS

- Currently we do not have information related to racial distribution, education or tobacco use for the PPO/EPO population. With the addition of CAHPS in 2013, PPO/EPO data will be available for analysis. The overall PPO/EPO population for BCNEPA continues to steadily increase. AllOne Health assesses the use of tobacco in all of its programs. The Tobacco Cessation Program is offered to all members who indicate that they use tobacco and are interested in quitting. Case Managers follow up with members on these referrals as part of their care plan.
  - AllOne will continue to monitor reading levels of case management member materials to promote health literacy.

- A comparison of the significant drivers of health care and the criteria for the identification and referral to case management indicated that the criteria and processes are adequate. Cardiac disease, respiratory and oncology-related diagnoses are identified through the precertification process, claims reports and through other health management programs. Behavioral health cases are identified through the behavioral health vendor referral of any members readmitted within 30 days of the last admission date. AllOne has Maternity, GERD and Metabolic Syndrome programs for members identified with these conditions. Depending on the severity of the case, care coordinators will refer members to the CAT Case Management program or they will remain in the current program.
  - No changes to program or resources required.

- The case management department is able to manage catastrophic events for all of the conditions indicated. A program is also offered related to transition of care and intermediate care management for oncology. AllOne Health also offers disease management programs for cardiovascular disease, heart failure, asthma, COPD, diabetes and depression. A Maternity Program, Weight Management, GERD and Tobacco Cessation Program are available for referral.
    - No changes to program or resources required.

- Members using high cost prescriptions such as Enbrel, Avonex, Copaxone and Humira are identified upon pre authorization and referred to AllOne Health's intermediate care management program. Members admitted with cellulitis are also managed in this program.
    - No changes to program or resources required.

- Outreach calls are made to those members with 4 or more ER visits within the last 6 months. Case Managers use this opportunity for education regarding follow up with practitioner, education, use of 24 Hour Nurse Line and referrals to BHS programs.
    - No changes to program or resources required.

STATUS

- No changes are required to the case management program or resources.
- Continue to annually assess the characteristics and needs of the AllOne Health member population and relevant subpopulations.

APPROVALS

Approved by:

Lisa Skudalski

Lisa Skudalski, Manager, Compliance

Date: 04/03/13

Donna Koepfler

Donna Koepfler, Director, Case Management

Date: 04/04/13

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Divider Page

Healthy Northeast
Pennsylvania Initiative

2009-2010 Community Health Needs Assessment

Final Executive Report
March 8, 2010

Research Completed by:

TrippUmbach
research ■ strategy ■ impact

Acknowledgements

By their very nature, community health needs assessments are a collaborative effort. Accordingly, we would like to thank the numerous individuals and organizations who made the 2009-2010 Community Health Needs Assessment possible. Foremost, we would like to thank our project sponsors for their generous support of this study. We also owe a debt of gratitude to all who served on our project steering committee, helped collect valuable hand-distributed survey data, hosted or helped recruit participants for community focus group discussions, and provided invaluable support throughout the community health needs assessment process.

PROJECT SPONSORS

Allied Services
Blue Cross of NEPA
Community Medical Center
Geisinger Health System
Mercy Health Partners
Moses Taylor Hospital
Wyoming Valley Healthcare System

PROJECT STEERING COMMITTEE

Barb Bossi, Community Medical Center
Conrad Schintz, Geisinger
Janet Townsend, The Commonwealth Medical College
Rod Gereda, The Peace Center
Scott Weiland, Greater Scranton Chamber of Commerce
Sheila Petras, Blue Cross of NEPA
Sr. Marie Parker, Mercy Hospital
Steve Szydlowski, HNPI
Ted Kross, Wilkes-Barre City Health Department

HAND-DISTRIBUTED SURVEY COLLECTION AND FOCUS GROUP SUPPORT

Andrea Mantione, The Leahy Community Health and Family Center
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Brittany Renzini, Marywood University Student
Chris Buckery, Johnson College
Deb Peterson, Voluntary Action Center
Linda Renzini, HNPI
Rev. Johnson and Mildred Harvey, Salvation Apostolic Temple Church
Rod Gereda, The Peace Center

NEPA-001616

We want to extend our heartfelt thanks to those listed above and to the entire community for participating in this very important process.

Sincerely,

Dr. Steve Szydlowski
Executive Director Healthy Northeast Pennsylvania Initiative

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PROJECT GOALS AND OBJECTIVES

This report summarizes the methodology and key findings of the 2009-2010 Community Health Needs Assessment. The study's main objective was to complete a comprehensive assessment of the healthcare access needs, health status, and quality of life indicators of residents living in the Lackawanna County and Luzerne County communities. More specifically, the project goals were:

- To obtain statistically valid information on the health status and socioeconomic/environmental factors related to health of residents of the counties Healthy Northeast Pennsylvania Initiative (HNPI) serves.
- To supplement the general population survey data that is currently available to HNPI as an organization.
- To assure that community members, including those of broad racial, ethnic, cultural and linguistic minority groups, are the primary participants in the needs assessment survey process. In addition, educators, health-related professionals, media representatives, local government, human service organizations, institutes of higher learning, religious institutions and the private sector will be engaged at some level of the survey process.
- To develop accurate comparisons to the state and national baselines of health measures, utilizing the most current validated data available.
- To utilize data obtained from the assessment to address the identified health needs of the HNPI service area.
- To provide HNPI with appropriate data comparisons, on like survey questions, to the 1997-98 and 2003-04 community health needs assessments' household survey data. These data comparisons will allow HNPI to discover both positive and negative community health trends.
- To complete a comprehensive community health needs assessment which not only reaches minority/underserved populations but also addresses a wide variety of community health topics including, but not limited to: access to care, chronic disease prevalence, preventive health, health status, access to community programs and services, quality of life indicators, and healthy lifestyle behaviors.

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METHODOLOGY

OVERVIEW

The Community Health Needs Assessment process used both quantitative and qualitative research strategies in a coordinated effort to ensure a representative response from the Lackawanna County and Luzerne County communities. This strategy involved a project planning meeting with the project steering committee to ensure all Lackawanna County and Luzerne County populations were included in the study. Research steps included in this study are:

1. Community Leader Interviews;
2. Socioeconomic Profile;
3. Secondary Data;
4. Focus Groups; and
5. Household Survey.

STUDY GEOGRAPHY AND COMMUNITY PROFILE

Special emphasis was made on capturing a representative sample of the population located in the Lackawanna and Luzerne County communities throughout the household survey process, focus group discussions, and secondary data research. Figures 1 and 2 illustrate the geography encompassed by the research efforts of this study.

Household survey data was further grouped by regions within the study geography in an attempt to understand unique healthcare access needs and health status issues faced by residents living in different parts of the study region. Tables 1 and 2 enumerate the zip codes and communities that make up the color-coded zip-code regions illustrated in Figures 1 and 2.

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Figure 1: Lackawanna County Study Geography

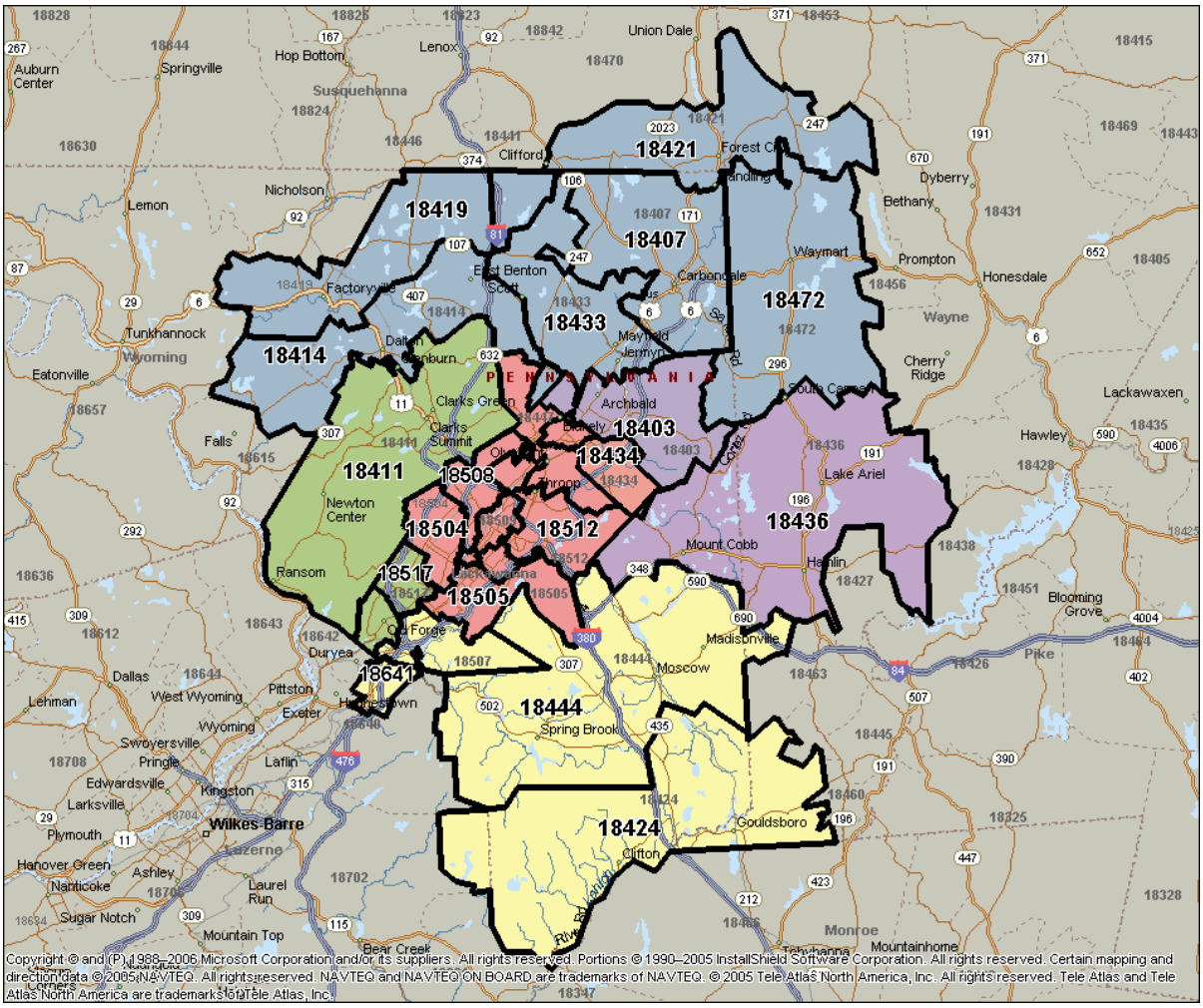


Table 1: Lackawanna County Zip Codes by Region

Region	Zip Codes
North (Blue)	18407, 18414, 18419, 18421, 18433, 18472
Central (Red)	18434, 18447, 18452, 18503, 18504, 18505, 18508, 18509, 18510, 18512, 18519
South (Yellow)	18424, 18444, 18507, 18641,
East (Purple)	18403, 18436
West (Green)	18411, 18517, 18518

Figure 2: Luzerne County Study Geography

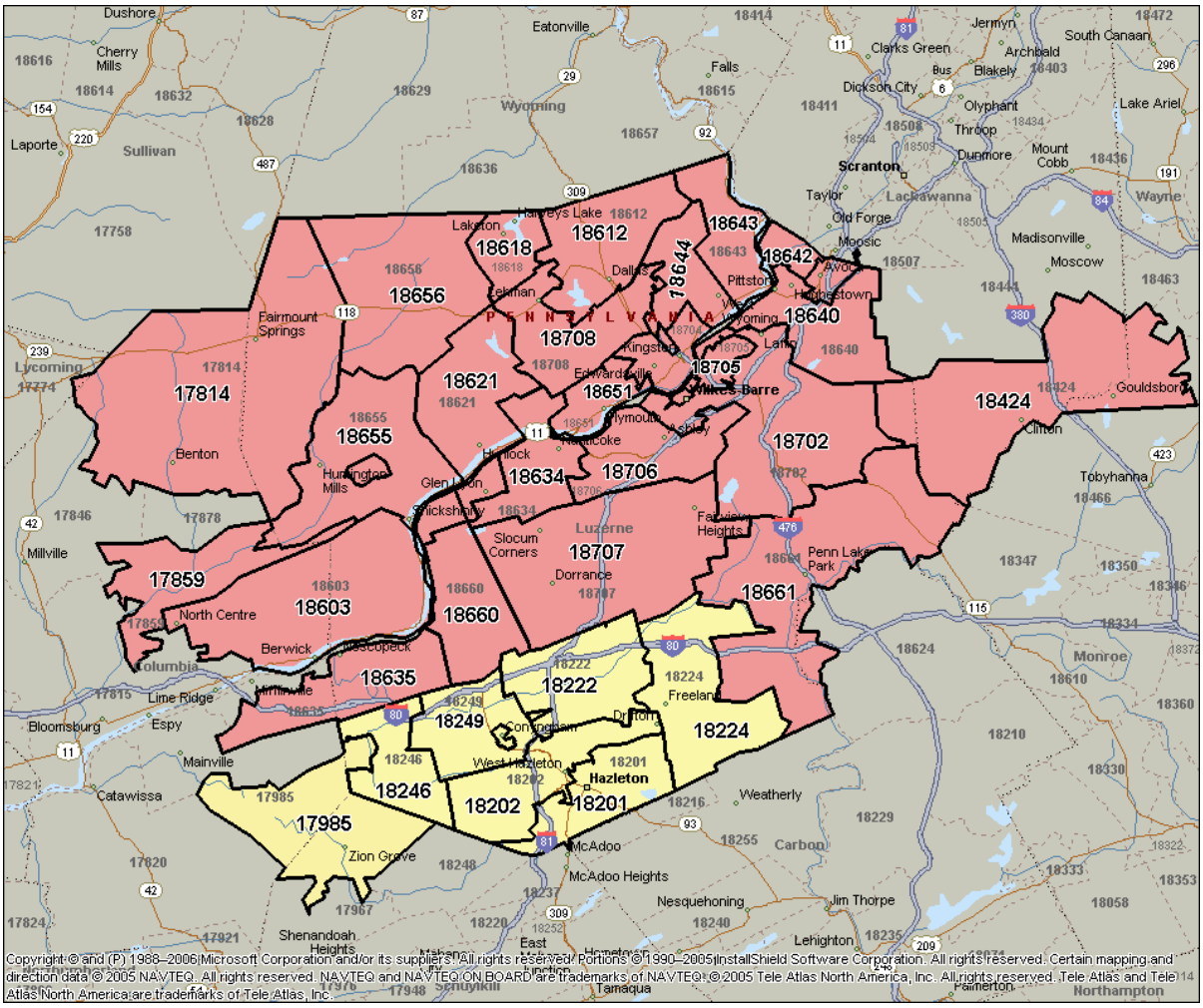


Table 2: Luzerne County Zip Codes by Region

Region	Zip Codes
North of Interstate 80 (Red)	17814, 17859, 18424, 18603, 18612, 18617, 18618, 18621, 18622, 18634, 18635, 18640, 18641, 18642, 18643, 18644, 18651, 18655, 18656, 18660, 18661, 18701, 18702, 18704, 18705, 18706, 18707, 18708, 18709
South of Interstate 80 (Yellow)	17895, 18201, 18202, 18219, 18222, 18224, 18246, 18249

POPULATION

The study area is home to 514,982 residents living in 213,941 households.[1] Table 3 shows a breakout of population and households by county. The population within the study region is projected to decline by 0.71% by 2014, with Lackawanna County declining at the fastest rate (0.75%) during that time.[2]

Table 3: 2008 Population and Household Counts[3]

Lackawanna County		Luzerne County		Total Study Area	
Population	**Households**	**Population**	**Households**	**Population**	**Households**
206,262	85,829	308,720	128,112	514,982	213,941

RACE

Claritas Census estimates for 2009 show the study area population is predominately self-defined as White/Caucasian in both Lackawanna (94.5%) and Luzerne (93.5%) counties, as illustrated in Figures 3 and 4. The overall study area is significantly less diverse than the state of Pennsylvania (83.9% White/Caucasian), and the U.S. (74.1% White/Caucasian), according to the 2005-2007 American Community Survey of the U.S. Census Bureau.

Figure 3: Lackawanna County by Race

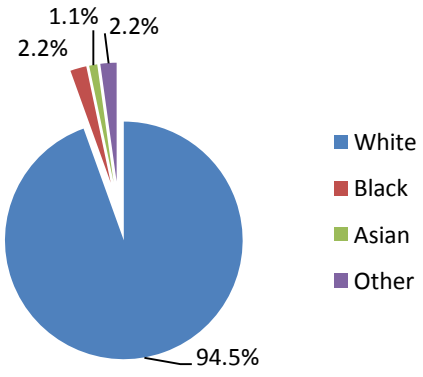
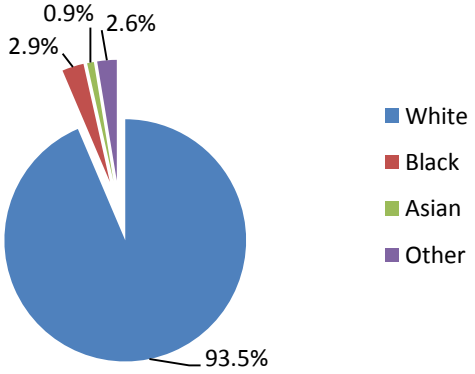


Figure 4: Luzerne County by Race



[1] 2009 Claritas Census estimate
[2] 2009-2014 Claritas five year Census projections
[3] 2009 Claritas Census estimate

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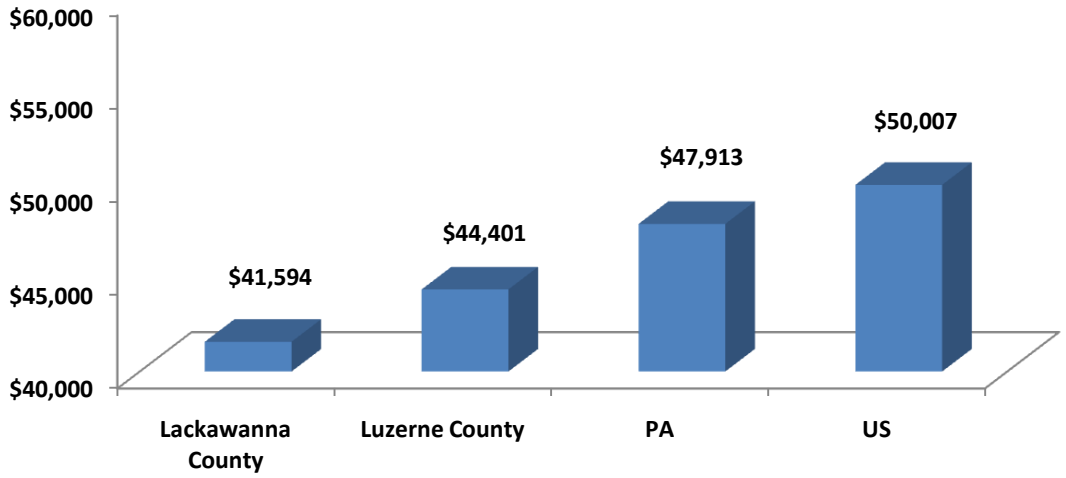
AGE

Compared to the state of Pennsylvania, the study region is older. The state of Pennsylvania has a population aged sixty-five and older that makes up 15.2% of its total population, while 18.6% of the population in Lackawanna County and 18.8% of the population in Luzerne County is sixty-five and older. In the under age eighteen category, the state of Pennsylvania has 22.6% of its population while Lackawanna County has 20.6% of its population and Luzerne County has 19.8% of its population.[4]

MEDIAN HOUSEHOLD INCOME

Figure 5 shows the median household income for Lackawanna and Luzerne counties.[5] Compared to Pennsylvania's median household income of $47,913, the study area has weak average earnings. The study area is also below the national median household income of $50,007.[6]

Figure 5: Median Household Income

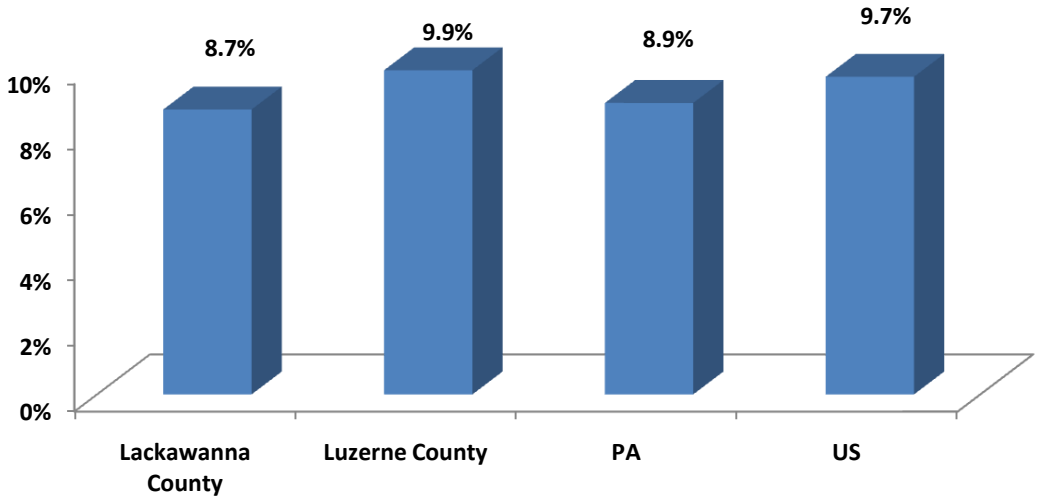


[4] 2005-2007 American Community Survey, Bureau of the Census
[5] 2009 Claritas Census estimates
[6] 2005-2007 American Community Survey, Bureau of the Census

UNEMPLOYMENT

Figure 6 illustrates the unemployment rates for the study area.[7] By comparison, the Pennsylvania unemployment rate is 8.9% and the national unemployment rate is 9.7%, both as of December 2009, according to the Bureau of Labor Statistics.

Figure 6: Unemployment Rates December 2009



EDUCATIONAL ATTAINMENT

Educational attainment is a category in which the overall study area is considerably behind. Only 19.5% of residents age twenty-five and older within Lackawanna County and 16.6% of residents age twenty-five and older within Luzerne County have a Bachelor's degree or higher.[8] By comparison, 25.6% of the Pennsylvania population age twenty-five and older has a Bachelor's degree or higher and 27% of this age group in the U.S. has a Bachelor's degree or higher.[9]

[7] Bureau of Labor Statistics, www.bls.gov
[8] 2009 Claritas Census estimates
[9] 2005-2007 American Community Survey, Bureau of the Census

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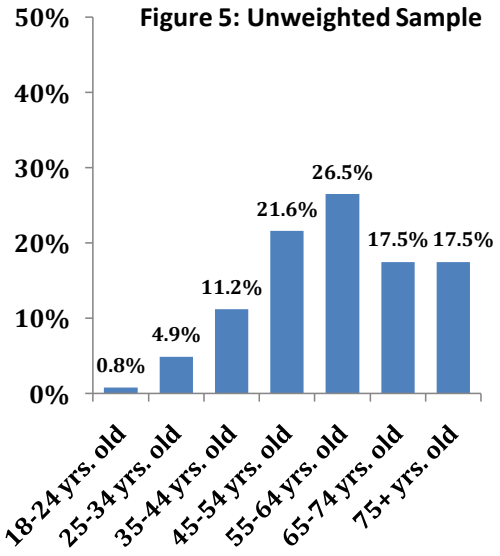
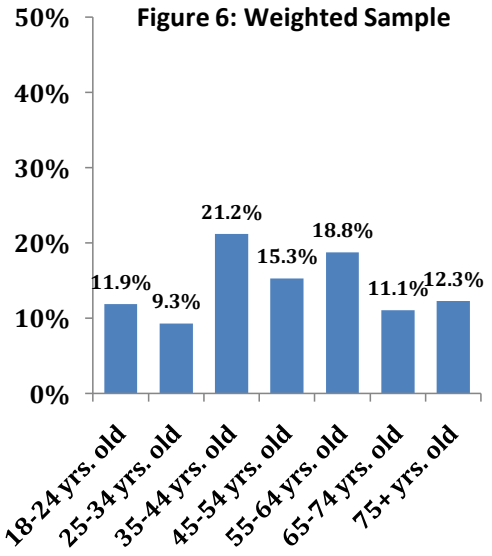
QUANTITATIVE STRATEGY

Tripp Umbach's quantitative research strategy involves four different components.

1. **Household Mail Survey Administration:** Tripp Umbach mailed 12,000 surveys on November 4, 2009 to random households throughout the study area. Surveys were mailed in proportion to the number of households within each zip code in order to obtain a representative sample of the overall study area. In total, Tripp Umbach collected 1,143 surveys for analysis, which equates to a 10% response rate after accounting for 628 undeliverable surveys. Given the number of households within the study region, the household survey sample is statistically significant at the 95% confidence interval with a margin of error of +/- 2.9%.

   Tripp Umbach compared the demographics of the collected sample to the Census demographics for Luzerne and Lackawanna Counties to ensure that a representative sample was collected. The collected sample compared well to Census data for all demographic variables with the lone exception being age. Tripp Umbach's experience shows that younger age cohorts between the ages of 18-34 typically are underrepresented in mail survey samples. To account for the older sample that was collected, Tripp Umbach weighted the sample based on the age variable to match Census data. Figures 5 and 6 illustrate this change.





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2. **Hand Distributed Survey Administration:** Tripp Umbach conducted a preliminary review of local census data to evaluate minority populations from which the mail survey would not generate a significant response for analysis. After reviewing this information with the project steering committee, the committee recommended that surveys be collected by hand from the following minority populations (a minimum of fifty surveys were required from each subpopulation in order to conduct meaningful statistical analysis):

    a. **Hispanic/Latino Community:** A total of 100 surveys were collected, comprised of 50 from Lackawanna County and 50 from Luzerne County.
    b. **African American Community:** A total of 100 surveys were collected, comprised of 50 from Lackawanna County and 50 from Luzerne County.

3. **Household Survey Data Analysis:** Tripp Umbach completed quantitative data analysis for each of the 135 questions on the household survey instrument. Tripp Umbach completed cross tab analysis for multiple indicators, including gender, age, income, educational attainment, insurance status, and access to providers. Tripp Umbach also completed geographic breakouts of the data for the North, South, East, West, and Central regions of Lackawanna County as well as the Northern and Southern regions of Luzerne County as defined in Tables 1 and 2. Table 4 provides a demographic overview of the mail and hand distributed survey samples for both Lackawanna and Luzerne Counties.

Table 4: Mail and Hand Distributed Survey Demographics

Demographic Category	Mail Sample	Hispanic/Latino HD Surveys		African American HD Surveys	
	Lackawanna and Luzerne Counties	Lackawanna County	Luzerne County	Lackawanna County	Luzerne County
Gender					
Male	46.2%	41.9%	28.3%	31.4%	41.2%
Female	53.8%	58.1%	71.7%	68.6%	58.8%
Age					
18-24	11.9%	10.5%	8.7%	10.2%	6.0%
25-34	9.3%	20.0%	17.4%	16.3%	20.0%
35-44	21.2%	30.5%	26.1%	22.4%	26.0%
45-54	15.3%	20.0%	39.1%	22.4%	22.0%
55-64	18.8%	12.6%	4.3%	18.4%	24.0%

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Demographic Category	Mail Sample	Hispanic/Latino HD Surveys		African American HD Surveys	
65 -74	11.1%	6.3%	2.2%	10.2%	2.0%
75 +	12.3%	0.0%	2.2%	0.0%	0.0%
Educational Attainment					
< 9th Grade	.7%	32.6%	53.1%	4.0%	3.9%
Some High School	9.1%	17.4%	6.1%	10.0%	11.8%
High School Degree/GED	32.2%	21.7%	4.1%	40.0%	33.3%
Vocational/Trade School	8.3%	2.2%	4.1%	2.0%	11.8%
Some College	13.7%	19.6%	6.1%	36.0%	15.7%
Bachelor's Degree	24.1%	2.2%	16.3%	8.0%	19.6%
Graduate Degree	11.9%	4.3%	10.2%	0.0%	3.9%
Annual Household Income					
Less than $25K	32.8%	87.9%	68.1%	55.4%	49%
$25K - $39,999	13.3%	4.9%	29.8%	23.4%	27.5%
$40K - $49,999	9.9%	2.4%	2.1%	4.3%	9.8%
$50K - $74,999	21.2%	0.0%	0.0%	14.9%	9.8%
$75K +	22.9%	4.8%	0.0%	2.4%	3.9%
Race					
White	95.2%	0.0%	4.1%	0.0%	0.0%
Hispanic	2.2%	100%	100%	2.0%	0.0%
American Indian/Alaskan Native	1.6%	0.0%	0.0%	2.0%	0.0%
Other	1.5%	0.0%	0.0%	2.0%	0.0%
Black	.8%	0.0%	0.0%	100%	100%
Asian American	.6%	0.0%	0.0%	0.0%	0.0%
Employment Status					
Working Full Time	42.0%	34.7%	42.9%	50.0%	45.1%
Retired	25.9%	4.1%	2.0%	10.0%	9.8%
Working Part Time	14.5%	20.4%	34.7%	10.0%	17.6%
Homemaker	12.6%	16.3%	14.3%	8.0%	3.9%
Unemployed	9.4%	20.4%	4.1%	16.0%	9.8%
Unable to Work/ Disability	5.8%	4.1%	4.1%	10.0%	5.9%
Working More than One Job	5.4%	6.1%	6.1%	6.0%	11.8%
Student	3.8%	6.1%	2.0%	6.0%	3.9%

NEPA-001628

4. **Secondary Data Research:** Tripp Umbach prepared secondary data PowerPoint reports for Lackawanna and Luzerne counties that include socioeconomic data and demographic projections from Nielsen Claritas and the U.S. Census Bureau, health prevalence data from the BRFSS, CDC, and HRSA, and references to secondary data reports, including Governor Ed Rendell's "Prescription for Pennsylvania" (2007) and the Institute for Public Policy & Economic Development Indicators Report (2009).

QUALITATIVE STRATEGY

The qualitative component of the 2009-20010 Community Health Needs Assessment study includes phone interviews with community leaders and focus group discussions with subpopulations that are typically underrepresented in the household survey response.

1. **Community Leader Interviews:** Tripp Umbach facilitated twenty phone interviews with community leaders representing Lackawanna and Luzerne Counties. The purpose of the interviews is to understand the top community health issues affecting residents of the study area as well as identifying existing community strengths and resources. The group of community leaders who participated in the interview process is comprised of political leaders, business owners, leaders in higher education, representatives of social service organizations, and providers.

2. **Focus Groups:** Tripp Umbach worked collaboratively with the project steering committee to identify target audiences for focus group research during the project kickoff meeting on October 20, 2009. Tripp Umbach facilitated focus group discussions with:

   1. Caretakers of Children with Special Needs;
   2. Young Adults Ages 18-34;
   3. Senior Citizens; and
   4. Providers of Services to Teens.

   Each focus group discussion was two hours in length. The purpose of each discussion group was to identify healthcare, human service, and quality of life issues affecting the targeted sub-populations.

NEPA-001629

KEY RESEARCH FINDINGS

Based upon the data gathered through the research methodology outlined previously, Tripp Umbach identified five community health areas of need that are considered priorities for Lackawanna and Luzerne Counties. Listed in alphabetical order, the top five priority areas are:

- Access to Care
- Chronic Disease/Obesity
- Employment
- Mental Health
- Substance Abuse

According to a project known as Mobilizing Action Toward Community Health (MATCH), Lackawanna County and Luzerne County rank 51st and 57th, respectively, out of the 67 Pennsylvania counties in overall health status. MATCH is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.[10]

The rankings developed as part of the MATCH project incorporate the same community health variables studied in the 2009-2010 Community Health Needs Assessment completed by HNPI and Tripp Umbach. The variables studied by MATCH and Tripp Umbach include health outcomes, health behavior, clinical care, social and economic factors, and physical environment. Tripp Umbach's use of secondary data provides for relevant comparisons to primary data collected for the study region since 1997, allowing HNPI and the local community to determine the areas of need that have seen negative trends or are below state and national averages. Tripp Umbach's findings from this study support the county health rankings developed by MATCH; Lackawanna and Luzerne Counties do not compare well to state and national averages for many of the key community health indicators evaluated as part of the 2009-2010 Community Health Needs Assessment.

[10] http://www.countyhealthrankings.org/about-project/background

NEPA-001630

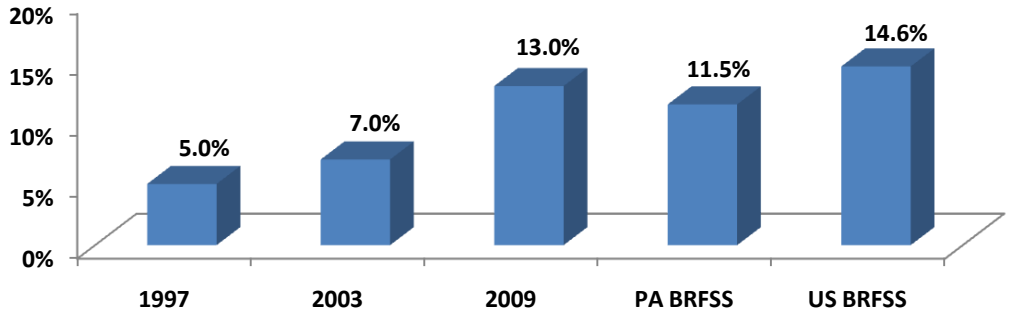
ACCESS TO CARE

Concern over access to healthcare services is a consistent theme throughout each research methodology employed in this study. While this theme is troubling, it is consistent with the concerns that Americans have with healthcare reform, currently at the forefront of national policy debates. From the perspective of community leaders, who participated in the community leader interview process, there is a significant number of residents without any health insurance and/or adequate insurance coverage that provides access to necessary healthcare services. This perception was also echoed by focus group participants, whether it was senior citizens with concerns regarding paying for needed prescription medicines or young adults who lack the ability to seek primary or specialty care services due to a lack of insurance.

INSURANCE STATUS

A closer look at the household survey data shows that the percentage of respondents within the study region without health insurance has steadily increased since 1997. Tripp Umbach facilitated community health studies in Lackawanna and Luzerne counties in 1997, 2003, and 2009 using the same mail survey methodology for each study. In 1997, only 5% of survey respondents reported not having any form of healthcare insurance coverage. By 2009, this statistic increased to 13%. Figure 7 illustrates this trend. By comparison, the 2008 Behavioral Risk Factor Surveillance Survey (BRFSS) conducted by the Centers for Disease Control and Prevention reports the state of Pennsylvania has an 11.5% uninsured rate and the United States has a 14.6% uninsured rate.

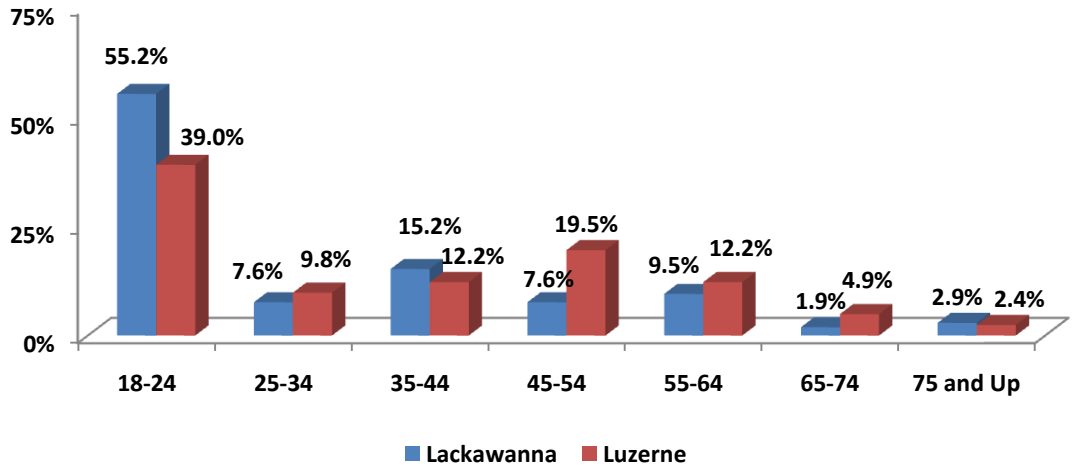
Figure 7: Uninsured Population



Lackawanna County residents are twice as likely to not have health insurance as Luzerne County residents. The 2009 household mail survey finds 18% of respondents in Lackawanna County do not have health insurance, compared to 7.2% in Luzerne County. The Institute for Public Policy & Economic Development Indicators Report for 2009 also shows a two to one ratio for this statistic, reporting that 10.6% of the residents in Lackawanna County and 5.2% of residents in Luzerne County are without health insurance.

Of the respondents who were surveyed in 2009, individuals ages 18-34 are the most likely to not have health insurance. In Lackawanna County, 62.8% of the respondents who reported not having health insurance are between the ages of 18 and 34, while 48.8% of the respondents who reported not having health insurance in Luzerne County are between the ages of 18 and 34. Figure 8 illustrates this data. By comparison, a 2007 report entitled "Prescription for Pennsylvania" produced by Governor Ed Rendell's office reports that 49% of uninsured residents in Pennsylvania are between the ages of 18 and 34.

Figure 8: Uninsured Population by Age



The majority of uninsured survey respondents in Lackawanna County live in the Central part of the county and in Luzerne County, the majority of uninsured are from the Northern region, above Interstate 80. Table 5 shows a complete breakout of the uninsured survey respondents by geographic region.

NEPA-001632

Table 5: Uninsured Population by Region

Lackawanna County					Luzerne County	
North	South	East	West	Central	North (Above I-80)	South (Below I-80)
17.5%	4.9%	1.9%	11.7%	64.0%	89.7%	10.3%

Table 6 shows the percentage of uninsured hand distributed survey respondents (by subpopulation).

Table 6: Hand Distributed Survey Respondents without Insurance

Lackawanna County		Luzerne County	
African American	Hispanic/Latino	African American	Hispanic/Latino
19.6%	82.0%	22.4%	60.4%

The top five reasons why overall mail survey respondents do not have health insurance are:

1.) Became ineligible because of age or because left school (24.9%);

2.) Lost job or changed employer (22.8%);

3.) Couldn't afford premiums (19.2%);

4.) Employer doesn't offer or stopped offering coverage (17.0%); and

5.) Lost Medicaid or Medical Assistance eligibility (16.5%).

HEALTHCARE PROVIDERS

Similar to the lack of health insurance, a disparity also exists between Lackawanna and Luzerne Counties with regard to having a primary healthcare provider. In Luzerne County, 6.3% of survey respondents reported not having a primary healthcare provider, while 10% of Lackawanna County survey respondents reported not having a primary healthcare provider.

NEPA-001633

The Central region is home to the majority of survey respondents without a primary healthcare provider in Lackawanna County (80.4%) and in Luzerne County, most respondents without a primary healthcare provider (88.6%) live in the Northern part of the county.

Table 7 shows the percentage of hand distributed survey respondents who do not have a primary healthcare provider (by subpopulation).

Table 7: Hand Distributed Survey Respondents without a Primary Healthcare Provider

Lackawanna County		Luzerne County	
African American	**Hispanic/Latino**	**African American**	**Hispanic/Latino**
15.7%	50.0%	21.6%	59.2%

The top three reasons why overall mail survey respondents do not have a primary healthcare provider are:

1.) Can't pay for a provider visit (64.1%);

2.) Don't need a healthcare provider (16.5%); and

3.) Can't find a provider I like or trust (4.0%).

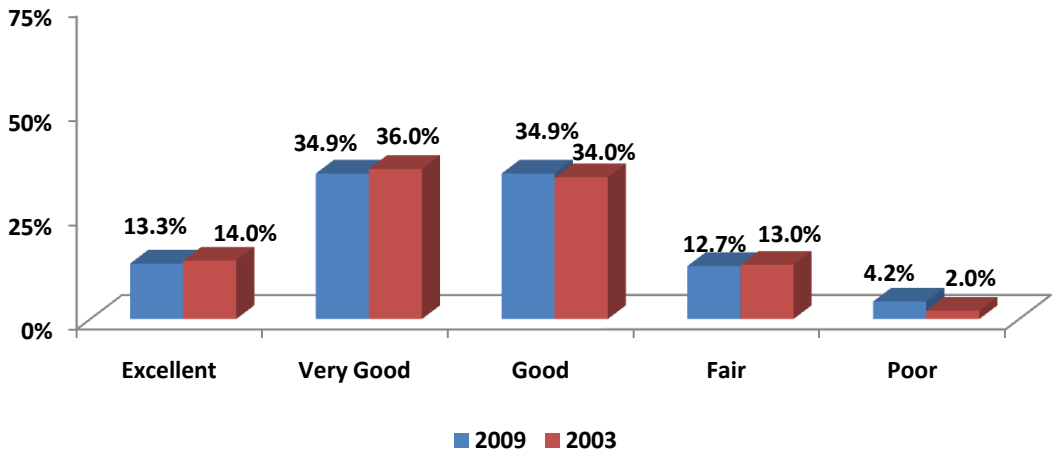
NEPA-001634

CHRONIC DISEASE/OBESITY

HEALTH STATUS

The overall health status of residents within the study region has not changed significantly since the community health study completed in 2003. The data presented in Figure 9 shows that 16.9% of 2009 survey respondents and 15% of 2003 survey respondents rate their health status as fair or poor. By comparison, the 2008 BRFSS reports that 16.3% of Pennsylvania residents and 14.7% of Americans rate their health status as fair or poor.

Figure 9: Health Status



While there is not a significant difference in health status between Lackawanna and Luzerne Counties, Luzerne County survey respondents rate their health status as fair or poor more frequently (18.4%) than Lackawanna County survey respondents (15.4%). Within Lackawanna County specifically, a significantly higher percentage of survey respondents from the Central region (7.5%) rate their health status as fair or poor.

Table 8 shows the percentage of hand distributed survey respondents, by subpopulation, reporting their health status as fair or poor.

NEPA-001635

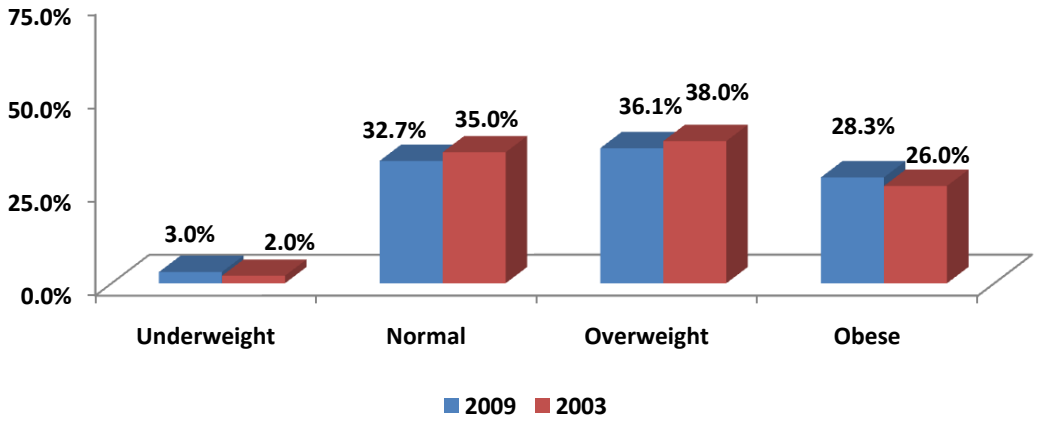
Table 8: Hand Distributed Survey Respondents Reporting Fair or Poor Health Status

Lackawanna County		Luzerne County	
African American	**Hispanic/Latino**	**African American**	**Hispanic/Latino**
17.6%	38.8%	17.6%	20.4%

OBESITY

Obesity is an issue that many communities face across the state of Pennsylvania and nationally and is a contributing factor to poor health status and chronic disease prevalence. Lackawanna and Luzerne Counties are no exception. The 2009 household survey instrument was used to calculate the BMI of survey respondents within the study region, based on their height and weight. The percentage of overweight and obese survey respondents in 2009 (64.4%) is not significantly higher than the percentage of overweight and obese survey respondents in 2003 (64.0%), as illustrated by Figure 10. By comparison, 63.2% of national 2008 BRFSS participants are overweight or obese and 64.4% of Pennsylvania 2008 BRFSS participants are overweight or obese.

Figure 10: BMI Ratings



NEPA-001636

Table 9 shows the percentage of hand distributed survey respondents, by subpopulation, who have a BMI rating of overweight or obese.

Table 9: Hand Distributed Survey Respondents Who Are Overweight or Obese

Lackawanna County		Luzerne County	
African American	**Hispanic/Latino**	**African American**	**Hispanic/Latino**
84.0%	75.0%	58.9%	61.4%

CHRONIC DISEASE PREVALENCE

The 2009 household survey asked participants to report "if they have or if they are being treated by a doctor, nurse, or other healthcare professional" for a chronic disease. Based upon the findings from this series of survey questions, the top five most prevalent chronic diseases in Lackawanna and Luzerne Counties are blood pressure problems, cholesterol problems, arthritis, heart problems, and respiratory problems (such as asthma, chronic lung disease, emphysema, and chronic bronchitis). Table 10 illustrates the top five chronic diseases reported by survey participants with comparisons to state and national averages where available.[11] Blood pressure problems reported within the study region are higher than both the state and national averages.

Table 10: Chronic Disease Prevalence

Chronic Disease	Lackawanna and Luzerne County 2009 Survey Data	PA	US
1. Blood Pressure Problems	36.2%	28.1%	27.5%
2. Cholesterol Problems	34.7%	39.7%	37.5%
3. Arthritis	22.0%	32.1%	27.5%
4. Heart Problems	15.8%	N/D	N/D
5. Respiratory Problems	14.3%	N/D	N/D

*N/D = No Comparable Data

[11] Table 10 PA and US data comparisons are from the 2007 BRFSS.

NEPA-001637

EMPLOYMENT

Community leaders, young adults, and caretakers of children with special needs, who participated in the qualitative portion of this study, all view employment as a major concern within the local community. Each group, however, looks at this issue from a different perspective.

1.) **Community Leaders:** This audience sees a need to marry workforce training and development efforts, with the recruitment and development of new businesses matching workforce capabilities. Community leaders stressed concerns regarding unemployment rates as well as developing quality job opportunities which will provide for a better quality of life for local residents.

2.) **Caretakers of Children with Special Needs:** Currently, finding employment for children with special needs is a challenge. Participants were excited to learn from one focus group participant about current community leadership's efforts to develop a task force designed to help special needs children find local employment. An RFQ is being developed to find a provider to manage and build support services, providing continued support for employed children instead of "walking away" after they are placed into jobs.

3.) **Young Adults Ages 18-34:** The majority of participants within the young adults' focus group are college students or recent college graduates who are seeking gainful employment. Participants in this focus group are concerned over the lack of entry level workforce opportunities available to them after graduation.

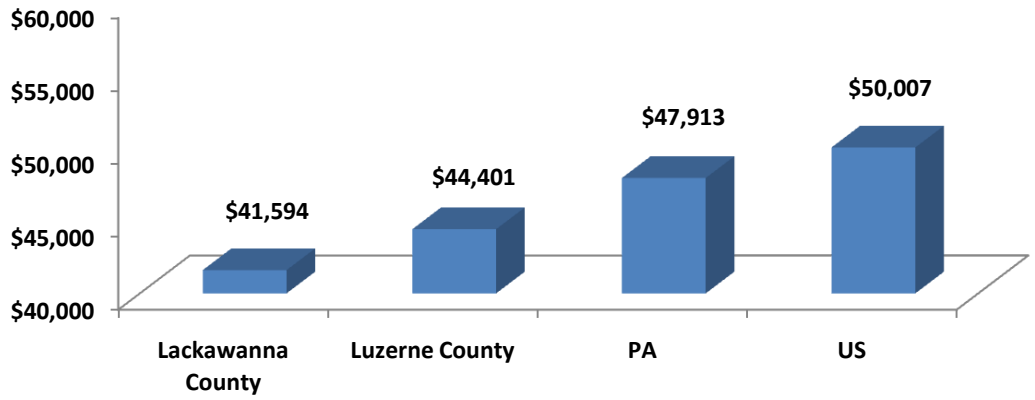
MEDIAN HOUSEHOLD INCOME

From a quantitative perspective, median household income figures, workforce composition data, unemployment rates, and educational attainment numbers support the experiences describe by interview and focus group participants. Figure 11 shows the median household income for Lackawanna and Luzerne counties in comparison with state and national averages.[12] Compared to Pennsylvania's median household income of $47,913, the study area has weak

[12] 2009 Claritas Census estimates

average earnings. The study area is also below the national median household income of $50,007.[13]

Figure 11: Median Household Income



WORKFORCE COMPOSITION

In addition to median household income statistics, workforce composition data presented in Table 11 demonstrates the lack of quality job opportunities within the study area. The percentages representing management, professional, and related occupations within the Lackawanna County and Luzerne County workforces are significantly lower than state and national figures.

Table 11: 2006-2008 Workforce by Occupation[14]

Workforce Occupation	Lackawanna County	Luzerne County	PA	US
Management, professional, and related occupations	30.6%	28.5%	34.6%	34.5%
Service occupations	17.5%	17.6%	16.2%	16.8%
Sales and office occupations	29.0%	28.2%	25.9%	25.6%
Farming, fishing, and forestry occupations	0.1%	0.2%	0.5%	0.7%

[13] 2005-2007 American Community Survey, Bureau of the Census
[14] Selected Economic Characteristics, 2006-2008 American Community Survey; www.census.gov

NEPA-001639

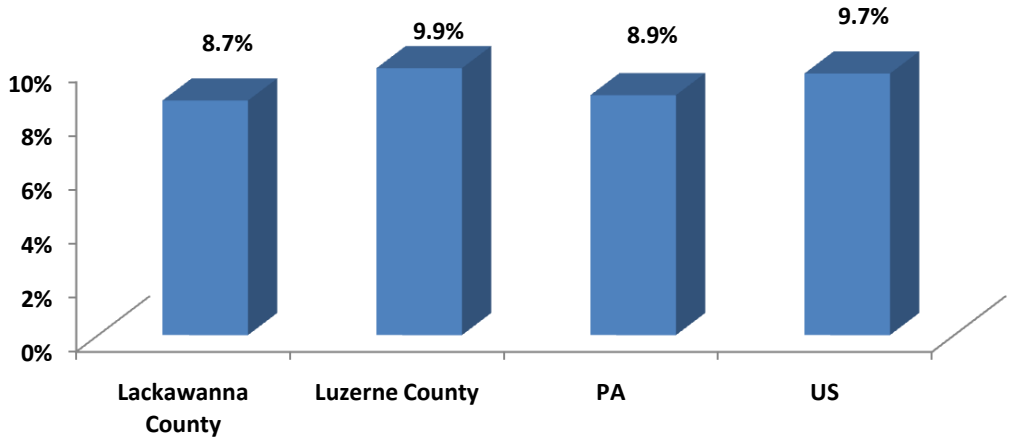
Workforce Occupation	Lackawanna County	Luzerne County	PA	US
Construction, extraction, maintenance and repair occupations	8.2%	8.9%	8.7%	9.6%
Production, transportation, and material moving occupations	14.5%	16.6%	14.1%	12.7%

UNEMPLOYMENT RATES

Unemployment rates continue to grow within the study area, limiting the number of jobs available and compounding the lack of quality employment opportunities. According to the Bureau of Labor Statistics, the unemployment rate in Lackawanna County increased by almost 2% from December of 2008 (6.9%) to December of 2009 (8.7%). A similar trend occurred in Luzerne County, where unemployment rates grew from 7.7% in December of 2008 to 9.9% by December of 2009.

Figure 12 illustrates the unemployment rates for Lackawanna County (8.7%) and Luzerne County (9.9%) as of December 2009. By comparison, the Pennsylvania unemployment rate is 8.9% and the national unemployment rate is 9.7% (both as of December 2009).[15]

Figure 12: Unemployment Rates December 2009



[15] Figure 12 county, state, and national data comparisons are from the Bureau of Labor Statistics, www.bls.gov.

NEPA-001640

EDUCATIONAL ATTAINMENT

Educational attainment is another indicator which demonstrates the trouble an economy has when it is unable to provide quality job opportunities and retain a talented workforce. Only 19.5% of residents age twenty-five and older within Lackawanna County and 16.6% of residents age twenty-five and older within Luzerne County have a Bachelor's degree or higher.[16] By comparison, 25.6% of the Pennsylvania population age twenty-five and older has a Bachelor's degree or higher and 27% of this age group in the U.S. has a Bachelor's degree or higher.[17] This statistic, coupled with median household income figures, indicate that qualified individuals are going elsewhere to find quality job opportunities.

[16] 2009 Claritas Census estimates
[17] 2005-2007 American Community Survey, Bureau of the Census

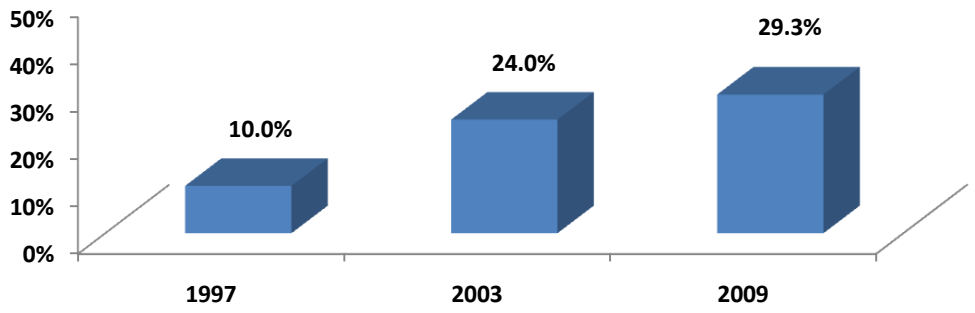
NEPA-001641

MENTAL HEALTH

EMOTIONAL AND MENTAL HEALTH STATUS

Since 1997, the percentage of household survey respondents reporting emotional and mental health concerns has increased significantly.[18] Figure 13 illustrates this trend.

Figure 13: Emotional and Mental Health Prevalence



Emotional and mental health problems in Lackawanna County are most prevalent amongst households located in the Central and Eastern regions in Luzerne County, the region below interstate 80. The data in Table 12 supports this trend.

Table 12: Regional Emotional and Mental Health Prevalence

Lackawanna County					Luzerne County	
North	South	East	West	Central	North (Above I-80)	South (Below I-80)
15.1%	19.3%	31.1%	19.1%	38.7%	28.4%	33.6%

[18] Household survey participants were asked, "In the past 5 years, has someone in your household had an emotional or mental health problem?"

NEPA-001642

Table 13 shows the percentage of hand distributed survey respondents, by subpopulation, reporting an emotional or mental health problem in their household within the past five years.

Table 13: Emotional and Mental Health Prevalence in Hand Distributed Survey Respondents

Lackawanna County		Luzerne County	
African American	**Hispanic/Latino**	**African American**	**Hispanic/Latino**
26.0%	23.9%	20.0%	21.3%

SUICIDE RATES

Another indicator of emotional and mental health concerns is suicide rate. Both Lackawanna and Luzerne Counties have higher prevalence rates for suicide than Pennsylvania State averages, according to the Institute for Public Policy & Economic Development Indicators Report for 2009. Luzerne County specifically has shown consistently increasing suicide rates between 2000 and 2006, while Lackawanna County suicide rates decreased by 2.8 points between 2005 and 2006. Table 14 below presents these trends.

Table 14: Suicide Rates

Suicide Rate (per 100,000 population)	2000	2005	2006
Lackawanna	9.0	18.1	15.3
Luzerne	12.7	15.2	16.3
Pennsylvania	10.7	11.0	10.7

NEPA-001643

SUBSTANCE ABUSE

ILLEGAL DRUG USE

Illegal drug use is a concern for survey respondents within the study area. Figure 15 below shows that more than one-third (37.0%) of the survey respondents in Lackawanna County and almost half (47.1%) of the survey respondents in Luzerne County think the use of illegal drugs is a problem in their neighborhood.

Figure 15: Respondents Who Think the Use of Illegal Drugs is a Problem in their Neighborhood

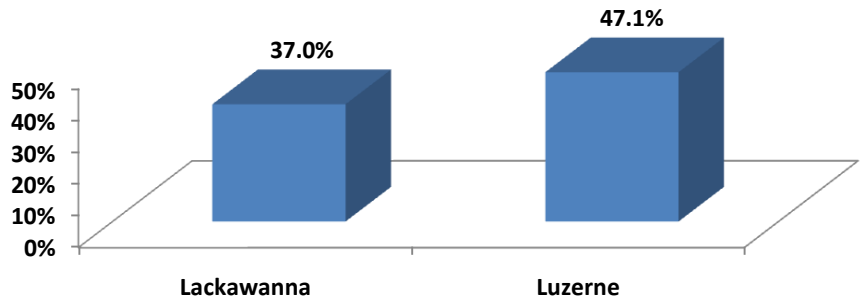


Table 15 shows the percentage of hand distributed survey respondents, by subpopulation, who think the use of illegal drugs is a problem in their neighborhood.

Table 15: Hand Distributed Survey Respondents Who Think the Use of Illegal Drugs is a Problem in Their Neighborhood

Lackawanna County		Luzerne County	
African American	Hispanic/Latino	African American	Hispanic/Latino
53.2%	43.9%	80.4%	70.8%

Survey respondents who think the use of illegal drugs is a problem identified the drugs listed below as the most prominent being abused in their communities. Drug abuse, especially marijuana use, is also a concern reported by participants in the Young Adults focus group.

NEPA-001644

1.) Marijuana (66.2%)
2.) Alcohol (54.4%)
3.) Cocaine (49.9%)
4.) Heroin (49.4%)
5.) Prescription Drugs (48.8%)

In addition to data collected through the household survey, secondary data collected from the Institute for Public Policy & Economic Development Indicators Report for 2009 shows increasing drug possession and drug sale/manufacturing offenses within the study area. Table 16 demonstrates this trend.

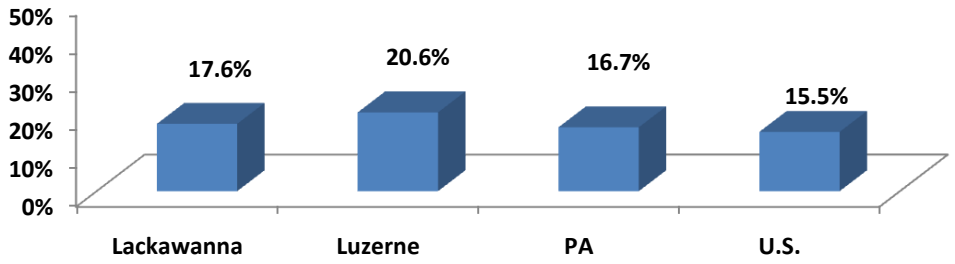
Table 16: Drug Offenses

Lackawanna County	2000	2006	2007
Drug Possession Offenses	286	689	691
Drug Sale/Manufacturing Offenses	334	259	289
Luzerne County	**2000**	**2006**	**2007**
Drug Possession Offenses	302	920	851
Drug Sale/Manufacturing Offenses	183	467	564

ALCOHOL

Alcohol was identified by survey participants as the second most prominent drug being abused within their neighborhoods. Additional questions were asked of survey participants to identify whether they drink alcohol or not and how much they drink in one sitting when they do drink. Almost two-thirds (60%) of survey respondents reported they drink alcohol. Almost one-third (27.6%) of survey respondents who reported they drink alcohol do so “a few days each week” or “every day.” Figure 16 below shows the combined percentages of male and female survey respondents who are considered to be binge drinkers, based on the number of drinks they reported to have at each sitting, compared to 2008 BRFSS state and national averages for binge drinking.

Figure 16: Binge Drinking
(5 + drinks for men, 4+ drinks for women in one sitting)



More secondary data collected from the Institute for Public Policy & Economic Development Indicators Report for 2009 reveals growing numbers of alcohol-related offenses, shown in Tables 17 and 18. Between 2000 and 2008, the number of DUI offenses within Lackawanna and Luzerne Counties combined increased by 44.1%.

Table 17: DUI Offenses

Lackawanna County	2000	2007	2008
DUI Offenses	522	953	935
Luzerne County	**2000**	**2007**	**2008**
DUI Offenses	1,073	1,355	1,363

During the years of 2003 through 2007, the number of alcohol-related automobile crash deaths within Lackawanna and Luzerne Counties increased by 36%.

Table 18: Alcohol-Related Automobile Crash Deaths

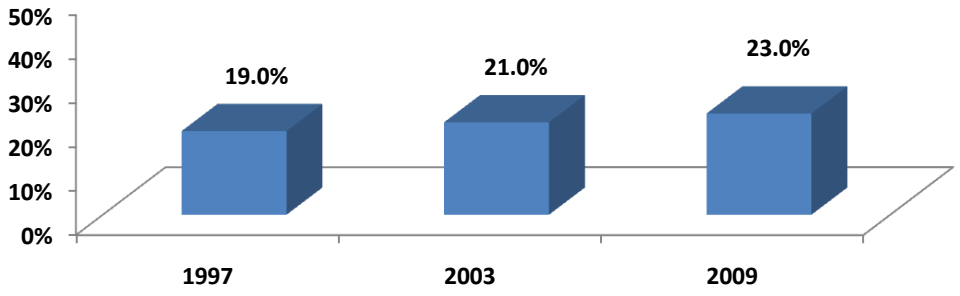
Lackawanna County	2003	2004	2005	2006	2007
Alcohol-Related Crash Deaths	4	7	7	9	9
Luzerne County	**2003**	**2004**	**2005**	**2006**	**2007**
Alcohol-Related Crash Deaths	21	20	17	24	25

NEPA-001646

CIGARETTE USE

Primary household survey data also reveals that the percentage of survey respondents who smoke cigarettes has steadily increased since 1997. Figure 17 illustrates this trend. Compared to 2008 BRFSS state (21.3%) and national (18.3%) averages, a higher percentage of survey respondents smoke cigarettes in Lackawanna and Luzerne Counties (23.0%). While more 2009 survey respondents smoke cigarettes than 2003 survey respondents, the average number of cigarettes smoked per day has decreased from sixteen cigarettes per day in 2003 to fifteen cigarettes per day in 2009.

Figure 17: Percentage of Respondents who Smoke Cigarettes



NEPA-001647

TRIPP UMBACH RECOMMENDATIONS

The following consultant recommendations are designed to help HNPI and community partners communicate and plan to effectively address each of the top five community health priority areas identified through this study.

1.) **Maintain Momentum:** It is vital to build on the momentum gained by the reassessment process by continuing to raise awareness of the community health assessment and collaborative planning throughout Lackawanna and Luzerne Counties.

2.) **Form Task Groups and Committees:** Task groups and committees must be formed to address and act upon each of the top five community health priority areas. Each group should include representatives of the HNPI 2009-2010 Community Health Needs Assessment project sponsors, as well as other organizations and interested members of the community.

3.) **Measure Progress:** The Partnership should identify key indicators that can be measured quantitatively within each of the five priority areas, in order to track progress over time.

4.) **Act as Community Resource and Catalyst:** HNPI should serve as a clearinghouse for information, services, community resources and collaborative grant opportunities, as well as supply the driving force behind community initiatives.

5.) **Reassess:** The Partnership should consider conducting another community health needs assessment process in three to five years.

NEPA-001648

FOR ADDITIONAL INFORMATION
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Divider Page

Community Health Needs Assessment 2012

Healthy Northeast Pennsylvania Initiative

The INSTITUTE for Public Policy & Economic Development

A partnership among Keystone College, King's College, Luzerne County Community College, Marywood University, Misericordia University, Penn State Wilkes-Barre, The Commonwealth Medical College, University of Scranton, & Wilkes University

Steering Committee

Community Needs Health Assessment Steering Committee 2012

Conrad Schintz – Steering Committee Chair - Geisinger Health System
Steve Szydlowski - HNPI Executive Director
Kris Augustine - Greater Scranton Chamber of Commerce
Barb Bossi – Geisinger Community Medical Center
Beverly Borlandoe, MD - Derma Pathologist
Ida Castro, JD – The Commonwealth Medical College
Cornelio Catena - CHS- Wyoming Valley Health Care
Denise Cesare - Blue Cross of NEPA
Ted Kross - Wilkes-Barre Health Department
Kathy Finsterbusch - PA Department of Health
Rod Gereda – Peace and Justice Center
Bill Jones – Wyoming Valley United Way
Bill King- Scranton School District
Diane Ljungquist - Wyoming Valley Health Care System
Sara Medina, Migrant Workers Program in Hazleton
Karen Murphy – Moses Taylor Foundation
Linda Renzini –HNPI Project Manager
Bette Saxton – Maternal and Family Health
Randy Stark – Luzerne County Task Force on Drug and Alcohol
Dr. Linda Thomas - The Wright Center
Dr. Janet Townsend – The Commonwealth Medical College
Mary Wetherall - The Wright Center
Dan West- University of Scranton
Tracey Wolfe – Geisinger Health System

The INSTITUTE for Public Policy & Economic Development

Purpose

- Community Health Needs Assessment
  - Assess the need
  - Align the resources
  - Identify the intervention
- Outmigration of Care
  - Patient perception
  - Provider perception
  - Type and location of external service providers

The INSTITUTE for Public Policy & Economic Development

Survey

- Household Survey
  - Random Sample
  - 12,000 residents in Lackawanna and Luzerne Counties
  - 12.1% response rate

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Survey Results

- Over 95 percent of respondents had personal doctor or healthcare provider
- Over 93 percent of respondents had been examined by a medical doctor during the past 12 months
- Good wait times for appointment scheduling
- Many respondents waited 15-30 minutes to be seen by a physician when they arrive for an appointment
- Most seek health information from the Internet or a relative/friend

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Survey Results

- Average Body Mass Index (BMI) was 28.5
- When asked about their health in general, 46 respondents said it was good while 23 said their health was average
- 46 percent said there were no days when their physical health was not good, while 34 percent indicated there were between one and five days
- 56 percent no days when their mental health was not good

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Survey Results

- Chronic conditions

Please check if you have been diagnosed with a condition and what, if any, treatment(s) you have received.	
Chronic Condition	**%**
High Blood Pressure	51%
High Cholesterol	45%
Arthritis	29%
Type 2 Diabetes	14%
Angina or Coronary Artery Disease	9%
COPD or Pulmonary Disease	8%
Heart Attack (Myocardial Infraction)	8%
Asthma	7%
Type 1 Diabetes	3%

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Survey Results

- Cancer
  - 19 percent of respondents
  - Most common types of cancer were prostate (23.3 percent) breast (13 percent) melanoma (5 percent) and skin (12 percent)
  - Most common treatments for those with cancer diagnoses were surgery (70 percent), radiation (28 percent) and chemotherapy (21 percent)
  - 40 percent left the region for medical care

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Survey Results

- Physical activity discussions with doctor high
- Good access to fruits and vegetables.
- One-third said they eat fast food a few times per month
- Most take daily vitamins or supplements.

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Survey Results

- Screenings/Prevention

Have you received any of the following in the past year?	
Screenings/Preventions	**%**
Blood test	79%
Check up/Physical	76%
Cholesterol test	66%
Flu shot	58%
Urinalysis	48%
EKG	33%
Mammogram (Females only)	26%
Prostate test (Males only)	25%
Pneumonia vaccination	22%
Colonoscopy	20%
Pap smear (Females only)	20%

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Survey Results

- Mental health

Has a doctor or other healthcare provider EVER told you that you have any of the following conditions?	
Conditions	**%**
Anxiety/Stress disorders	16%
Depression	15%
Substance abuse	4%
Bipolar disorder	2%
Schizophrenia	1%

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Survey Results

- Most respondents (84 percent) did not smoke cigarettes.
- A total of 64 percent of survey respondents said they had an alcoholic beverage during the past month.
- Most respondents (85 percent) said they do not know how to obtain illegal drugs.

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Survey Results

- Over 90 percent have health insurance
- Most had insurance through an employer (46%) or Medicare (42%)
- Only 8 percent of respondents had time during the past twelve months with no health insurance.
- Biggest health problems facing community was cost of healthcare and cost of insurance.

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Survey Results

- More elder care specialists needed
- More education on cancer prevention, diet/exercise, Alzheimer's, and stress management

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Survey Results

Distribution of Gender and Age, and Race/Ethnicity as compared to population		
Variable	**Population**	**Sample**
Gender		
Female	51%	48%
Male	49%	52%
Age		
Median Age	42	63
Race/Ethnicity		
White	92%	94%
Hispanic/Latino	6%	4%
Black/African American	3%	2%
Asian	1%	1%

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Interviews

- Interviews: 26 stakeholders
  - Major employers
  - Federally Qualified Health Center and a free medical clinic
  - Pennsylvania Department of Public Health
  - Social scientists/researchers
  - Philanthropist and health policy advisor
  - Disease-based organizations
  - Social service organizations
  - Mental and behavioral health organizations
  - Epidemiology/Environmental specialists
  - Primary care physicians
  - Surgeon
  - Medical technologist

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Interviews

- Vision for a healthy community included people getting health services regardless of insurance status, income or race/ethnicity
- Poverty is a major health challenge
- Lack of primary care and dental insurance
- Autism and Autism Spectrum Disorders are a large problem in the region
- Hard living population – drinkers, smokers and overweight

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Interviews

- Pennsylvania has a limited number of physicians moving into primary care
- Lack of patient compliance a problem
- Mental health issues surpassing physical
- Language is a barrier both from the provider perspective and also at the state and local government level

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Focus Groups

- Focus Groups (10 groups convened)
  - Hispanic/Latino
  - African American (2)
  - Impoverished
  - Aging
  - Physically/Mentally challenged
  - Youth
  - Chronic disease/Public health organizations
  - Major employers
  - Behavior Based (Substance abuse) organizations

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Focus Groups

- Obesity related diseases and cancer are the top two health problems in the region
- Negative view of doctors in the region
- Significant substance abuse problem in this region
- Much greater access to drugs now than there used to be
- More inpatient mental health and drug and alcohol treatment programs needed

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Focus Groups

- While there are many free clinics in the area those without insurance still feel they do not have access to healthcare
- Individuals with mental health issues face a stigma that discourages them from seeking treatment
- While many employers in the region offer employees wellness programs, diabetes is an issue
- Minority groups feel there is a lack of cultural sensitivity

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Secondary Data

- Demographic, economic, health status, incidences of disease, and insurance status
- Benchmarked against statewide indicators
- Region falling behind Commonwealth in key areas
- Region is slightly older and less diverse
- Fewer primary care physicians and physicians per 100,000
- County Health Rankings show that neither Lackawanna County nor Luzerne County are among the state's top counties

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Secondary Data

- Region contains more smokers, excessive drinkers and its residents are less physically active than the Commonwealth overall
- Cancer and heart disease continue to be a main causes of death for the region's adult population
- A diet lacking fruits and vegetables and high blood pressure are the two highest factors contributing to premature death

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Outmigration of Care

- Series of questions in survey, focus groups, and interviews
- Electronic survey distributed to members of the Lackawanna and Luzerne County Medical Societies; 4.4% response
- Provider Interviews
- Patient Interviews

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Patient Perception

- Local hospital environment – 76 percent good or excellent
- 60 percent quality of care good or excellent
- 67 percent quality of doctors good or excellent
- One quarter sought care out of the region
- Higher education level most likely to have care outside of region

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Type of care

What was the specialty of care you received?	
Type of Care	%
General Medicine	19%
Orthopedic	16%
Internal Medicine	14%
Cardiac	14%
Neurology	12%
Oncology	10%
Ophthalmology	9%
Gynecology	8%
Trauma	4%
Infectious Disease	3%

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Provider Surveys/Interviews

- Almost all physicians have or would refer patients out of the area for care
- Neurology and neurosurgery were key services referred outside of the area
- Many facilities were identified as referral destinations.
- Disrespecting the patient and fragmentation of care were identified as issues by primary care physicians and patients

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Patient Perception - Patient

- Patients left the region for medical care of the advice of a physician
- General consensus that patient must leave for "quality care"
- Hospitals were perceived as "outdated"
- Fragmentation is an issue

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Exports

- Utilization data outside and inside BCNEPA's thirteen-county service area
- Increases in either patients or visits in 2010 and decreases the following year
- Most common conditions for which residents sought care outside service area were cancer, musculoskeletal, gastrointestinal and "other" in an out-patient setting and musculoskeletal, gastrointestinal, and cardiovascular in an in-patient setting

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Exports

- Lackawanna and Luzerne Counties have a reciprocal relationship. Each county receives the highest number of patients from the other than any other county
- More residents leave the BCNEPA services for outpatient cancer service than stay inside it.
- Residents from both counties were most frequently treated within the Commonwealth of Pennsylvania for inpatient and outpatient services

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Asset Map

- Searches of providers and programs
- Detailed health care programs, resources and initiatives coordinated by non-profit organizations and government
- The categories included aging, disease based, teen pregnancy, suicide, low-income, behavioral and mental health
- Duplication in many programs
- Gap in non-profit initiatives for the aging, mental health programs for youth, and behavioral programs for young adults

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Analysis: Strengths

- Both counties ranked average in clinical care
- The respondents perceived the region has overall good health
- The region has a variety of medical specialists and hospital facilities.
- The two major insurers are focusing on preventative care
- Several free health clinics in region
- There are a variety of services available to area residents

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Analysis: Weaknesses

- Region falls behind Commonwealth
- Obesity
- Depth of specialty doctors varies between hospitals
- Drinking alcohol prevalent
- Low numbers on screenings
- Residents believe better quality outside of region
- Substance abuse a problem
- Limited number of all doctors accepting MA
- Funding and programs not increasing with demand
- Need for more physicians and specialists
- Information on these programs and how to use them can be difficult to find.
- Scope of most specialists limited
- No research, innovation or collaboration noted
- No world-renowned physicians or techniques noted locally
- Lack of communication and cooperation between primary and specialists

Analysis: Opportunities

- High school graduates can be trained in health careers
- Increase number of physicians per capita
- Create a network of specialists fill gaps and keep patients
- Provide more elder care specialists
- Provide education on cancer, diet/exercise, Alzheimer's, stress management, child abuse/family violence
- Create a more diverse healthcare workforce
- Health education youth programs
- Increase inpatient mental health and drug treatment facilities
- Add more health programs at work
- Increase cultural and language training for health care workers
- Work with public transportation
- Strategically plan to re-write how mental health challenges are coordinated
- Increase health literacy
- Create a network for residents to find the help that they need.

Analysis: Threats

- High regional poverty rate
- Smoking, drinkers less physical activity
- Hospitals with more depth in specialties and better reputations
- Chronic diseases put a financial drag on the system
- Income related to health status
- Few ways to obtain knowledge about health programs
- Low opinion of doctors
- Lack of bilingual providers an issue
- Patient compliance problematic
- Limited mental health resources
- Hospitals outdated
- Physician quality is poor Mental health resources lacking locally
- Local physicians do refer patients to specialists out of area
- Local specialists limited in quantity
- Physicians show lack of respect for patients

Recommendations

- Healthcare delivery system
  - Promote team approach
  - Encourage mental health training for health care workers
  - Develop 2nd language training programs
  - Documents produced in Spanish
  - Diverse workforce
  - Availability of specialists in the region
  - Collaborative initiatives with major research hospitals.
  - Increase the number mental health specialists.
  - Increase number of providers accepting medical assistance.
  - Evaluate and enhance the physical environment of older hospitals.
  - Need larger network of local specialists, especially geriatrics.
  - Open primary care clinics for medical assistance patients only

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Recommendations

- **Regional Collaborative Initiatives**
  - Regional database of resources
  - Coordinate social services, public transportation, healthcare, chronic disease organizations, local free clinic network, and workforce development
  - Create a regional health education series in multiple languages
  - Create mental health awareness programs
  - Develop healthcare occupation programs

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Community Health Needs Assessment 2012

Healthy Northeast Pennsylvania Initiative

The INSTITUTE for Public Policy & Economic Development

A partnership among Keystone College, King's College, Luzerne County Community College, Marywood University, Misericordia University, Penn State Wilkes-Barre, The Commonwealth Medical College, University of Scranton, & Wilkes University

Divider Page

Community Health Needs Assessment

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Commonwealth Health Systems

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- Regional Hospital of Scranton
- Wilkes-Barre General Hospital

Geisinger Health System

- Geisinger - Community Medical Center
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NEPA-001693

Executive Summary

Purpose

The Community Health Needs Assessment (CHNA) was designed to assess health status, accessibility, and patient perception in Lackawanna and Luzerne Counties. The goal is to identify collaborative community based recommendations to mitigate some of the issues and challenges the region faces.

Process

The Institute conducted in-depth primary research by deploying over 12,000 surveys in Lackawanna and Luzerne Counties, and conducting several interviews and focus groups. Additionally, the Institute collected secondary data from a number of federal and state sources in order to examine the demographics and health status of the region's residents.

Summary/Outcomes

The region is slightly older and less diverse than Pennsylvania as a whole and the region's health rankings are poorer. The region contains more smokers, excessive drinkers and its residents are less physically active. Cancer and heart disease continue to be the main causes of death for the region's adult population, while a diet lacking fruits and vegetables and high blood pressure are the two highest factors contributing to premature death. Though residents rate their overall health status as fairly good, there is a high incidence of certain chronic diseases as well as obesity, substance abuse and mental health issues. Incidences of several of these health issues continue to increase.

The research demonstrates residents' lack of knowledge with regard to the health resources in the region and the importance of preventative treatment and screenings.

The region does have fewer primary care physicians and physicians per 100,000 people than Pennsylvania. While specialists per capita cannot be compared, through discussions with health care professionals, there is a shortage of specialists.

For those who are aware of health care resources and the members of the primary care physician organizations within the region, the perception of the quality of local health care is not as high as it should or could be. Many issues were cited for this opinion, including: limited specialty services, not as good nor timely access to specialists, and physicians' lack of respect for and poor interaction with patients. Also noted was limited research and innovation, no collaborations with world renowned institutions and outdated or outmoded facilities.

NEPA-001694

The region includes a large base of low income residents. Given its economic history, along with the recent recession, the number of low income residents has grown dramatically. Wages have not kept pace with rising costs of living. Because of fiscal and human resource constraints, health care and social service resources have not kept pace with growing demand.

There are very few doctors, specialists, and dentists accepting medical assistance. The percentage of those enrolled in the region: 18 percent in Lackawanna County and 19.2 percent in Luzerne County compared with 17.2 percent statewide. For this region, slightly over 100,000 people are enrolled.

Further, growing regional diversity has not been embraced from the perspective of cultural awareness and language (written and spoken) to meet our limited or non-English speaking residents. This is a barrier for some residents getting the care they need.

The survey results identified several interesting facts. Nearly half of respondents felt down, depressed or hopeless between one and two days during the past two weeks. There is a relationship between mental health, health status and income. There is a relationship between mental health, health status and income. Income was a factor in several of the questions. The higher one's income, the more likely they are to report a positive health status. The opposite is true of those with lower incomes.

Data showed that some facilities have limited personnel in the following specialties, as compared to their peers: cardiologists; internal medicine; radiologist; ophthalmologists; neonatologists; physical medicine and rehabilitation services; emergency medicine services; and vascular surgeons. It should be noted; however, that the most current period that data was collected for was the year many of the acquisitions took place and therefore the 2012 counts may be different. Utilization data show high admissions at all facilities among those ages 60 and older, but a limited number of geriatric specialists.

There was a review of two of the major insurer programs in the region as it relates to preventative or well care. Both Blue Cross of Northeastern Pennsylvania (BCNEPA) and Geisinger have programs in place to provide wellness information.

Overall, the most common conditions for which residents sought care outside BCNEPA's service area were cancer, musculoskeletal, gastrointestinal and "other" in an out-patient setting, and musculoskeletal, gastrointestinal, and cardiovascular in an in-patient setting. Lackawanna and Luzerne Counties have a reciprocal relationship. Each county receives the highest number of patients from the other than any other county.

More residents leave the BCNEPA service area for outpatient cancer services than stay inside it. Residents from both counties were most frequently treated within Pennsylvania for in- and out-patient services.

Among those interviewed, almost all physicians (except for two) have or would refer patients out of the area for care if necessary. The cited issues such as quality, the service not available within the region, high risk patient or the patient demanded to be referred elsewhere. Neurology and neurosurgery, pediatric oncology and psychiatric care are key services referred outside of the area.

The primary care physicians interviewed and those that responded to the survey site a lack of respect for the patient among physicians and fragmentation of care as problems. This, naturally, deters primary care physicians and patients from returning to the specialist. The primary care physicians would like to see more collaboration in patient care.

Patients interviewed believed that tertiary medical care is beyond the scope of local specialists, with oncology being a prime example. Patients left primarily on the recommendation of medical personnel (doctors and therapists). The patients indicated that timeliness of care is an issue for them. There is a wait time to get an appointment followed by a long gap to see the physician after any diagnostics are completed to learn the results and treatment.

Quality or perception of quality is one of the bigger issues. Local hospitals rated as “outdated” and “behind the times.” Patients feel there are too many medical errors locally for such a small region and that the hospitals are inefficient.

Patients indicated that there is no medical research taking place here or collaborations with world renowned institutions. Some initiatives in this area would improve their perception of the quality.

One patient in particular, spoke of the limited services and specialists for treatment of children with mental and behavioral health issues. In addition, he/she was concerned about what happens when her son turns 21 because at that point, there are no services available for those with autism.

Recommendations

The Institute recommends a number of initiatives for the health care delivery system and community based organizations to address this study's findings. First and foremost, there should be regional collaboration, communication and cooperation. At a time of strained resources, growing problems, duplication and programming gaps, working together is essential. The status quo has not and will not be effective in resolving regional issues.

- HNPI should develop and maintain a regional database of health care and social service resources. Listings would be posted on a web site in English and Spanish, adding Bhutanese-Nepali, Hindu and Russian, over time. A searchable database of local programs would allow patients, providers and other organizations to find appropriate support and/or care.
- HNPI should seek to coordinate regional organizations involved in social services, public transportation, health care, chronic disease organizations, the local free clinic network, and workforce development to create a network for the region's impoverished and minority populations. This network could overcome barriers to care such as lack of transportation, unemployment and insufficient awareness of resources. (Northeast PA Regional Cancer Institute has an existing Navigation Program, which could serve as a basis for a larger, regional effort.)
- A strong education and marketing program should be established to create awareness, fill in the knowledge gaps and help to form perception, rather than foster antiquated theories about regional resources and quality.
- An asset map shows duplication of efforts and gaps in youth and young adult (18+) behavioral health programs (there is no programming for those with autism once they turn 18). There is also a gap in non-profit initiatives for the aging, mental health programs for youth and behavioral programs for those age 18 and older.
- Create a regional health education series in multiple languages delivered through community-based and faith based organizations, the web, and employer networks. High priority subjects are referenced in the summary.

Income disparity is a significant problem prevalent in the region and among all races/ethnicities. The problem has worsened over the past several years and has health care implications, social implications, and could lead to criminal behavior. Therefore, any successful initiative must include

- Workforce development partnering with the Pre-K-12 education system.
- Work with health care delivery system (including Federally Qualified Health Centers) to open primary care practices and dental offices for those covered by medical assistance.

NEPA-001697

- The National Health Service Corps' (NHSC) ranking of dental providers accepting medical assistance within the region is low. Work with the network to increase the number of area providers who accept medical assistance.

Further, this region has seen surges in the Hispanic/Latino, African American, Bhutanese, Hindu, and Russian populations. Such diversity has not been embraced. Language barriers (written and verbal) remain an issue. Cultural understanding, awareness, and respect appear to be lacking.

- Create a regional health education series in multiple languages, and delivered through community- and faith-based organizations, the web and employer networks. High priority subjects are referenced in the summary.
- Develop programs for second language training for health care and social service workers.
- All hospital and health care documents should be available in Spanish.
- The health care workforce should be diverse, and representative of the races/ethnicities in the community.

Mental health and behavioral problems are increasing. Participants noted a correlation between such problems and substance abuse, poverty and the potential for criminal behaviors. There are limited and fragmented resources, and a lack of understanding of the relationship among these issues. Participants reported that, in their experience, non-mental health care professionals do not have the training to detect problems. Further, there is a stigma attached for those diagnosed with mental illnesses that tends to reduce the likelihood that they will seek treatment.

- Create mental health awareness programs with treatment options to reduce the stigma of mental health issues.
- Develop programs for health care workers to receive sensitivity, mental health and cultural training.
- Work to increase the number of mental health specialists.

Further, patient perceptions are fueled by their own experiences, as well as the experiences and opinions of close family and friends, and information from their primary care and other medical advisors. The following recommendations could help to reduce the issues presented by patients, residents, and primary care physicians.

- Promote a team approach to health care and better communication among health care professionals at all levels.
- Increase and/or promote ongoing medical research and innovation.
- Educate primary care physicians and patients about the region's availability of specialists.

NEPA-001698

- Consider collaborative initiatives with major research hospitals.
- Continue to evaluate and enhance the physical environment of older hospitals.
- Expand network of local specialists, especially in geriatrics.

There is, and will continue to be, shortages in a variety of health care occupations. In order to ensure that the region has an ample number of providers, there must be awareness about all health care occupations starting as early as elementary and middle school.

- Develop health care occupation pipeline programs (web based or through social media) and market such programs to intermediate and secondary students to build awareness of and interest in occupations and job outlook in the local health care industry.
- Explore how local health care providers, educational institutions and community based organizations can contribute to enhanced resources to improve academic performance of local students.

It is highly recommended that the reader review the final sections of this report to truly understand the foundation of the problems, the correlation of issues, and the intended recommendations.

The reader should not that the survey responses and feedback from focus groups and interviews represent the knowledge, attitudes, and perceptions of the respondents regardless of the actual facts.

Research Methods

Surveys

In August of 2012, a household survey of Lackawanna and Luzerne County residents was conducted in order to gain an understanding of the counties' health needs. The survey was sent to 12,000 residents, whose addresses were drawn at random by a commercial random sampling organization.

Of those mailed, 2,014 (17 percent) were returned and marked "undeliverable" by the post office due to inaccurate or partial addresses or because the recipient had moved and there was no forwarding address. Fifteen were deemed unusable. Another fifteen surveys were received after the deadline and were not included in the analysis.

NEPA-001699

The number of surveys was chosen to exceed 5 percent of the households and account for unusable surveys. The minimum goal was a 95 percent confidence interval, with a 5 percent margin of error. This would have required a minimum of 377 responses. The Institute surpassed that goal by receiving a total of 1,457 useable surveys returned, resulting in a 12.1 percent response rate, which is slightly less than a 3 percent margin of error.

Additionally, 200 Spanish language surveys were prepared and distributed to local Hispanic churches and free medical clinics in Lackawanna and Luzerne Counties. A local housing agency also helped distribute Spanish language surveys. Overall, four percent of the Hispanic population responded.

Another 200 surveys were distributed to African American and other minority or immigrant populations. These surveys were distributed through local youth organizations and free medical clinics. Overall, three percent of the African American population responded.

The survey was prefaced with the purpose, instructions, and an informed consent. The informed consent indicated the survey's purpose, contact information for the consultants and the sponsoring organization, along with language explaining the respondent's right to ask questions and the right to skip questions. The informed consent indicated that all responses would be kept confidential and presented in aggregate form. The consent indicated that the only parties that would see the individual surveys were the project consultants.

This informed consent met all federal standards established for the protection of human subject rights in research. The Wilkes University Institutional Review Board (IRB) reviewed and approved all of the primary research instruments and informed consents.

The survey responses were uploaded into the Statistical Packages for the Social Sciences (SPSS). SPSS is an integrated software program used for the analytical data analysis. A verification process was performed through fact checking the data entered.

Interviews

A total of sixteen interviews were conducted with 26 stakeholders. The following groups were represented:

- Major employers
- Federally Qualified Health Center and a free medical clinic
- Pennsylvania Department of Public Health
- Social scientists/researchers

- Philanthropist and health policy advisor
- Disease-based organization
- Social service organization
- Mental and behavioral health organizations
- Epidemiology/Environmental specialists
- Primary care physician
- Surgeon
- Medical technologist/clinical laboratory
- Insurer

Care was taken to interview stakeholders that either represented the entire study region or to interview representatives from each county representing one of the aforementioned affiliations. Interviews ranged from 45 minutes to three hours in duration. Interviews were semi-structured (an interview questionnaire located in the appendix). Prompts were used on occasion and each interviewee had the opportunity to add open comments at the end. Interviewer notes and peripheral material provided by the interviewee were used in the summation of the interview section.

Focus Groups

The Institute identified high-priority stakeholders representing various segments of the community in order to assess the unique health care needs of specific groups. The following focus groups were conducted:

- Hispanic/Latino community
- African American community (2 separate groups)
- Impoverished
- Aging
- Physically & mentally challenged
- Youth
- Chronic disease/public health organizations
- Major employers
- Behavioral based (substance abuse) organizations

The sessions were analyzed using both interviewer notes as well as keyword analysis through the use of The Institute's qualitative analysis software. The sessions were digitally recorded and will be stored on the Wilkes University secure network for 24 months following completion of the project.

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Secondary Data

Secondary data was procured from the Pennsylvania Department of Health, the U.S. Census Bureau and the Center for Rural Pennsylvania, the Behavioral Risk Factor Surveillance System (BRFSS), and the County Health Rankings prepared by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The data include demographic and economic indicators, health status, incidence of diseases, and insurance status. Additionally, the data were benchmarked against statewide indicators

Data regarding the health care delivery system was procured from the Pennsylvania Department of Health, Pennsylvania Cost Containment Council, the local participating hospitals, Pennsylvania Health Care Association, and the U.S. Department of Health.

Patient Perception

An electronic survey was distributed to members of the Lackawanna and Luzerne County Medical Societies, members of which are allopathic (MD) and osteopathic (DO) physicians. From both organizations, 525 members received the link. The response rate was 4.4 percent, which is a very low response rate. Four primary care and specialty physicians consented to one-to-one interviews. Finally, four individuals or patients participated in one-to-one interviews.

Hospital Data

Hospital utilization data and physician/specialty data were provided by each institution. Data were provided for the 2011 calendar year. It should be noted however, that all the institutions were engaged in mergers/acquisitions or system upgrades during the time period, therefore current physician counts may be different.

Patient Export Data

AllOne Health provided patient export data. Data were provided for members who lived in Luzerne and Lackawanna Counties between 2009 and 2011. For each report, utilization data outside and inside Blue cross of Northeastern Pennsylvania's thirteen-county service area were presented. The service area includes Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne and Wyoming Counties. The information in each file was as follows:

Inpatient: Admissions by clinical condition and admissions by clinical condition and by provider. City and state of the provider were presented when available.

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Outpatient: The data included a summary of all of non-hospital visits by clinical condition; details of non-hospital visits by clinical condition and by provider type; summary of the hospital visits by clinical condition; and the hospital visits by clinical condition and by provider including the city, and state when available.

Relative Risk Score: This file shows the relative risk score of those members who had at least one in-patient admission outside BCNEPA's service area, compared with those members who had in-patient admissions only inside the service area. The higher the score, the higher the patient risk. The comparison showed that those members with in-patient admissions outside the service area had a significantly higher risk score and presumably had significantly more complex issues than those who had in-patient admissions only inside the service area.

Asset Map

The data from the asset map was secured through Internet searches of providers and programs, information from interviewees and focus group participants and the phone book. The map detailed health care programs, resources and initiatives coordinated by non-profit organizations and government. The categories included, but were not limited to: aging, disease based, teen pregnancy, suicide, low-income, behavioral and mental health programs and services.

Research Limitations

Upon review of the survey results, several limitations were discovered. Certain groups were underrepresented in the sample, including young adults (18-40), veterans below the age of 50, members of all minority groups, and people with children under 18 years of age. One group, those over the age of 65, was overrepresented in the study. The median age of the survey respondents was 63. The U.S. Census data report that the region's median age was 42.

Additionally, while there were minimal deficiencies in the percentages of most races/ethnicities (except for Caucasian), there was a significant deficiency in the number of African American responses. The region had a three percent African American population, while the survey showed only a 1.5 percent response rate from the African American community.

There were a few questions where possible choices were not included. First, in the patient perception section, two hospitals were omitted from the possible responses – VA Medical Center and Hazelton General Hospital. Additionally, in the same section there were two

questions that focused on reason for leaving the area to see a doctor. It would have been beneficial to include "A local physician directed me to a doctor outside of the region."

Particular questions appeared to cause confusion for several respondents. In the patient perceptions section, one of the responses to the question regarding the hospitals visited in the past twelve months was "Geisinger." It would have been clearer if this were labeled "Geisinger Wyoming Valley." Also in this section, question P9 was a source of confusion for so many respondents that the results could not be analyzed. This question asked the respondent to rank the resources they use to determine quality physicians. The majority ranked each choice from one through five (most important to least important), rather than ranking the five choices against each other with one being most important and five being least important.

Section C contained some questions that clearly confused respondents. In C1, respondents were asked to check each chronic condition for which they have been diagnosed and to select the corresponding treatment they received for such condition. Several chose a treatment and not a condition, causing responses to be thrown out. Another question which respondents answered incorrectly pertained to chronic conditions. Question C3 asked respondents if they had been diagnosed with a chronic disease other than those previously listed. Several respondents listed a condition that had been already asked about.

Responses to some questions were deemed unusable because the respondent did not follow the instructions. For example, several questions directed the respondent to check only one answer. In many cases, respondents chose more than one answer and such responses were thrown out.

Hospital utilization and physician specialty data were provided by each hospital. It should be noted, however, that all the hospitals were engaged in mergers/acquisitions or system transition; therefore current physician counts may be quite different.

Household Survey

The survey was prefaced with its purpose, instructions and consent. Responses were uploaded into the Statistical Packages for the Social Sciences (SPSS). SPSS is an integrated software program used for analytical data analysis. A verification process was performed through fact checking the data entered. Several statistical analyses were employed in conducting this analysis. Responses to each question were tabulated into frequency distributions and cross tabulations. Additionally chi square and regression analyses were calculated to test variable relationships.

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The comprehensive survey was divided into 17 sections, as defined in the table below.

Survey Sections	
Section	**Title**
Section A	Health Services Access and Utilization
Section B	Health Status
Section C	Chronic Diseases and Management
Section D	Youth Health
Section E	Diet and Exercise
Section F	Disability
Section G	Screenings/Prevention
Section H	Alternative Medicine
Section I	Dental Care
Section J	Mental Health
Section K	Tobacco
Section L	Alcohol
Section M	Drugs
Section N	Healthcare Coverage
Section O	Community
Section P	Patient Perceptions
Section Q	Demographics

Approximately 58 percent of the surveys were completed by residents in Luzerne County, while 42 percent were completed by Lackawanna County residents.

Over 95 percent of respondents had at least one person they considered their personal doctor or health care provider. More than three-quarters of them (79 percent) indicated that person was a primary care doctor. Other choices included medical specialist/doctor other than family doctor (6 percent) and chiropractor (2 percent). Those with a personal doctor were 19 percent more likely to rate their health as excellent or good than those without one. The Hispanic population was much less likely to have a personal physician, with only 38 percent responding in the affirmative.

Over 93 percent of respondents had been examined by a medical doctor during the past 12 months while 84 percent had not had an overnight stay at a hospital and 69.5 percent had not sought care at an emergency room.

When asked about wait time for an appointment with a physician, 48 percent said that they generally waited less than one week, while 34 percent said they wait one to two weeks. Many respondents (45) waited 15-30 minutes to be seen by a physician when they arrive for an appointment, while 36 percent wait 15 minutes or less. Respondents were asked to check the first place they go for health information. Forty-one percent said they use the internet and 40 percent said a relative or friend.

Body Mass Index (BMI) was calculated for each respondent based on the reported height and weight. BMI was then averaged for each zip code to determine which zip codes in the sample

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had the highest rates of obesity. Among Lackawanna County respondents, the average BMI is 28, which is considered "overweight" and only two points below "obese." Luzerne County's average BMI is 29, slightly higher than Lackawanna County.

When asked about their health in general, 46 percent of respondents said it was good while 23 percent said their health was average. Only 13 percent indicated their health was excellent.

When asked to assess their health during the last 30 days, 46 percent of respondents said there were no days when their physical health was not good, while 34 percent indicated there were between one and five days when their physical health was not good. Also, 56 percent of survey participants said there were no days when their mental health was not good, while 26 percent said they experienced between one and five days with less than good mental health. Over two-thirds (67 percent) reported that there were no days that poor physical or mental health kept them from doing their usual activities.

The top three chronic conditions reported by respondents were high blood pressure (51 percent), high cholesterol (45 percent), and arthritis (28 percent).

Please check if you have been diagnosed with a condition and what, if any, treatment(s) you have received.	
Chronic Condition	**%**
High Blood Pressure	51%
High Cholesterol	45%
Arthritis	29%
Type 2 Diabetes	14%
Angina or Coronary Artery Disease	9%
COPD or Pulmonary Disease	8%
Heart Attack (Myocardial Infraction)	8%
Asthma	7%
Type 1 Diabetes	3%

Of those with high blood pressure, nearly 93 percent were treated with prescription medication, 21 percent with nutrition, and 27 percent with exercise. Of those with high cholesterol, 82.9 percent were treated with prescription medication while 35.5 percent used good nutrition and 31.8 percent exercised. Only 3 percent of respondents indicated they had type 1 diabetes. All used prescription medication to treat the condition. Of those with type 2 diabetes, the vast majority (86 percent) were treated with medication, while just over half (52.8 percent) used good nutrition. A total of 29 percent indicated they had arthritis, 47.6 percent of which treated it with prescription medications and 30.3 percent exercised. Respondents were

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then asked if they had been diagnosed with a chronic disease other than those listed; about 20 percent of respondents indicated that they had. The chronic diseases mentioned most by respondents included hypothyroidism, colitis and kidney disease.

A total of 19 percent of respondents indicated that they have had cancer. The most common types of cancer were prostate (23.3 percent), breast (13 percent), melanoma (5 percent), and skin (12 percent). The most common treatments for those with cancer diagnoses were surgery (70 percent), radiation (28 percent) and chemotherapy (21 percent). About 40 percent of those who indicated that they had a cancer diagnosis had left the region for medical care. Conversely, one-third of respondents who left the region for treatment stated they had a cancer diagnosis. There is a strong relationship between the two variables, and individuals with a cancer diagnosis are, indeed, more likely to leave the region for medical care.

Roughly one-quarter of respondents (23 percent) had children living in their household. Of those, 35 percent were four years old or younger, 43.1 percent were between ages five and twelve and 37.5 percent were between thirteen and seventeen. The most common illness among children was asthma (13 percent), followed by a learning disability (8 percent).

When respondents were asked if a doctor or other health care professional has ever talked with them about physical activity, 72 percent indicated that someone had. Over half (63 percent) of all respondents participated in some sort of physical activity during the past month. Of those, 40 percent did so on three to four occasions during that month and 26 percent did so for 21-30 minutes. Only 50 percent of African American respondents indicated that their doctor advised them about physical activity.

Nearly 30 percent of survey respondents said that they or someone in their household is limited in some way because of an impairment or health problem. A total of 7 percent of respondents reported that they or someone in their home needs help with personal care needs, such as eating, bathing dressing or getting around, while 15 percent need the help of others in handling routine needs, such as chores and shopping.

Nearly all respondents (96 percent) said they have good access to fruits and vegetables. This group was also 24 percent more likely to rate their health as excellent or good. One-third said they eat fast food a few times per month, while just under one-quarter (27 percent) said they eat it a few times per year. Nearly 70 percent indicated they take daily vitamins or supplements.

The next section asked respondents about screenings and prevention they received over the past year. The most commonly received screening was a blood test (79 percent, while the most commonly received preventive action was a checkup (76 percent).

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Have you received any of the following in the past year?	
Screenings/Preventions	**%**
Blood test	79%
Check up	76%
Cholesterol test	66%
Flu shot	58%
Urinalysis	48%
EKG	33%
Mammogram (Females only)	26%
Prostate test (Males only)	25%
Pneumonia vaccination	22%
Colonoscopy	20%
Pap smear (Females only)	20%

Next, respondents were asked what alternative therapies they have used. The most common reply was chiropractic therapy at 18 percent. Nearly 90 percent of those who used an alternative therapy thought it was very or somewhat helpful.

Have you had any of the following alternative therapies in the past 12 months?	
Therapies	**%**
Chiropractic	18%
Message therapy	8%
Herbal therapy	3%
Acupuncture	2%
Homeopathy	2%

The majority of respondents (68 percent) indicated that they had visited the dentist in the last one to twelve months. However, 15 percent had not visited a dentist in the past five years. The most common reasons for not visiting the dentist during the past year were that there was no reason to go (28.2 percent) and cost (26.1 percent). There is a correlation between dental exams and income. The lower the income, the more likely respondents are to not have been to the dentist in the last twelve months.

The vast majority of respondents (87 percent) said they said they have not felt so sad that it prevented them from doing some usual activities. Those who indicated so were less likely to have rated their health as excellent or good. Additionally these respondents were more likely to be female. More in depth analysis shows a correlation between income and mental health status. Those with annual incomes below $35,000 were more likely to answer this question affirmatively.

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Nearly 45 percent of respondents said they felt down, depressed or hopeless between one and two days during the past two weeks, while 38 percent did not have these feelings during any days in the past two weeks.

When asked if a doctor or other health care provider ever told them that they have a mental health problem, 16 percent said they were diagnosed with anxiety, while 15 percent were diagnosed with depression. Of those with a mental health diagnosis, 38 percent were treated in a doctor's office during the past twelve months.

Has a doctor or other healthcare provider EVER told you that you have any of the following conditions?	
Conditions	**%**
Anxiety/Stress disorders	16%
Depression	15%
Substance abuse	4%
Bipolar disorder	2%
Schizophrenia	1%

Of those respondents who had been diagnosed with a mental health condition, 36 percent sought treatment at an outpatient mental health clinic, 35 percent went to a doctor's office, and 10 percent went to a private therapist. Only six percent of respondents said there was a time when they needed mental health treatment but didn't get it.

Approximately 50 percent of Hispanic/Latino respondents reported that their mental health was not good for one or more days in the past 30-day period; further, over 16 percent reported that on more than ten days in the past 30 days, their mental health affected their ability to carry out their usual activities. Additionally, 29 percent indicated that, in the past twelve months, they felt sad or hopeless almost every day for two weeks or more in a row and that halted some of their usual activities. Hispanic/Latino respondents also demonstrated higher levels of depression than the total respondents, with nearly twice the number of anxiety and stress disorder diagnoses.

Most respondents (84 percent) did not smoke cigarettes. Of those who do, 87 percent smoked every day, and 31 percent smoked between eleven and nineteen cigarettes each day. Over 80 percent of smokers had been advised by a health care professional to quit during the past twelve months. Over one-third said they have not tried to quit. Those who have tried to quit cited "craving" and "enjoyment" as being the hardest thing about trying to quit. Those who identified themselves as smokers were 12 percent less likely to rate their health as excellent or

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good. Overall, smokers were more likely to feel down or depressed, with 53 percent reporting that they felt so for six to ten days in the past month.

Drinking alcohol was much more prevalent among respondents than smoking. A total of 64 percent of survey respondents said they had an alcoholic beverage during the past month. Of those, nearly 60 percent drank between one and two days per week. Interestingly, those who had at least one drink during the past 30 days were 22 percent more likely to rate their health as excellent or good. Although the question was not asked, many respondents indicated on the survey that they drank a glass of red wine each day, suggesting that some participants drink wine for its perceived health benefits.

Most respondents (85 percent) said they do not know how to obtain illegal drugs. Of the drugs listed in the survey, marijuana was the most easily obtainable, with 19 percent responding they could obtain it fairly or very easily.

How difficult or easy would it be for you to obtain the following drugs if you wanted some?							
Response	Marijuana	Heroin	Prescription Pain relievers (not prescribed for you)	Methamphet amine (Meth, Crystal meth)	Cocaine (including powder, crack, freebase and coca paste)	Ecstasy or MDMA	Bath Salts
Don't know	76%	84%	80%	87%	84%	90%	88%
Probably impossible	3%	3%	3%	4%	4%	3%	5%
Very difficult	1%	1%	1%	1%	1%	2%	1%
Fairly difficult	2%	2%	3%	2%	2%	1%	1%
Fairly easy	12%	6%	8%	5%	6%	3%	3%
Very easy	7%	4%	5%	2%	3%	2%	2%

About one percent of respondents indicated they have received drug treatment or counseling for their use of a drug during the past twelve months. Respondents with substance abuse problems were 52 percent more likely to smoke than those without such problems.

The vast majority of respondents (93 percent) said they currently have health insurance. A total of 91 percent said they have insurance that would cover at least part of a hospital stay. Respondents were then asked to identify their insurance coverage.

Health Insurance	
Question	Yes
Do you currently have health insurance?	93%
Do you currently have health insurance that would cover at least part of the bill if you had to stay in the hospital overnight?	91%

What is that coverage?			
Medicaid	Medicare	Insurance through an employer or spouse's employer	Insurance that you buy on your own
10%	42%	46%	25%

Respondents without health insurance were 16 percent less likely to rate their health as excellent or good. In addition, income and education were directly correlated with whether or not a respondent had health insurance. The higher the education and income, the more likely one was to have insurance. Additionally, those who were employed were more than twice as likely to have health insurance as those who reported being unemployed.

Only eight percent of respondents said there was a time during the past twelve months when they did not have health insurance. The top two reasons cited by respondents were that they could not afford the premiums (25 percent) and cost (19 percent). Women were more likely to have answered that they did not have health insurance for a period of time in the past year.

Respondents were asked if there was a time during the past twelve months when they needed to see a doctor or needed to buy a prescription medication but could not do so because of the cost. About one tenth of respondents answered each of these questions affirmatively. Just over two-thirds of those without health insurance reported that there was a time in the past twelve months when they needed to see a doctor but couldn't because of cost. Additionally, 56 percent of those respondents without health insurance were unable to purchase prescription medicine because they couldn't afford it.

When asked to identify the biggest health problems facing their community, 43 percent of respondents said it was the cost of health care, while 15 percent said it was the cost of insurance.

The next question asked about the number of health care providers and services in the region. Within the table below, the highest percentages in each category are highlighted in red. Many respondents indicated that the number of health care providers and services is adequate, while others were not sure.

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What are your thoughts on the number of healthcare services and healthcare providers in the region?				
Services/Providers	Need for more	Adequate	Too many	Not sure
Home health nursing services	20%	48%	1%	30%
Counseling/Mental Health/Psychiatric services	25%	36%	1%	39%
Alcohol and drug abuse treatment services	27%	32%	1%	39%
Alternative Medical Services (Chiropractic, Massage, Acupuncture, Herbal or Homeopathy)	14%	49%	4%	33%
Crisis Intervention Services for Troubled Youths	34%	19%	1%	46%
Adult primary care services	27%	49%	1%	27%
Services for victims of domestic violence	32%	25%	1%	43%
Women's services, such as obstetrics/gynecological services	17%	53%	1%	29%
Pediatrics services (Health services for infants/children)	16%	52%	1%	32%
Cancer treatment and care	33%	38%	1%	28%
Heart disease services including diagnostic services, heart surgery and cardiac rehabilitation	25%	51%	1%	23%
Diabetes Care	18%	48%	1%	33%
Emergency/Trauma care	30%	51%	1%	19%
Rehabilitation services	17%	58%	4%	24%
Health education services	29%	35%	1%	36%
Elder care specialists	37%	30%	1%	32%

The health education services that respondents said they would most like to see in their community included cancer screenings/treatments (51 percent), Alzheimer's (46 percent), diet and or exercise (47 percent), child abuse/family violence (42 percent), and stress management (42 percent).

What kinds of health education services would you like to see provided in your area?			
Services	%	Services	%
Teen sex education	39%	Heart Disease	37%
Alzheimer's	46%	HIV / AIDS	17%
Asthma	16%	Mental Health	31%
Cancer screening/treatments	51%	Sexually Transmitted Diseases	23%
Child Abuse / Family Violence	42%	Smoking Cessation	36%
Diabetes	32%	Stress Management	42%
Diet and/or exercise	47%	Other	5%
Drug/Alcohol Care	36%	None of these	6%

Respondents were asked to identify the hospitals they had visited in the past twelve months. More than 30 percent of respondents answered that they had visited Geisinger – Community Medical Center, followed by Wilkes-Barre General Hospital (23 percent) and Geisinger Wyoming Valley (21 percent). About 15 percent visited Regional Hospital and 12 percent visited Moses Taylor Hospital.

When asked about the overall environment of the region's hospitals, 76 percent of respondents said they were either excellent or good. Just over 60 percent said that the quality of care

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delivered was either excellent or good. Doctors were rated as excellent or good by 67 percent of survey respondents. One-quarter of respondents said they have sought medical care outside the region in the past five years. Luzerne County respondents were slightly more likely (7 percent) to have sought care out of the area. Further analysis showed that there is a relationship between level of education and leaving the area for medical care. College graduates and those with graduate or professional degrees were slightly more likely to have sought care outside of Lackawanna and Luzerne Counties. Respondents who left the region for medical care were asked to identify the type care they received. Approximately 19 percent said general medicine, 16 percent said orthopedic and 14 percent said internal medicine.

What was the specialty of care you received?	
Type of Care	%
General Medicine	19%
Orthopedic	16%
Internal Medicine	14%
Cardiac	14%
Neurology	12%
Oncology	10%
Ophthalmology	9%
Gynecology	8%
Trauma	4%
Infectious Disease	3%

The last section of the survey asked about respondents' demographics. The genders were almost evenly split, with 52 percent of respondents were female and 48 percent male. Respondents' median age was 63. The vast majority (94 percent) identified themselves as white/Caucasian, while four percent identified themselves as Hispanic/Latino and 2 percent as African American. The table below compares these percentages to actual population figures in Luzerne and Lackawanna counties. The sample differed in a few cases. Males were slightly underrepresented and females were slightly overrepresented. The Hispanic/Latino and Black/African American populations were also underrepresented. The Institute took every measure possible to ensure the sample would be representative of the region's actual population. The sample of addresses was randomly selected by a third party company to help ensure a representative sample. In addition, the Institute cooperated with several organizations that worked with minority communities. Those organizations distributed extra surveys (in addition to the mailing).

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Distibution of Gender and Age, and Race/Ethnicity as compared to population		
Variable	**Population**	**Sample**
Gender		
Female	51%	48%
Male	49%	52%
Age		
Median Age	42	63
Race/Ethnicity		
White	92%	94%
Hispanic/Latino	6%	4%
Black/African American	3%	2%
Asian	1%	1%

Approximately 34 percent of respondents said their highest level of education is high school, while 25 percent answered that it was one to three years of college or technical school.

Half of all respondents indicated they are married, while 19 percent said they are widowed and 13 percent said they are divorced.

While 34 percent of respondents were employed, over 43 percent indicated they are retired. When asked about their annual income, 18 percent said it is in the $15,000-$24,999 percent range said it is in the $50,000-$74,999 range, and 16 percent said it is in the $35,000-$49,000 range. Income was a factor in several of the questions. The higher the income, the more likely participants are to report a positive health status, while the opposite is true of those with lower incomes.

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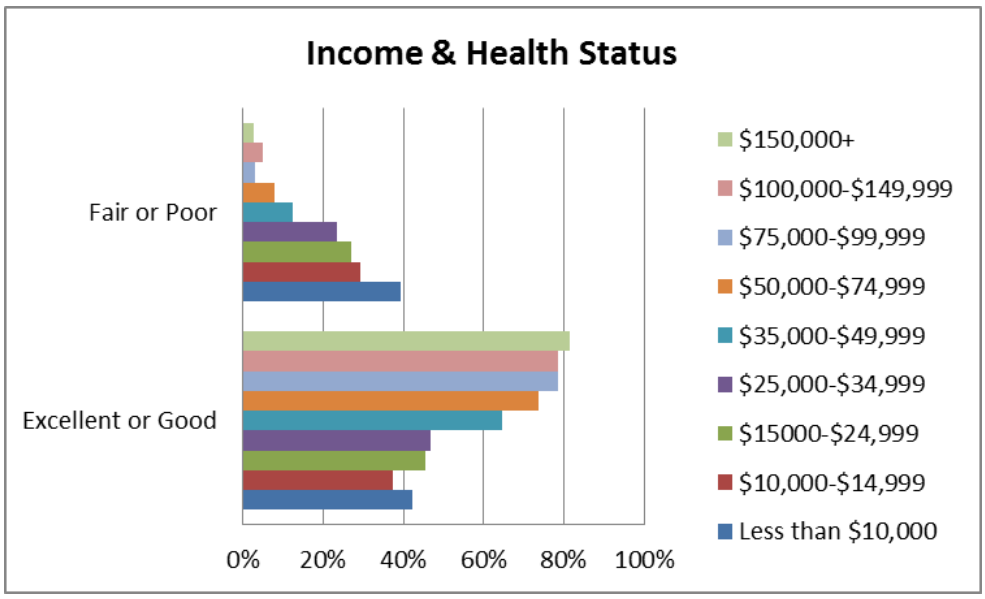

Most respondents (90 percent) said they have lived in the region for fifteen or more years. Just over half (51 percent) of the households consisted of two adults, while one-third said their household consisted of just one person. Three-quarters of respondents said they do not have any children living in the household. Over 80 percent of respondents said they owned their home and a car. Over three-quarters of respondents said they have good access to public transportation. Nearly 24 percent of respondents reported that they are veterans. A separate analysis was completed to evaluate the region's growing African American and Hispanic populations.

African American Analysis

Among African American responses, incidences of disease were lower than the total group, except for asthma. Only 50 percent of African American respondents indicated that their doctor advised them about physical activity or exercise, compared to 72 percent of all survey respondents. In the prevention and screening section, only 5 percent of African Americans said they had colonoscopies, compared with 20 percent of all respondents.

Also, only 50 percent of African American respondents said they drink regularly, compared to 64 percent of all survey respondents. Close to 50 percent of African American respondents said they couldn't see a doctor or buy medicine because of the cost. A total of 29 percent said they earn less than $10,000 per year. Although 70 percent of African American respondents said they have some form of health insurance, 41 percent indicated that there was a time in the past twelve months when they did not have insurance.

Hispanic/Latino Analysis

Approximately 38 percent of the survey's Hispanic/Latino respondents said they do not have a personal health care provider. Approximately 50 percent of Hispanic/Latino respondents said that their mental health was not good for one or more days during the most recent 30-day period; further over 16 percent reported that on more than ten days, their mental health had an impact on their ability to carry out usual activities. Additionally, 29 percent indicated that in the past twelve months they felt sad or hopeless almost every day for two weeks or more in a row, and that halted some of their usual activities. Hispanic/Latino respondents also demonstrated higher levels of depression (5 percent more) than the total respondents and their diagnoses of anxiety and stress disorders was almost twice that of all survey respondents as a whole. Hispanic/Latino respondents were also 10 percent more likely to be treated in a medical clinic than in a private physician's office. About 15 percent indicated that they did not get treatment when they needed it, while 25 percent said that cost and not knowing where to go were the primary factors that prevented them from getting treatment.

This segment of the population ranked lower than the whole in prevention and screening. Only about 50 percent of Hispanic/Latino respondents said they had annual physicals, while only a very small percentage said they had colonoscopies and prostate exams.

Approximately 60 percent of Hispanic/Latino survey respondents said they have children. About 53 percent of this group said they do not have health care. A total of 51 percent could not see a doctor because of the cost, and 44 percent said they could not buy prescription medications because of cost. Additionally, 33 percent of Hispanic respondents said they earned less than $10,000 per year.

The survey's Hispanic/Latino respondents were more critical of the region's hospitals and doctors than the total survey respondents.

Veterans were also identified as an important group to evaluate. The survey had a 23.4 percent veteran response rate, with 62 percent being over age 65. A total of 97 percent of veteran respondents said they have their own personal health care provider, with 80 percent indicating that person is a primary care physician. This is greater than all respondents as a whole. Equally enlightening, given the age of the respondents, 58 percent said that their physical health is good or excellent, while 68 percent said that their mental health is good or excellent and another 68 percent said that their health does not prevent them from completing usual activities.

This group is seen regularly by their physician (more than once per year). As a whole, the group indicated that they have rates of high blood pressure, high cholesterol and arthritis, and that they primarily treat these chronic conditions with prescription medications. Also, 12 percent of

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respondents this group indicated they had been diagnosed with prostate cancer . Veterans received more preventative care and screenings than respondents as a whole, and indicated that they smoke and drink less. Approximately 81 percent said they have been told to increase their physical activity. Only about 5 percent indicated that they could not afford the cost of a doctor visit or the cost of prescription medications.

Lackawanna County Zip Code Analysis

The following section contains zip-code level data about health status and needs for the Greater Lackawanna and Luzerne County Area. This section focuses on chronic disease/obesity, employment, mental/behavioral health, access to care and substance abuse.

A zip code analysis was completed in order to assess particular needs by county. Respondents were asked to write their zip code on the survey form. Because zip codes cross jurisdictions, the analysis does not always include exact municipality names. Also, due to the overrepresentation of elderly residents, the prevalence of chronic disease is higher than expected.

For Lackawanna County, responses from 25 zip codes were received. The most responses were received from zip code 18504, in Scranton. In total, the most responses overall (211) were from the City of Scranton.

Zip Code	Number of Responses	Zip Code	Number of Responses
18403	21	18501	1
18407	40	18503	4
18411	48	18504	54
18414	13	18505	63
18421	2	18507	21
18433	22	18508	27
18434	15	18509	25
18436	4	18510	37
18440	2	18512	34
18444	24	18517	15
18447	32	18518	25
18452	16	18519	17
18471	2		

Chronic Disease

When chronic disease was examined for Lackawanna County, the most common diagnosis (48 percent) was high blood pressure (compared with 51 percent for all respondents), followed by high cholesterol (46 percent) and arthritis (30 percent) – which were both on track with the

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sample averages. Each chronic disease was examined by zip code. The chart below details the top ten zip codes with the highest prevalence of the named conditions. The more suburban zip codes had higher rates of high blood pressure. High cholesterol and arthritis appeared to be more widely scattered throughout the county.

Obesity

Among Lackawanna County respondents, the average BMI is 28, which is considered "overweight" and only two points below "obese." Three zip codes had an average BMI over 30, including 18424, 18434 and 18517 – representing suburban areas of Lackawanna County. While the urban zip codes in the Scranton area also showed an overweight population, they were slightly less so than the rest of the county.

Approximately 64 percent of respondents in Lackawanna County said that a health care professional has talked to them about physical activity. Nearly all (96 percent) indicated that they had good access to fruits and vegetables.

Employment

Over 43 percent of respondents from Lackawanna County said they are retired, while 37 percent said they are employed for wages. About four percent of Lackawanna County respondents said they were unemployed for either more than or less than one year. One quarter of residents from zip code 18503 said they are unemployed, compared with 11 percent from zip code 18508.

Mental/Behavioral Health

About 12 percent of Lackawanna County respondents said they felt sad or hopeless. There were several zip codes with a higher rate of feeling sad or hopeless. In zip codes 18434, 18508, 18517, and 18519, over 20 percent of respondents indicated they had felt this way. Of the mental health conditions participants were asked about, the most common were depression and anxiety, which were each at about 17 percent. Respondents in a combination of suburban and rural zip codes had indicated that a health care professional has told them they have such conditions. Respondents in six zip codes showed depression rates of over 20 percent 18403, 18434, 18452 (suburban), 18505, 18508 and 18509 (urban). While slightly more respondents had been diagnosed with anxiety, it appeared to be spread throughout the county as a whole. Respondents in fewer zip codes met the 20 percent mark, including 18407, 18504, 18505 and 18508. The vast majority of those diagnosed with either condition did not seek treatment.

Access to Care

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Lackawanna County survey respondents indicated that they have good access to health care. About 95 percent said they have a personal doctor. Respondents in the more urban zip codes more frequently indicated that they do not have a doctor. The same was the case for health insurance. Respondents in the more urban zip codes (18503-18510) and the lower half of Lackawanna County were more likely to be without health insurance than respondents in the rest of the county. About 11 percent of Lackawanna County survey respondents said there was a time when they couldn't see a doctor because of cost. Those responses were concentrated in zip codes 18505, 18508 and 18509.

Substance abuse

About 4 percent of Lackawanna County survey respondents indicated they have a substance abuse problem. The zip codes including those responses included 18414, 18509 and 18407. Participants who responded that they had been in drug or alcohol treatment programs was too low to be analyzed by zip code – about 1 percent of respondents. Although about 63 percent of respondents said they have had a drink in the past 30 days, no zip code in particular showed any higher rate of alcohol consumption. Roughly 16 percent of respondents said it is very easy or fairly easy to obtain marijuana. While some of the higher responses were from zip code 18504, 18508 and 18509, many more suburban zip codes (18403, 18407 and 18518) could also easily obtain marijuana. Over 11 percent of respondents indicated they could obtain prescription medication (not prescribed for them) very or fairly easily. Respondents in the same zip codes in marijuana is easily obtained, also said they could easily obtain prescription medications.

Luzerne County Zip Code Analysis

For Luzerne County, responses from 38 zip codes were received. The most responses were received from zip code 18702 – Wilkes-Barre. In total, the most responses (238) came from zip codes in the City of Wilkes-Barre.

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Zip Code	Number of Responses	Zip Code	Number of Responses
18201	54	18640	48
18202	24	18641	24
18219	8	18642	15
18222	18	18643	28
18224	15	18644	20
18234	1	18651	23
18246	2	18655	8
18249	4	18656	3
18255	1	18660	6
18256	2	18661	9
18602	2	18701	6
18603	18	18702	139
18611	1	18703	1
18612	20	18704	106
18617	6	18705	43
18618	4	18706	49
18621	3	18707	35
18634	38	18708	19
18635	7	18709	10

Chronic Disease

When chronic disease was examined for Luzerne County, 52 percent of respondents indicated high cholesterol, followed by 51 percent of respondents who indicated high blood pressure and 28 percent who indicated arthritis. The chart below details Luzerne County's top ten zip codes with the highest incidences of the conditions. The more suburban zip codes had higher instances of high blood pressure.

Obesity

Luzerne County's average BMI is 29, slightly higher than Lackawanna County. This is considered "overweight" and only one point below a status of "obese." Three Luzerne County zip codes had an average BMI over 30 – including 18641 and 18634.

Sixty percent of Luzerne County respondents said a health care professional has talked to them about physical activity. Over 90 percent indicated that they have good access to fruits and vegetables.

Employment

Over 42 percent of Luzerne County respondents said they are retired, and 34 percent said they are employed for wages. Just over 5 percent said they were unemployed for either more than or less than one year. About 14 percent of residents from zip code 18635, and 10 percent from zip codes 18543, 18655, 18706 and 18709 said they are unemployed.

Mental/Behavioral Health

About 14 percent of Luzerne County respondents said they felt sad or hopeless. There were several zip codes with a higher rate of feeling sad or hopeless. In zip codes 18201, 18202, 18618, 18635 and 18709, over 20 percent of respondents indicated feeling so. Of the mental health conditions participants were asked about, the most common were depression and anxiety, which were indicated by around 15 percent of respondents each. Respondents in a combination of suburban and rural zip codes indicated that a health care professional has diagnosed them with such conditions. Respondents in eight zip codes indicated depression diagnoses by 20 percent, including 18201, 18202, 18641, 18644, 18656, 18660, 18661, and 18708. The vast majority of those diagnosed with either condition said they have not sought treatment.

Access to Care

Luzerne County respondents expressed that they have good access to health care. About 92 percent said they have a personal doctor. The more urban zip codes were virtually the only ones in which respondents said they do not have a doctor. The same was the case for Luzerne County respondents when asked about health insurance. Fourteen percent of respondents in zip code 18702 said they do not have health insurance. About 11 percent of county participants said there was a time when they couldn't see a doctor because of cost; such responses were concentrated in zip code 18660.

Substance Abuse

About 5 percent of Luzerne County respondents said they have a substance abuse problem, mostly concentrated in zip codes 18702, 18709 and 18201. The number of participants who responded that they had been in drug or alcohol treatment programs was too low to be analyzed by zip code – less than one percent of respondents. Although about 66 percent of participants said they had an alcoholic drink in the past 30 days, no particular zip code showed any higher rate of alcohol consumption. Roughly 20 percent of respondents said it is very or fairly easy to obtain marijuana. Over 13 percent of respondents indicated they could obtain prescription medication (not prescribed for them) very or fairly easily. Respondents in the same zip codes in which marijuana could be easily obtained were also the zip codes in which respondents said prescription medications could be easily obtained.

Summary & Conclusions

- The vast majority of respondents had a personal doctor or health care provider and had been examined by a medical doctor during the past 12 months.
- Over two thirds of respondents said their health was "average" or better.

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- High blood pressure high cholesterol and arthritis were the most common conditions
- The most common types of cancer were prostate and breast cancer
- Most respondents had discussions with their doctor about physical activity.
- Respondents with good access to fruits and vegetables were more likely to rate their health as excellent or good.
- Cost is a barrier to visiting the dentist
- There is a relationship between poor mental health and poor physical health, and low income.
- Nearly half of respondents felt down, depressed or hopeless between one and two days during the past two weeks.
- Drinking alcohol was much more prevalent than smoking among respondents.
- Most respondents did not know how to obtain illegal drugs.
- Respondents without health insurance were less likely to rate their health as excellent or good. In addition, income and education were directly correlated with whether or not a respondent has health insurance.
- Income was a factor in several of the questions. The higher the income the more likely respondents are to report a positive health status while the opposite is true of those with lower incomes.
- Survey respondents were more engaged in their health care than the population.

Interviews

During the data collection phase, fourteen interviews with 26 stakeholders representing a number of different sectors were conducted using a semi-structured format. Interviewees included: major employers, primary care health clinics, social science researchers, disease based organizations, mental and behavioral health organizations, two epidemiologists, public health department, an insurance company, a physician, a surgeon, a medical testing laboratory, a social service organization and a philanthropist and policy expert.

Representatives of two health centers were interviewed, including one from each county and each representing a different sector of the medically underserved. These organizations represented staggering numbers of patients seen and annual visits. Patients ranged in the thousands and one organization's visits exceeded 30,000 annually. Another mentioned 17,000 mental health visits alone. Two epidemiologists were interviewed, one whose focus is environmental and the other public health.

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The employers each had over 1,000 employees, including workers at different skill and education levels. Both offered health and dental benefits using a combination of local and national providers, and both employed immigrants and can boast diversified workforces. Between the mental and behavioral health and social service organizations, the list of services and programs was very comprehensive and included everything from counseling, diagnosing and treatment, to long-term care, early intervention, crisis intervention, emergency services, and case management.

The Institute had the opportunity to interview an individual who ran a successful global multi-million dollar enterprise, who was selected to sit on a health policy committee by President Bill Clinton. Additionally, two social science researchers who have worked on considerable research in the immigrant communities were interviewed.

The Institute also interviewed a primary care physician, a medical group comprised of surgeons and a certified medical technologist whose lab conducts over 35,000 clinical laboratory tests. An insurer was also interviewed, as well as various representatives from a public health organization.

Interviewees were asked about their vision for a healthy community. Of those who responded, there was consistency regarding the importance of residents getting health services regardless of insurance status, income or race/ethnicity. One interviewee expanded on this by indicating access to education programs to teach people about diet, living and working environment and how failure to comply with doctor's treatment plan can contribute to an increase in medical issues. This respondent also said that despite poverty or other problems, individuals can work towards a well-balanced and healthy life.

One interviewee indicated that reduction in poverty is the vision. While no one else identified poverty in the vision of a healthy community, poverty was referenced in a number of questions by a majority of the interviewees as the foundation of many of the region's health and social problems. Poverty was also referenced as the primary issue that has an impact on successful treatment of medical issues and reduction in incidences of disease.

When asked about some of the major health challenges faced by patients, clients and the community overall, several interviewees indicated that poverty was the issue causing a number of health challenges. It was indicated that people do not have money to buy insurance, and if they do, medical co-pays, coinsurance and prescription costs are prohibitive. It was indicated that there are more health issues as a result of economics than race or ethnicity, and that as unemployment is higher, higher education and wages are lower.

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The most pertinent issue referenced is a lack of primary care and dental insurance. The uninsured have limited or no access to care and, as a result, medical problems become more challenging and costly to treat because they either put off treatment or do not get treatment at all. The loss of the adultBasic insurance program has increased demand for services in many of the area's clinics, and puts additional pressure on emergency rooms. There remains a lack of awareness of the Children's Health Insurance Program (CHIP) program and medical assistance patients have difficulty finding providers.

Further, very few pediatricians are willing to see medical assistance patients or the uninsured. Specialty care is extremely limited and difficult to access for this patient group. Medical assistance has a low reimbursement rate, and complexity of filing for billing is deemed to be the cause of this.

One of the health centers indicated that kids on medical assistance are covered until age eighteen, but there is nothing for adults. Lack of dental care is a huge problem for both the region's youth and adults. This lack of preventive care can serve as the basis for other health issues.

Some of the professionals represented focused organizations, and, therefore, the health challenges presented were very specific. For example, cancer was identified as a health challenge, and while colorectal, breast, and cervical cancers are prevalent, these types of cancers have the best screening tools and treatments and incidences should be at or near zero.

Another challenge identified was the lack of mental health service providers. Two interviewees also challenged the quality of such providers. Regional organizations (Carbondale's Tri-County Counseling and Scranton Counseling Center) have such high volumes of clients, they either have limited sessions or do not take new clients. Physician interviews also indicated that psychiatrists and psychologists are extremely limited in number.

Autism and Autism Spectrum Disorders are a large problem in the region. Students with autism enrolled in special education at the region's schools are at an all-time high (400+ cases reported in the 2009 -2010 school year). This is up from 99 cases in 2000 – 2001. Some support groups exist, but there are few resources within the schools to deal with this growing problem. There are problems handling severe cases on a local level and no plan for dealing with Autistic adults. This was echoed by a parent in the patient focus group who had to leave the region for services.

Attention Deficit Hyperactive Disorder (ADHD) is also prevalent in the region. While ADHD prevents children from keeping up with grade level school work, such impacted students move forward, so a number of problems follow them into adulthood.

One of the epidemiologists interviewed indicated that the region has a "hard living" population – drinkers, smokers (mentioned by many) and overweight. The region is also aging. Environmentally, there are many non-urban areas that limit access to medical care and exercise, and the weather also inhibits a healthier life style. While there is no proof of environmental problems causing higher incidences of some diseases, there are a number of "industry driven hamlets." Here industrial facilities abut up against residential neighborhoods. Representatives from public health and a private medical laboratory both mentioned seeing increases in Lyme disease and sexually transmitted diseases (STDs). Specifically, Chlamydia, gonorrhea and syphilis show signs of increasing. While HIV is not increasing, resources are decreasing. The medical laboratory representative also mentioned a spike in Vitamin D testing, which has huge disease preventing benefits.

Not specific to northeast Pennsylvania is the limited number of physicians moving into primary care. Salaries of primary care physicians are significantly lower than specialists and a stereotype is that being a primary care physician has limited prestige. As the number of primary care physicians are limited, the competition to drive them to communities gets stiffer. This region is unlikely to be a strong competitor to the major urban areas with major hospitals and health care systems.

One provider indicated that patient compliance or lack thereof is an issue, which was also echoed in physician interviews. While this provider mentioned that non-compliance was more prevalent in his/her Caucasian patients, another indicated that recidivism (non-compliance) is high among his/her African American patients.

Despite differences in the types of stakeholders interviewed, there was consistency when it came to identifying common illnesses. Many agreed that the prevalence of mental illness surpasses physical illnesses. Specifically, there is more depression, anxiety, and bipolar disorder - which is appearing in children. Chronic diseases, such as asthma, are often diagnosed. Behavioral-based diseases, such as diabetes (high in the Hispanic/Latino community) and hypertension, are also very common. Several risk factors for these diseases include smoking, obesity, poor diet (red meat, alcohol, and processed foods) and lack of exercise, which are also risk factors for certain types of cancers. There are also higher rates of certain cancers here, which could be caused by these risk factors, genetics, or may be tied to environmental factors. While there has not been any local research to identify such environmental causes, the

behavioral risk factors are certainly prevalent in this region. While a number of cancers are diagnosed annually in the region, the most predominant are breast, prostate and colorectal. Youth cancers are also on the rise.

The laboratory representatives and the epidemiologists agreed that Lyme disease and herpes are on the rise, and many vaccine preventable diseases are manifesting themselves, including varicella and pertussis.

Prescription drug abuse was cited as a significant problem. This was noted by employers, physicians and insurance companies. Specifically, addiction to pain medication is the number one concern, and it is reflected in the number of prescriptions written annually. The one issue mentioned by employers, physicians and other service providers interviewed was addiction to pain medication. Employers were able to validate the problem with records of services provided by their insurers. Physicians and other medical personnel indicated that they are barraged with requests for pain medication prescriptions.

The social service organizations interviewed indicated that in addition to innumerable mental health issues, the lack of parenting skills is a non-medical issue that affects families and children in a number of ways. As a result, the physical and mental wellbeing of children is challenged from birth, which carries over into adulthood and the cycle continues.

Interviewees were asked about other issues confronting their patients, employees or clients. As indicated earlier, poverty was the primary issue impeding health care and is represented in all races and ethnicities. In the undocumented population, individuals are being taken advantage of by employers not paying them for work and landlords refusing to give back deposits, raising rents, etc. Paperwork such as leases, employment agreements, or checks/receipts are not utilized because such individuals are undocumented. Since no paperwork changes hands, there is no proof of an issue.

The language barrier among this population is also an issue. There are very few or no providers speaking Spanish or any Indian dialects and none able to work with the region's growing Russian and Bhutanese populations. Most state and local government paperwork is in English only. Further, individuals in social services, mental and behavioral, child protective services, and law enforcement have little or no foreign language skills. A local social service agency has had experiences in problem resolution resulting from a poor translation issue between a hospital and a parent of a patient and in other instances between families and Child Services. One physician indicated that he/she has seen Hispanic and Russian patients and they either bring their children to interpret or have discussions using pictures and pointing. Another example

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was the increasing DUIs citations in the Hispanic community. Offenders must attend classes. All classes and paperwork are in English and the offender cannot bring a translator to the classes. Among this population, social service providers indicated that many parents are young themselves, have mental health issues, or have so many children that they just do not know how to parent. This often causes issues in school, interrupted parental employment, and can ultimately lead to medical, behavioral, or delinquency issues in the children.

When asked whether or not they perceived access to health care as problematic, inadequate transportation outside cities, high costs, and availability of health care professionals were cited among interviewees as significant barriers to receiving quality care. Transportation and costs were stated to be significant issues when patients were referred to specialists outside of Lackawanna and Luzerne Counties. It was stated that there is little or no availability of public transportation after regular work day hours and some interviewees claimed that their health insurance carriers denied many claims for services provided outside the area.

Medicare and Medicaid patients have experienced difficulties in finding health care providers that treat patients covered under these programs – particularly among dentists, orthodontists and oral surgeons. Further, for Medicaid patients, there are only a few locations in Pittston, Wilkes-Barre and Mountain Top that will provide care.

Health care costs are a major problem in the area. For those with health insurance, deductibles remain a major deterrent. Charity care is not marketed and impoverished patients are usually sent to the collection agency before they can apply for such charity care. High health care costs have created a secondary issue; those who can't afford a regular physician will tend to go to the emergency room to seek care for a majority of their health concerns because they know that they cannot be denied. As a result, emergency services end up being used to treat non-emergent problems and reduce access to such services for those who legitimately need them. The creation of urgent care clinics has helped in reducing this problem to a degree.

Lastly, there is a lack of awareness about health care programs that are available and/or programs that can enhance the ability of individuals or families to access health care. Language also continues to be a barrier for the immigrant populations by hindering their ability to seek and receive care, where appropriate.

There seemed to be a consensus among interviewees that chronic disease and obesity, as well as the problems related to this, are a major problem in the local area. Interviewees linked chronic diseases with the tendency of the local population to engage in poor eating habits, alcoholism, and smoking, and to neglect regular checkups and health assessments. Obesity, in

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particular, was cited as a major contributor to instances of diabetes, hypertension, high cholesterol and other cardiac issues.

Furthermore, lack of attention to receiving routine primary care leaves individuals with inadequate knowledge of the diseases they are currently affected by or how to prevent them. Chronic obstructive pulmonary disease (COPD) among adults and asthma among young children were also identified as problems within the region. Again, local high smoking rates and unhealthy habits were cited as primary factors contributing to such conditions.

Mental health issues were stated to be a significant problem affecting the region. Bipolar disorder, depression and anxiety are said to be particularly high among young women. Interviewees indicated that the need for mental health services is on the rise, however, the availability of these services currently cannot support demand. Also, access to existing services is prohibitive for Spanish speaking individuals and the uninsured and underinsured. There are very few bilingual providers and the costs of care, another factor, can be high. One interviewee mentioned that the region has just one Spanish speaking marriage counselor.

Several interviewees indicated that mental problems among the region's youth are on the rise, and the region is extremely limited in adolescent psychologists. Mental and behavioral health interviewees suggested that the majority of children they see for mental health issues also have parents with their own mental health issues; this is coupled with the fact that they see children with very young parents who also lack parenting skills. These professionals also indicated that therapy with these kids is challenging. Due to their natural immaturity they do not understand, comply or want this kind of help.

Several respondents focused on the increased rates of depression. Many believe the prevalence of depression has increased with economic pressures over the past several years. According to several interviewees, mental health issues are often linked with substance abuse problems. Additionally, mental health issues are compounded because of patients' lack of compliance with medical advice and proper use of prescription drugs. Many go untreated because of the stigma associated with getting care. One interviewee indicated that it would be ideal to have mental health professionals and primary care physicians co-located.

There was a general consensus among interviewees that substance abuse is considered a problem in the region. Addiction to prescription medications was listed as a significant problem by several respondents. Also, it was suggested that alcoholism and drug use are sometimes linked to mental health issues and could also be contributing factors to prevailing socio-economic concerns, such as unemployment, since the drug users fail employment drug tests.

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Interviewees also mentioned that some addictions could be ethnically linked. In particular, DUIs appear to be an increasing problem amongst Hispanics. In light of this observation, it was suggested that counseling and materials used to educate and correct these behaviors be offered in other languages to accommodate non-English speaking residents.

Most interviewees insisted that their organizations were not affected by funding cuts, but some concern was articulated regarding the inadequacy of current funding and resources - particularly since demand is increasing. Limitations in both areas have encouraged some organizations to treat a more limited selection of primary diseases or conditions. Funding will continue to be an issue if the rate of uncompensated care continues to grow (in many practices, uncompensated care has increased from 2-4% in 2008-2009 to 5-6% today).

One medical provider indicated that low reimbursement rates from some insurers and the challenges of credentialing from insurance companies remain inhibiting factors.

Those engaged in public health have seen funding cuts and changes in programming to focus on statewide mandates, as opposed to regional needs. Also, public health organizations in other states provide services since they have staff physicians, so it is confusing to people who move here from other states.

Interviewees were also asked about potential impact of the Accountable Care Act (ACA), as it was indicated that health care should not be for the wealthy only. The Federally Qualified Health Clinics believe that ACA will more than likely increase their clientele. The free clinics believe there will still be underinsured and uninsured that need medical care.

Employers are hopeful that all employees would be covered by insurance, which would result in healthier, more productive workers. One employer, however, mentioned disappointment in the maximum established for Flexible Spending Accounts (FSA) — $2,500 per year is limiting for a family of four or more. The providers responded that ACA furthers the “medical home” concept that appears to exist at Geisinger. This concept should make health care more efficient and effective for patient care. Most indicated that the true impact of ACA won’t be seen for several years. Several agreed that Pennsylvania needs to expand Medicaid.

Selected medical service provider interviewees were asked about special programs or centers of excellence. They responded to this question with the following (non-comprehensive list):

Bariatric program
Hernia Center
Vein Closures

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Medical home concept in a health center setting
Electronic health records in a health center setting
Ability to conduct small community based research projects
Free or low cost cancer screenings.

Selected interviewees were asked about upcoming plans. Some of the initiatives involve specialty research in asthma, environmental impact on health, women's health and aging. More of the clinics are obtaining sophisticated electronic health records for patients, which include modules for medication tracking, preventative visits and testing. One specialty provider is implementing a spider vein removal program and hopes to establish a radon program for prostate cancer. Another private provider is looking to establish the "one-stop shop" concept in their facility in order to house complementary or ancillary services and providers.

When asked about gaps, most interviewees identified the pressure of increasing demand on existing services. Others noted the shortage of specialists, bilingual providers and providers accepting medical assistance.

One interviewee indicated that obstetric services are an issue. Medical assistance patients get placed far out on the schedule for appointments. If they are not treated within the first trimester, physicians then refuse them - indicating they are high risk because they have not received early pre-natal care. Another issue is that prisons do not start prenatal care for pregnant inmates for 90 days, so if someone incarcerated is released, she has difficulty in finding a physician.

Interviewees were asked if they see some medical problems more commonly among different demographic groups, such as gender, race/ethnicity, veterans, and the impoverished. Some mentioned that there is a higher prevalence of type 2 diabetes and substance abuse in Hispanics locally. The type 2 diabetes is usually not under control, leading to consequences such as amputation and kidney disease. The African American population also has high rates of hypertension, which, remained unchecked, leads to kidney disease. However, almost all respondents mentioned that poverty is the factor that is the root of a number of issues. It was also mentioned that mental illnesses are increasing. Cancer has been an issue regardless of any factor, although there has not been any local research to rule out any demographic factor.

Those involved in the behavioral and mental health field noticed that black children are left out the most. These professionals have seen cases where there are too many kids in one family or so many people living in one house that the capacity to handle the children is an issue. They find that unresolved mental health issues lead to criminal behavior later on.

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Interviewees were asked if they could respond to any specific issues related to the needs of the region's veterans. One medical provider indicated the veterans are aging, so, like all of the aging population, the prevalence of chronic disease is also increasing.

Interviewees were asked if collaboration among a variety of providers would be valuable and improve care. All thought it would. One of the chronic disease organizations indicated that organizations focused on individual chronic diseases are in fact in trouble in financial trouble. Funding is difficult to obtain and grants are diminishing. The National Institutes of Health (NIH) doesn't like to fund small geographic areas or single diseases. The interest is in broad health, body sites and wellness, therefore collaborations of multiple organizations to mitigate risk factors stand the best chance of grant funding for research.

Those representing behavioral and mental health indicated that collaboration and communication are issues. Overlap and organizational bureaucracy stand in the way of continuity of care and productivity. Much is done by sharing packets of paperwork between providers and other stakeholders, and such work takes place via telephone. Key meetings for evaluation of children are missed by many of the key participants. More and more providers are afraid to act – due to reprisal and lawsuits. For example, a child has a mobile therapist, a behavioral SC, a TSS worker, and a teacher. Sometimes diagnosis is made without proper evaluation in order to admit children into the system quickly.

It was also indicated that there is no burnout prevention for therapists, counselors and case managers across the system. It is believed that no one asks if they are okay. Case workers and counselors must be able to share information to look for missed solutions by having discussions with others or just unload. Some specialists can "turn it off," and may, as a result, compromise care because of poor ethics. Others care too much and get burned out. Some mechanism to measure and evaluate "fit for profession" needs to occur. All of this requires collaboration, communication and cooperation within and among agencies.
Interviewees were asked if they had other thoughts, comments or points to emphasize. Some of these are presented below:

> *"Area is its own worst enemy. Too fragmented – too power hungry – too self-serving. Trust by the people needs to be earned. Respect not channeled down. Impacts economy and therefore health."*
>
> *"Hospitals need to be run like high performance businesses. Quality, evaluation, follow through. Doctors can't run hospitals. Teams. Performance based. Problem solving. Entrepreneurially, not slow and bureaucratic. Medicine should not be in a box."*

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"300+ Bhutanese families and 300 Russian families in relief program in the region past 3-5 years."

"18505 zip high for mental health problems."

"Seeing increases in disability claims for mental health issues not physical."

"Mining history could have caused environmental problems in air, soil and water. Sandvik Steel example – dumping degreasers. Gas drilling could be an issue. Not enough research on any of it. We need research to evaluate if there is a problem and then understand it, needs to balance with economic development."

"Poverty or joblessness leads to depression, poor health and lack of care or in ability to pay so health is ignored. Hears impoverished being grateful for resources, if wasn't there what would I do."

"Believes more Federally Qualified Health Centers (FQHCs) needed in region to support sprawl".

"Need more residency programs to keep medical school graduates here and then the physician supply would improve. Statistics indicate that students more likely to stay in community they do their residency. We have physician shortage across the board. Physicians clustered in major urban areas."

"Need more emphasis on diseases of the aging – dementia, Alzheimer's."

"Hospitals need to increase number of neighborhood urgent care centers and impart that knowledge of options with the community. Specifically, people need to be taught what an emergency is or isn't."

"Red Rock Job Corp – good program for kids."

"Physician believes everyone should have access to health care even those that are not compliant, but then there should be some cost or other punitive action for noncompliance if you have free health care."

"Severe competition among hospitals – duplicative and wasteful."

"Primary care is still a major issue and there is a primary care physician shortage here."

"Different culture among doctors here than in other areas practiced in – not a positive one."

Two interviewees discussed youth issues in detail. The issues included high suicide rates in teens, unsafe households, children death review teams, STDs, low birth weights among teens, teen pregnancy, pre-natal care and low breast feeding rates. The interviews with these stakeholders occurred before five Luzerne County teen suicides took place in late September, and both interviewees indicated that suicide rates among teens are climbing. Not all of the Luzerne County suicides have been explained, but two may be due to bullying. The emphasis of the discussion was on youth plagued by unchecked and undiagnosed mental illnesses. Bullying was not brought up as a cause. While there are some resources, lack of awareness of the resources, the signs, and the stigma of the issue preclude proper early intervention.

It was also discussed that teen pregnancy is a problem. This is another area where, while the overall numbers are not bad, a breakdown between race and ethnicity tell a different story and indicate a growing issue. There are low breast feeding rates overall because doctors and hospitals don't encourage it as much as in the past. Also, one in four mothers don't receive proper prenatal care in the first trimester. Low birth weights for teens are primarily based on race. Also, teen pregnancy and prenatal care look normal until the data is separated by race/ethnicity.

STDs are a problem in the region, but are more of an issue in Scranton. Along with insufficient prenatal care, there is a lack of resources to handle this problem in the region's young population.

It was also mentioned that there was a Safe Kids program that would distribute fire alarms to households with children five and under and to those over age 65. There also used to be Children Death review teams (for children under 5) that included partners from the coroner, the Department of Health, State Police, and the Assistant District Attorney. Investigations took place and they looked for patterns.

Also during the open discussion section of the interviews, several medical personnel indicated the aging population and related issues are beginning to surface and projected to get worse. Interviewees mentioned everything from increases in the number of cases of dementia to issues of aging in place. That included references regarding care givers, nursing homes, and even homes/apartments meeting physical requirements of the aging and disabled.

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The final item, not addressed in the interviews, was highlighted by one organization and is that of motor vehicle accident injuries and death. The numbers in the region are high overall and particularly among the under 21 age group. There was concern with regard to an understanding and compliance of the new laws and the value of trauma and emergency medicine. It was also mentioned that the number of motor vehicle injuries in adults is high and is usually attributable to driving under the influence.

Summary & Conclusions

The interviews lead to several conclusions regarding specific issues; each of the following issues was mentioned by more than one interviewee representing different sectors, reflecting consensus and lending credibility to the following conclusions:

- The number of primary care physicians, specialists, and dentists accepting MA is extremely limited.
- Language is a barrier to care and services, both at the provider and at the state and local government level
- Public transportation is limiting (routes and day time only hours)
- Patient compliance and health literacy regardless of insurance status is a problem
- Physician lack of respect toward patients appears to be a problem
- Preventative testing and screening is underutilized
- Poverty is the foundation of the region's health problems
- Unhealthy lifestyles in northeastern Pennsylvania contribute to illness and death
- Mental health issues are on the rise
- Funding and programs are not increasing with demand
- The region is limited in primary care and a number of specialties
- There is a lack of knowledge and awareness of local disease based organizations

Focus Groups

Behavioral Based Focus Group Summary

The goal of the Behavioral Based Focus Group was to discuss how behavioral issues affect the region's health care services. Focus group participants included ten representatives from the region's prison system, drug and alcohol programs, family services, and mental health programs.

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The first question asked about the extent to which substance abuse is a problem in the community. Respondents agreed that “there is a major drug problem in this region,” primarily pertaining to heroin and opiate usage, as well as alcohol dependency. According to one participant, approximately fifty lives are lost to drug and alcohol abuse every year.”

Focus group participants suggested that the region is similar to most other cities and towns in Pennsylvania with respect to alcohol and drug use, with high instances of prescription drug abuse. They relayed that while many prescription drugs are obtained illegally, numerous doctors continue to “freely" write out prescriptions.

When asked how the environment had changed over the last five to ten years, focus group participants said that drug related crime has increased, particularly among heroin sellers, buyers, and users. Opiate usage as well as abuse of prescription drugs and amphetamines is also taking place. “People will go from one kind of drug to the other depending on availability.” Another change that has occurred over the last two to three years is the use of synthetic drugs (marijuana, cocaine, bath salts, etc.). A new synthetic heroin is also becoming available. The group attributed this increase to a higher frequency of migration in and out of the area, which may be influencing drug access. Focus group participants said that mental health and drug usage are often linked. Some use their inability to access medical treatment as an excuse to engage in substance abuse in order to “self-medicate” or cope with mental, behavioral, or emotional problems. In addition, one respondent indicated that since housing in the region is cheaper than in some surrounding areas (New York, New Jersey), it gives outside drug distributors an incentive to migrate to this region.

The focus group was then asked if their clientele’s demographic composition has changed over the last five years and if new residents were here to stay. Participants indicated that most of their clients are residents. However, schools are seeing a changing demographic and greater enrollment among students coming from New York and New Jersey. It was not clear from the discussion just how many remain in the region after graduation, as no one in the focus group tracked such information.

The focus group was then asked about access to treatment. Participants agreed that people always find a way to obtain medications, even if they don’t have the money. In addition, the group felt that much of the region’s substance abuse is “generational”. They agreed that families engaging in substance abuse together transfer those habits to their children, and that treatment should also include parenting skills. The group also agreed that one of the region’s biggest problems is that, while programs to address these issues are offered, they are not attracting those who would benefit from them the most.

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Participants said that there is a strong relationship between substance abuse and incarceration, and that most people in jail have drug related violations – either as dealers or users. In addition, focus group participants said that treatment is not mandatory for all inmates and depends on the circumstance of each case.

When asked about the relationship between unemployment and drug use, focus group participants said that the majority of clients are unemployed. Many times they have a record of drug abuse and that makes it difficult for them to be hired or hold employment for sustained periods of time. They said that the difficulty in holding employment often increases their desire to use drugs.

The focus group was asked if there was anything else they wanted to discuss. One participant voiced that there should be more inpatient mental health and drug and alcohol treatment. Participants said that psychiatric inpatient treatment is no longer as readily available as it once was. Participants also said that the region's mental health population has increased over the years and there are not enough resources to accommodate it. In addition, participants said funding cuts have handicapped and reduced the number of mental health programs, that the length of treatment at state hospitals is not adequate to deal with mental health needs, and there is a need for more outreach to local residents to promote the region's mental health awareness and drug and alcohol services.

Public Health/Chronic Disease Focus Group

The Public Health/Chronic Disease Focus Group included three public health officials and three chronic disease representatives.

Focus group participants were asked to describe their vision of a healthy community. The group's responses included that more education on how to stay healthy and lead a healthy lifestyle are critical. Specifically, participants said there is a need for more education on how a poor diet or other unhealthy activities can have a negative impact on a person's wellbeing, better food programs in schools and more education in schools on childhood obesity.

When asked to name some of the region's primary health problems, the group said that obesity and cancer (brain, lung, stomach and colon) are the top two. Participants also said that alcoholism, psychological disorders, diabetes and heart disease are also issues. One respondent said she is seeing many cases of vaccine preventable diseases.

Participants said that the region's particular "health problems" are related to the type of diet people in the region follow and their lack of adequate exercise. Participants referenced that in countries where it is the norm to walk rather than drive to everyday destinations and to eat fresh rather than canned or frozen food, people lead healthier lives. They said that food

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portions tend to be more manageable in European countries versus the United States, although there is access to fast food, there is less reliance on fast food.

Participants said they are seeing some changes in regards to diet among the region's younger generations, including a shift toward healthier food.

Focus group participants said that some of the primary health problems among the region's children and young adults include allergies and upper respiratory illnesses, as well as addiction and sexually transmitted diseases (STDs). For those concerned about STDs, participants agreed that there are many clinics that provide testing. Participants were asked if there is a stigma for young adults when seeking STD testing and treatment. Participants answered that such stigma is not as prominent as it was a few years ago. They said that young adults sometimes get treatment, then come back later with the same or similar STD. "They don't seem to take the consequences seriously." Participants also agreed that more people age 60 and older are more frequently experiencing STDs.

When asked about access to health care in the region, participants said that the area includes many free health clinics. They also said that insurance doesn't necessarily cover an adequate amount of time for individuals to be treated thoroughly, and that some problems, like mental issues, cannot be appropriately treated in a matter of days.

The group was then asked whether the Affordable Care Act (ACA) will change anything for their organizations. Public health officials said that changes are already being made slowly. They said that private primary care physicians are going to have to start giving vaccines because patients will no longer be able to obtain vaccines at public health departments. In addition, they said that health clinics will probably still provide flu shots, but that they are going to have to charge insurance companies for them, which was not previously done.

When asked if they have programs to help people learn how to get and stay healthy, a few participants said they have programs in place. One participant's organization offered an after-school programs for kids, community gardens, and a farmers' market that is being introduced. Another participant offered that his organization offers exercise classes and hiking programs.

The group was then asked about mental health—specifically regarding individual access to needed resources. According to one participant, such access is "better now than it used to be," but additional improvements could be made. Other participants said that people with mental health issues face a stigma that discourages them from seeking treatment, and that such stigma must be eliminated and people encouraged to seek the help they need.

Respondents indicated they are seeing more support for mental health programs and they value they bring. They said that there remains the concern that some people do not seek

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treatment because they are unaware or incapable of realizing that they need such help. One respondent said that "the older generation grew up with the notion that it is not good to talk about mental health issues, so they probably have a tendency to not get the help they need." Focus group participants said it is hard to distinguish whether mental health issues among seniors are actually due to something such as Alzheimer's or dementia or even a side effect of medications they may be taking rather than be attributable to a psychiatric problem.

The next question focused on substance abuse in the region. Respondents said that over the past two years, they have seen an increase in substance abuse involving synthetic drugs. Laws banning these substances have helped, but synthetic drug manufacturers are continually circumventing such laws by changing the formulas. Participants said that synthetic drugs can be purchased easily and are commonly distributed through online sales. Many agreed that cigarette smoking is still a problem in the area.

Focus group participants believe there is much greater access to drugs now than there used to be. They attributed this increased access to the influx of people moving into the area from Philadelphia and New York. They said that when these new residents are asked about why they chose this area, they usually attributed their decision to the area's social programs. They also said that the region's residency rules are not a deterrent; social programs help people get fast access to cheap housing, food stamps, and other needs; while public health organizations treat issues without questioning the patient's legal status or residency.

Participants said that drug use seems to be part of a culture that perpetuates poor choices and an unwillingness to better oneself and become an active member of the community. They believe that an entitlement culture is at the root of many of these issues. According to one participant, over the last fifteen years, the proportion of pregnant mothers who have used or currently use drugs compared with those who never have or don't use drugs has greatly increased. Participants said that Maternal Fetal Medicine (MFM) services are needed much more frequently for these women because they are so high risk. MFM deals with malformations and other disorders that occur in newborns due to drug use during pregnancy. Participants said that the community should do more to help women in these circumstances.

A secondary issue raised by participants is that people are generally not held accountable for not following the rules and this perpetuates their tendency to make poor choices, including mental health, drug, and behavioral tendencies that have an impact on health.

Employer Focus Group

Employers represented in this focus group include defense manufacturing, document imaging, a chamber of commerce, local government, a distribution center, entertainment related

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company, and an operations center. The employers' number of employees ranged from 10 to 1,800. All offered employee health insurance programs.

The group was asked if their company had a waiting period before an employee could obtain health insurance. Responses varied, with one employer having a waiting period until the first of the month following 60 days of active employment, while another's policies depended on the employee's level. For example, non-exempt employees must wait until the first of the month following a 90 day introductory period, while exempt employees must only wait until the first of the month following their hire.

Employers were then asked if they were aware of any employees within their organizations who are uninsured. Each employer knew of the number of employees who did not enroll in company offered health insurance, but they were unable to state whether or not they were actually uninsured, as they may be covered under a spouse's plan. One participant indicated that 75 percent of employees do not take advantage of health insurance.

The group was then asked what makes a healthy employee. Responses included: a healthy mind and body are necessary to ensure that work is performed accurately and with attention to detail; an active lifestyle; healthy habits and a nutritious diet; and abstaining from smoking and from excess alcohol use.

Each of the employers participating in the focus group had some smoking policies and/or rules in place. For example, one participant said that employees are only allowed to smoke in designated areas, while another said his company would like to offer reduced premiums to those who are either non-smokers or who take advantage of smoking cessation programs.

Nearly all respondents offered employees wellness programs. One employer said his company had in place a wellness committee that meets regularly, while another is creating an internal café where employees can get healthy foods. A few employers said they hold events/programs, such as "Weight Watchers," "The Biggest Loser," or "walking lunch." The participants agreed that it is challenging to find a balance between getting employees to remain active and healthy without making it too time consuming or costly for the company. An additional challenge is discerning what health issues should be the biggest priority because there are differences in health needs between older and younger generations of workers. One company handles this by engaging in a claims analysis to determine which health concerns are the most prominent and dedicates resources accordingly. Participants said that getting employees to participate is often difficult – especially when their participation includes completing a health assessment or discussing potential health problems. Participants said that there is a concern among employees that their information will get back to the insurance companies and they will end up paying more for health care. Another participant said that his

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company is trying to come up with ways to encourage employees to get health assessments by providing reimbursement for physicals/screenings.

Diabetes was a significant issue among nearly all of the employers who participated in the focus group. One company representative said a recent review found that ten percent of claims were diabetes related. Another said her company's figures were consistent with the last company she worked for, and that people don't get regular physical exams as much as they used to, and are much more likely to go to the emergency room instead. "Therefore there is less continuity of health care and health issues are not caught and dealt with as soon as they should be."

When asked how employee health has changed over the last five to ten years, one participant said it seems like more employees under age 30 are filing claims than those age 50 and older. One participant said that "it has always been a challenge educating employees on how to use their benefits." Another stated that "some do not get regular exams because they are afraid they will have to pay for them." This is because they do not fully understand what their benefits cover. Another participant discussed the increased use of pain medications and antidepressants, especially among women.

The group was then asked if the Affordable Care Act (ACA) would have an impact on their organization. One participant said that smaller employers will likely eliminate benefit packages as the penalty for not offering a benefit program will be much lower than the cost to provide such program. A major concern expressed is the lack of information about the new rules and regulations that will be implemented as a result of the ACA. This could have negative implications depending on how employers react to its implementation. "This may also contribute to reduced hiring as employers who are concerned about the health reform are refraining from hiring new employees until they have a better idea of how the health reform is going to take place and impact them."

Finally, respondents were asked if there was anything else they wanted to discuss. One company representative discussed specific issues concerning her organization's 400 employees who are from India. The representative reported seeing specific diseases in that population, such as seizures, epilepsy, and Type II diabetes. In addition many such employees are unwilling to use sick leave when they are ill in order to preserve it for personal time during certain months.

Another employer discussed that many workers believe that you can only obtain quality health care outside of the area. In turn, they end up seeking care outside of the area, in places such as Danville, Lehigh Valley and Philadelphia quite often.

Elderly Focus Group

The elderly focus group consisted of ten seniors who volunteer as senior companions at an elderly day program.

The group was asked to describe their vision for a healthy community. Responses included: a community where people work to stay mentally alert, exercise, do volunteer work in the community, take care of themselves, and watch their diet.

When asked their opinion of the health services and programs offered in the local area, the response was very positive. According to one participant, "they are great." Specifically, the focus group participants applauded Meals-on-Wheels, public transportation, programs offered and health care and health service workers. In addition, they said that more doctors are making house calls for the elderly. Participants said that elderly day care centers are a good idea, especially for busy, working individuals who cannot stay home to care for their parents or older relatives. One participant said that sometimes better care is provided at adult day care centers than in nursing homes; he said they are pleasant to go to and provide people the ability to socialize with others.

The group was then asked if they think people in the region have adequate access to health care. Again the group provided a largely positive response. According to one participant, "some people might not because they might not know what is available or how to get to it." Participants said they did notice that there are not as many health fairs as there used to be.

Although the group was very positive about the region's doctors, a few participants felt that the doctors don't always listen or are overscheduled. Another said that the wait times to see a physician can be very long and the treatment is not always adequate. The group was somewhat negative when asked about hospitals. One person said the hospitals are not always sanitary; another indicated that the quality of care depends on the nurse(s) assigned to the patient.

A few individuals said they sought medical care outside the region – all on the advice of their primary care physician. When asked for the reason, one said that "the quality of the services is better outside the area."

When asked about chronic diseases the group said it was a "big problem" even among children. Several participants mentioned that poor diet and food choices have an impact on growing chronic conditions.

The group agreed that mental health issues are a problem in the community and that they are a stigma among senior citizens. In turn, many seniors may not get the help they need.

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All agreed that substance abuse is a problem within the community. "The drug problem in this community is similar to drug problems in other cities. It is not any better or any worse." They said that prescription drugs are very easily obtained by the elderly and, while they are not as likely to engage in substance abuse, their younger relatives who have potential access to their medications might be.

Impoverished Focus Group

In order to reach out to individuals below the poverty line in the region, The Institute conducted a focus group at a homeless shelter. The impoverished focus group included ten participants.

The group described a healthy community as one where people have adequate access to comprehensive health programs and services, including access to more preventative and affordable health care and, which has less crime.

Participants said that health programs and services in the region are "overly expensive and "could be better." Other comments included that programs and services are needed to address mental health, drug and alcohol issues, and that physicians must be careful not to over-prescribe addictive medications to young people. However, some focus group participants said hospital medical staff should be better trained on how to treat or handle patients with drug and/or alcohol addiction.

The group also agreed that adequate access to health care is dependent upon whether or not a person has health insurance. To improve access, participants said that "everyone should have the ability to obtain health insurance. More government support is needed for those who are not able to finance regular doctor appointments." In addition, participants said that more needs to be done to reduce the costs of regular exams or to provide other payment options. Participants also agreed that prescription medications are sometimes prohibitively expensive.

When asked to rate the quality of hospitals within the region, participants agreed that they are "expensive." They also referenced misdiagnoses at two different emergency rooms. One participant was advised by her doctor to leave the area for medical treatment.

The group was asked about the kinds of programs and services that would enhance the health and wellbeing of families within the region. Responses included cancer treatment programs, diabetes treatment programs, programs that promote healthy eating, education about exercise and supplements, and more programs that offer alternatives to the usual therapies and treatments.

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Mentally or Physically Challenged Focus Group

The mentally or physically challenged focus group consisted of six members of a mental health support group, many who had mental illness and physical challenges.

The group's vision for a health community included a clean area, something they believed was not the case where they lived.

When asked about their perception of health programs of services, all respondents felt they were good but that there should be more information available on these services.

When asked what should be done to improve health and quality of life, respondents discussed some of their medical issues. They said that there is a stigma about those diagnosed with mental health problems. They also said that health care professionals they have met with did not listen to their needs because they had mental health issues. One respondent said that he was a victim of discrimination by health professionals because of his mental illness. Another said that health care professionals should be provided with more education on mental illnesses. One participant said, "They find out you have something wrong with you and they look differently at you." The participants shared an overall concern with the decrease in state funding for programs that help people with mental health diagnoses.

All participants agreed that physically or mentally challenged residents need better access to quality health insurance. One woman discussed that she could not find a specialist who was covered by her insurance, and said that many physicians "don't accept Medicaid and Medicare because the state requires too much paperwork. " All respondents said that they are forced to spend a great deal of time on the phone calling providers to see if they accept their insurance. Many also felt prescription medications are too expensive, and have arrived at pharmacies only to find out that their prescriptions are not covered by their health insurance.

Respondents reacted favorably to area hospitals; however one mentioned that he had a difficult time understanding "foreign" physicians. Another respondent said that area hospital physicians lack bedside manner and give the impression that they do not care about the patient.

Another respondent described her situation in having to go to a hospital in Philadelphia before receiving a correct diagnosis after going to facilities in both Lackawanna and Luzerne Counties.

When asked about chronic diseases and obesity, one focus group participant said that costs are a major determining factor, as food choices that lead to these conditions are much less expensive than healthier options.

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All participants agreed that the region has a significant substance abuse problem, and mentioned that the area has too many bars and not enough recreational opportunities for teens and adults. The group agreed that substance abuse and mental illness often go hand in hand.

Youth Focus Group

Participants in the youth focus group included five college students, two of who are enrolled in schools in Lackawanna County, and three of who are enrolled in schools in Luzerne County.

This group's vision of a healthy community is one in which health care is always easily accessible and affordable, where the environment (whether urban/suburban/rural) is always clean and under proper maintenance, and where people have mutual respect for one another. The students expressed positive experiences with the region's hospitals. They each felt that the care provided is relatively quick and efficient and were satisfied with care they received. However, only two of the five students in the focus group were from the Lackawanna – Luzerne County region, and those who were not from the region had limited experiences with the region's health care.

When asked what should be done do to improve health and quality of life in the community, participants focused on pollution and eating habits. In terms of pollution, one participant said that the urban area historically "used to be a very lively and productive city with a lot of potential." He said a lot could be done to revive this, including better city planning and maintenance, investing in more businesses, and simply ensuring that the streets are clean and safe. In terms of eating habits, focus group participants said that area residents should be more mindful of the amount of processed foods they eat and said exercise was vital to a healthy community.

All participants said that the community offers adequate access to health care, but agreed that improvements could be made by increasing public transportation and ensuring more people have health insurance.

Hispanic/Latino Focus Group

This focus group included four members of Scranton's Hispanic/Latino community.

Participants agreed that there is a lack of communication, and that this results in not knowing about services offered. The group felt that the church plays a significant role in disseminating information to the Hispanic/Latino community about services offered, including, for example an

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effort to urge parishioners to get mammograms. One participant discussed her positive experiences with at a local health clinic where she received care.

To improve health and quality of life, respondents said that residents must choose healthier foods, as diabetes remains a significant issue among Hispanic/Latino communities. Because "everyone is pressed for time," many are not able to make healthy food choices. Another participant said that the community has a high population of HIV positive residents, and felt that there should be more prevention programs offered.

Participants agreed that not all have adequate access to health care. They said that many community members do not have health insurance and are forced to seek treatment at the emergency room as a "last resort." One participant discussed the Affordable Care Act (ACA) and felt it would help ensure people get access to affordable health insurance.

Participants had very positive opinions on area hospitals, but quite mixed emotions regarding doctors. One discussed his experience with the doctor he was referred to who refused to treat him because he did not have health insurance, while another spoke about a physician who did not charge a family member for appointments or medication.

All participants agreed that substance abuse is a major issue throughout the Hispanic/Latino community, and that alcoholism is a significant problem among young adults.

African American Focus Group 1

This focus group consisted of five members of Wilkes-Barre's African American community.

The group agreed that it is difficult to get an appointment with a specialist in the area, and one participant cited waiting two months for an appointment with an OB/GYN. The group also expressed concerns about the region's quality of care, particularly for African Americans. According to one participant, there is "a lack of cultural sensitivity in this region" and physicians are "less apt" to give people [in the African American community] pain medication. In order to improve the quality of care, the group felt that the mindset must change and that medical personnel should have "cultural training."

When asked about access to health care in the region, one participant said that access depends on who you are, while another told a story about going to a local dermatologist for a skin problem and being told nothing could be done. The participant left the region for treatment in a more urban area and learned that her skin condition is unique to African Americans. One participant followed with, "Doctors here don't necessarily understand our community's issues; that is a problem."

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One participant discussed some issues within the community, such as overmedicating children for behavioral problems. The participant explained that "Parents are teaching children how to act in front of the doctor." The participant stated that some parents did this because a behavioral diagnosis enables the child to quality for Supplemental Security Income (SSI) and Social Security in the amount of $700 per month. Additionally, the participant said that schools get additional funding when students have such diagnoses.

When asked about the doctors and hospitals in the region, there was an overall negative response. Again, cultural sensitivity was discussed as a main concern. Each person within the focus group said they either have left or know someone who has left the region for medical care – particularly if they need to see a specialist. According to one participant, "If I need to see a specialist, I leave."

When asked what could be done to enhance the region's programs and services, one participant said it was important for people to educate themselves, while another said that hospitals should be forced to "hire people of color" in order to make patients and minority staff feel more comfortable.

The group was next asked about obesity, and all agreed that it is a problem within the African American community. One participant felt, however, that "African Americans are shaped different and measured by a different standard." One participant said that nutritionists are too expensive and do not to a good job of educating patients.

The group was next asked about mental health. Participants were clearly uncomfortable discussing the topic and acknowledged that when asked about it by the facilitator. One participant said people in the African American community are "more depressed" than other groups, and that there is a general reaction that people need to get over such depression.

The group acknowledged that substance abuse is a problem within the community, but indicated African Americans are more involved in selling illegal substances that using them. One participant said that the area's drug problems came from rehab centers. Once released, rehab patients stay in the area and go back to using drugs or alcohol.

African American Focus Group 2

The second group consisted of members of a church in Wilkes-Barre. An additional focus group was done with those belonging to the African American community because this group was underrepresented in the survey.

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The group's vision for a healthy community includes less stress and chronic disease. Participants want more health education in the community, including proper nutrition. One participant said that a healthy community is one where every member is at their "optimal health."

The group, overwhelmingly, said that they do not have adequate access to health care. They said that specialty health care services are lacking in the region. Several participants complained about the amount of travel required to get to a doctor in the region. They also repeated several times that local providers should be more informed on community needs and resources to help patients. Many expressed frustration with having to search for resources and specialists. They felt that providers should be treating their patients with the goal of making them healthy rather than just "giving out pills." Many participants felt the doctors and hospitals were "in it for the money" rather than the patients.

Several solutions were offered for access to health care. One participant said that clinics in other states offer rides for patients who do not have transportation. Another participant said there should be clinics in areas where transportation is known to be an issue for patients. He felt this would increase the likelihood of patients receiving both preventative and follow-up care. Many participants mentioned that there should be a program to help with co-pays on follow-up visits.

Participants said it was difficult to rate the local doctors and hospitals. While the overall rating was not good for most doctors and both hospitals, certain specialties rated higher than others. One woman described a situation where her daughter needed emergency surgery but no one in the hospital was familiar with her blood disorder. The girl had to wait over two hours for a specialist to come to the hospital from out of the region so she could be treated. The woman also talked about the cost of transporting her daughter to Danville for follow-up appointments. That same woman did note that she received excellent heart care locally. She felt that, since heart health was "something the hospital was receiving money to study" she received better care. Transportation cost and availability were mentioned as roadblocks to receiving care several times. The lack of pediatricians and pediatric specialists was also mentioned by more than one participant.

When discussing health issues in the community, the group felt chronic disease and obesity were on the rise. Some blamed the availability and affordability of fast food. Others in the group felt that people were just making the wrong choices. The group felt that community education and health care provider support were needed to help those with these problems. Many in the group thought that mental health problems were "over diagnosed." Some thought that people were abusing the system to get more money from welfare and SSI, while others

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blamed the doctors. Participants felt that, like other health issues, doctors tend to medicate without providing any other support. On the issue of substance abuse, the group is seeing a rise in the abuse of prescription medications. Many said that they have to lock up their pills for fear of them being stolen. Many blame the problem on youth who are not supervised.

Summary of Focus Group Findings

- Obesity related diseases and cancer are the top two health problems in the region. Several participants mentioned that poor diet and food choices have an impact on growing chronic conditions.
- Several of the focus groups had a negative view of doctors in the region.
- There is a significant substance abuse problem in this region, primarily pertaining to heroin and opiate usage, as well as alcohol dependency.
- Focus group participants believe there is much greater access to drugs now than there used to be. They attributed this increased access to the influx of people moving into the area.
- Many participants suggested that there should be more inpatient mental health and drug and alcohol treatment.
- There is a need for more education on how a poor diet or other unhealthy activities can have a negative impact on a person's wellbeing.
- While there are many free clinics in the area those without insurance still feel they do not have access to health care. Many participants thought getting health care was too expensive.
- Individuals with mental health issues face a stigma that discourages them from seeking treatment.
- While many employers in the region offer employees wellness programs, diabetes was an issue among nearly all of the employers who participated in the focus group.
- Many participants thought the health programs and services were good, but that there should be more information available on these services.
- Minority groups feel there is a lack of cultural sensitivity among those who work in health care.

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Secondary Data

Demographics

Lackawanna County accounts for 1.7 percent of the Commonwealth's total population, while Luzerne County accounts for 2.5 percent. Together, the region comprises 4.2 percent of Pennsylvania's population.

Population 2010

Lackawanna	Luzerne	Pennsylvania
214,437	320,918	12,702,379

Source: U.S Census Bureau

The region's residents are slightly older than Pennsylvania as a whole. Lackawanna and Luzerne County both have higher median ages of 41.8 and 42.5 respectively, while Pennsylvania's median age is 40.1**.** The greatest percentage of residents in all three geographic areas fell into the 50-54 age bracket. Both Lackawanna and Luzerne Counties have a higher percentage of residents age 65 and older, and a lower percentage of those age nineteen or younger when compared with the Commonwealth.

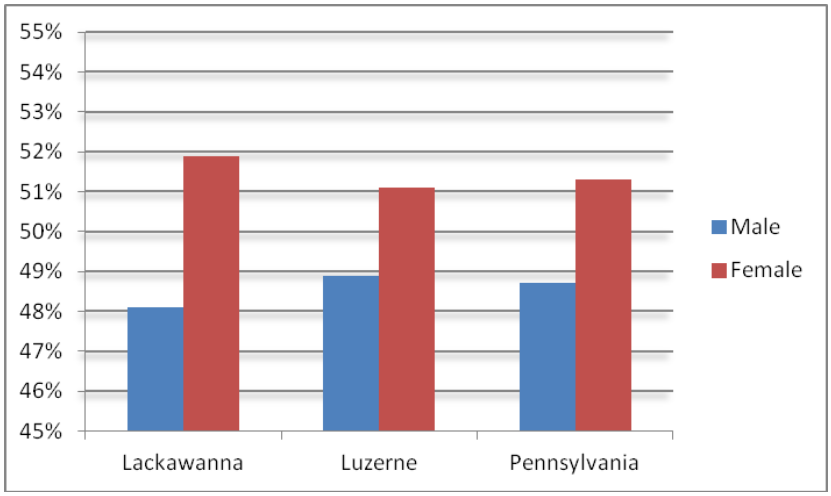
Age Distribution 2010

Ages	Lackawanna	Luzerne	Pennsylvania
Under 5 years	5.4%	5.4%	5.7%
5 to 9 years	5.5%	5.5%	5.9%
10 to 14 years	5.8%	5.8%	6.2%
15 to 19 years	6.9%	6.9%	7.1%
20 to 24 years	6.9%	6.9%	6.9%
25 to 29 years	5.9%	5.9%	6.2%
30 to 34 years	5.4%	5.4%	5.7%
35 to 39 years	5.7%	5.7%	6.0%
40 to 44 years	6.6%	6.6%	6.7%
45 to 49 years	7.3%	7.3%	7.5%
50 to 54 years	7.6%	7.6%	7.8%
55 to 59 years	7.0%	7.0%	6.9%
60 to 64 years	6.3%	6.3%	5.9%
65 to 69 years	4.7%	4.7%	4.4%
70 to 74 years	3.7%	3.7%	3.4%
75 to 79 years	3.2%	3.2%	2.9%
80 to 84 years	3.0%	3.0%	2.5%
85 years and over	3.1%	3.1%	2.4%
Median Age	41.8	42.5	40.1

Source: U.S Census Bureau

Both Pennsylvania and the region contain more female than male residents. Of the three geographies, Lackawanna County has the highest percentage of females and lowest percentage of males, with 51.9 percent and 48.1 percent, respectively.

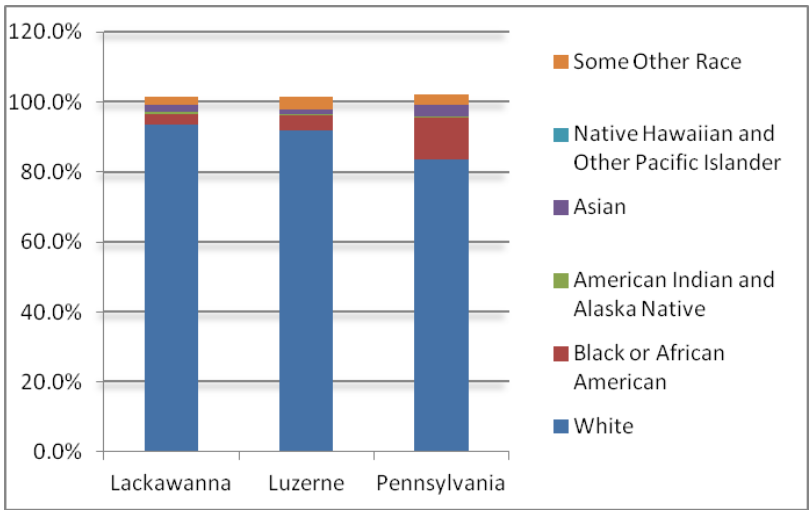
Gender 2010



Source: U.S Census Bureau

The region is far less diverse than Pennsylvania as a whole. While 83.5 percent of the Commonwealth's residents are white, over 90 percent of the region's residents fall into that category.

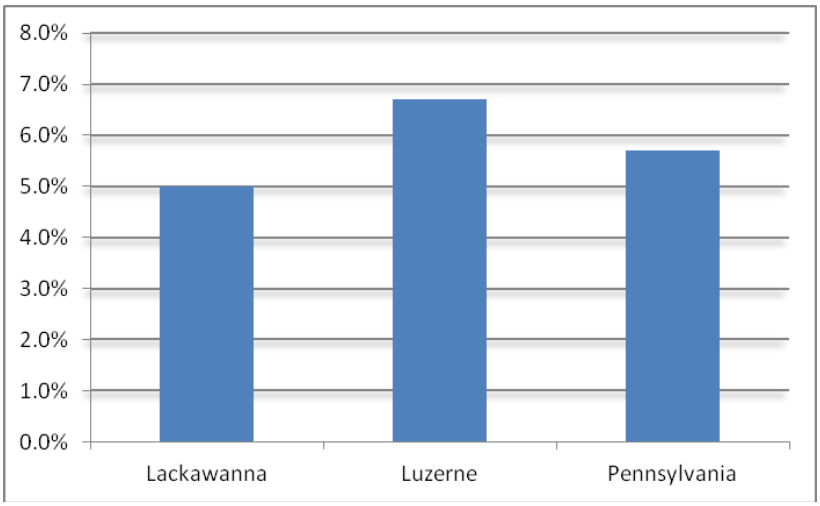
Race 2010



Source: U.S Census Bureau

The region's population of Hispanic/Latino residents has grown significantly. Of the three areas, Luzerne County has the highest percentage of Hispanic/Latino residents, at 6.7 percent.

Hispanic/Latino 2010



Source: U.S Census Bureau

As detailed in the table below, Luzerne County's poverty rates are higher than Lackawanna County and Pennsylvania as a whole.

Poverty Status 2010

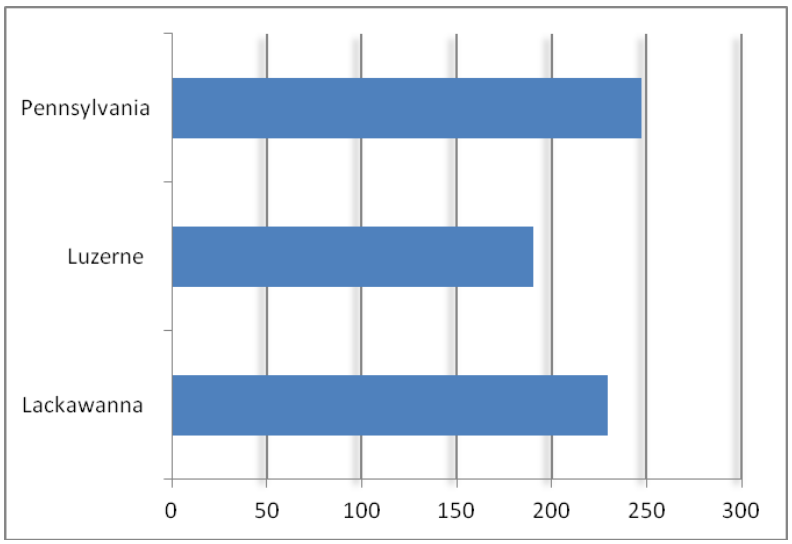
Status	Lackawanna	Luzerne	Pennsylvania
All families	**8.8%**	**11.4%**	**9.3%**
With related children under 18 years	16.6%	23.0%	15.9%
With related children under 5 years only	18.7%	36.4%	16.6%
Married couple families	**3.4%**	**4.1%**	**3.8%**
With related children under 18 years	6.1%	7.0%	5.7%
With related children under 5 years only	5.8%	8.5%	4.1%
Families with female householder, no husband present	**26.1%**	**33.0%**	**29.1%**
With related children under 18 years	38.4%	49.5%	39.4%
With related children under 5 years only	52.3%	69.0%	45.7%
All people	**13.4%**	**16.1%**	**13.4%**
Under 18 years	**20.7%**	**28.6%**	**19.1%**
Related children under 18 years	20.6%	28.3%	18.8%
Related children under 5 years	27.0%	41.1%	21.7%
Related children 5 to 17 years	18.3%	23.7%	17.7%
18 years and over	11.5%	12.9%	11.8%
18 to 64 years	12.4%	14.3%	12.7%
65 years and over	7.6%	8.2%	7.9%

Source: U.S Census Bureau

Physicians & Hospitals

The region fell behind the Commonwealth in terms of physicians per 100,000 residents, with 229.2 in Lackawanna County and 190.4 in Luzerne County, compared with 247.2 statewide.

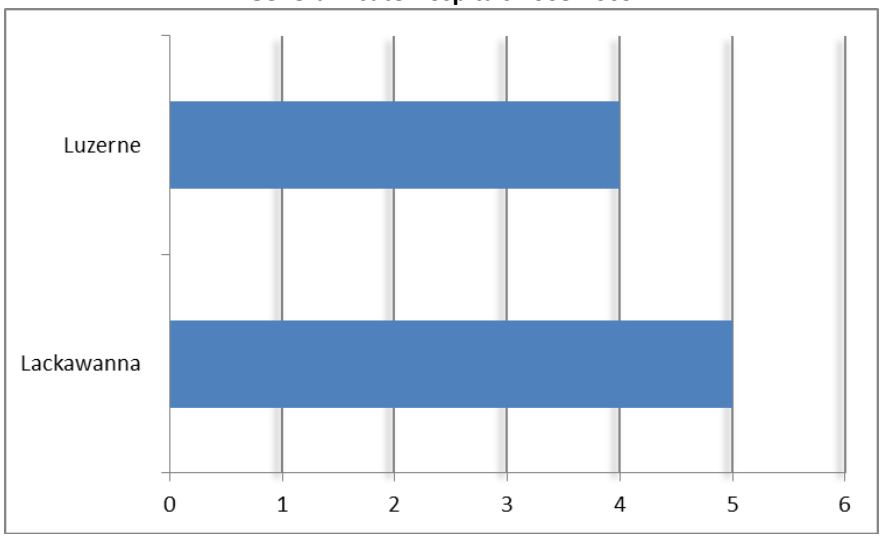
Physicians per 100,000 Residents 2008



Source: Center for Rural Pennsylvania

Between 2008 and 2009, Luzerne County was home to four general acute hospitals and Lackawanna County was home to five. More recently, the area has seen some changes in its number of hospitals. In February 2012, Marian Community Hospital, in Lackawanna County, closed due to rising costs and fewer patients. In April 2011, Mercy Hospital, also experiencing financial difficulties, was purchased by Community Health Systems, Inc., which changed the facility's name to Regional Hospital of Scranton. This buyout changed the hospital from a non-profit to a for-profit entity. Community Health Systems, Inc. also purchased Wilkes-Barre General Hospital in 2009 and Moses Taylor Hospital in 2012. Further, The Scranton Times-Tribune and The Times Leader reported in July 2012, that Geisinger Health System and Scranton's Community Medical Center merged, changing the hospital's name to Geisinger-Community Medical Center. Each of these transactions came about in an effort to cut costs and improve services and reflect a national trend.

General Acute Hospitals 2008-2009



Source: Center for Rural Pennsylvania

With 42, Luzerne County had the highest number of physician assistants per 100,000 among the areas examined. Both counties were ahead of the Commonwealth.

Area	Physician Assistants per 100,000 Residents 2010
Lackawanna	34
Luzerne	42
Pennsylvania	31

Source: Center for Rural Pennsylvania

County Health Rankings 2012

County Health Rankings are an annual study published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The rankings assess the health of nearly every U.S. county. The rankings consider factors that affect people's health in the following four categories: health behavior, clinical care, social and economic factors, and physical environment. According to the publishers, those having high rankings, e.g. 1 or 2, are

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considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes - Rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- Health Factors - Rankings are based on weighted scores of four types of factors:
    - Health behaviors (7 measures)
    - Clinical care (5 measures)
    - Social and economic (7 measures)
    - Physical environment (5 measures)

Mortality data are examined to determine how long people live. Premature death figures provide the number of deaths in terms of the years of potential life lost before 75 years of age per 100,000. Lackawanna County ranked 53rd, while Luzerne County ranked 60th of Pennsylvania's 67 counties.

Mortality

Mortality	Lackawanna	Luzerne	Pennsylvania
Premature Death per 100,000	7,903	8,496	7,284
Mortality Rank (out of 67)	**53**	**60**	**N/A**

Source: County Health Rankings

The table below examines several morbidity factors. According to the definition provided, morbidity is the term that refers to how health people feel while alive. Specifically the rankings report on the measures of their health-related quality of life (their overall health, their physical health, their mental health) and birth outcomes (babies born with a low birth weight). "In Lackawanna County and Pennsylvania, 14 percent of adults reported poor or fair health, compared to 16 percent in Luzerne County. The average number of physically unhealthy and mentally unhealthy days reported in past 30 days was slightly higher in Luzerne County than in Lackawanna County and the Commonwealth. Lackawanna County's overall health outcomes ranking was ten points higher than Lackawanna County.

Morbidity

Morbidiy	Lackawanna	Luzerne	Pennsylvania
Poor or Fair Health	14.0%	16.0%	14.0%
Poor Physical Health Days	3.5	4.1	3.5
Poor Mental Health Days	3.6	4	3.6
Low Birthweight	8.4%	8.1%	8.3%
Morbidity Rank (out of 67)	47	57	N/A
Health Outcomes Rank (out of 67)	**51**	**61**	**N/A**

Source: County Health Rankings

The next health county ranking tables examine health behaviors. Compared to Pennsylvania as a whole, the region contains higher percentages of adult smoking, excessive drinking and physical inactivity. The region, however, shows more positive statistics in terms of sexually transmitted diseases and the teen birth rate per 100,000. For health behaviors overall, Lackawanna County ranked much better than Luzerne County, at 29 and 53, respectively.

Health Behaviors

Health Behaviors	Lackawanna	Luzerne	Pennsylvania
Adult Smoking	25.0%	27.0%	21.0%
Adult Obesity	26.0%	30.0%	29.0%
Physical Inactivity	30.0%	31.0%	26.0%
Excessive Drinking	24.0%	20.0%	18.0%
Motor Vehicle Crash Death Rate per 100,000	13	15	13
Sexually Transmitted Infections per 100,000	149	240	346
Teen Birth Rate per 1,000	26	30	31
Health Behaviors Rank (out of 67)	**29**	**53**	**N/A**

Source: County Health Rankings

The following health county ranking table examines clinical care. The region's ratios of primary care physicians to the population is better than the Commonwealth - with Lackawanna County at 1,084:1 and Luzerne County at 1,027:1, compared to 838:1 statewide. The three geographic areas were nearly the same in terms of diabetic and mammography screenings.

Clinical Care

Clinical Care	Lackawanna	Luzerne	Pennsylvania
Uninsured	11.0%	11.0%	12.0%
Primary Care Physicians	1,084:1	1,027:1	838 to 1
Preventable Hospital Stays per 1,000	80	67	72
Diabetic Screening	82.0%	82.0%	83.0%
Mammography Screening	69.0%	65.0%	67.0%
Clinical Care Rank (out of 67)	**29**	**23**	**N/A**

Source: County Health Rankings

The region is outperforming Pennsylvania in terms of the percentage of high school graduates and number of violent crimes per 100,000, though both counties have a higher percentage of children in poverty. Overall, Lackawanna County is ranked much higher than Luzerne County.

Social & Economic Factors

Social and Economic Factors	Lackawanna	Luzerne	Pennsylvania
High School Graduation	88.0%	85.0%	79.0%
Some College	59.0%	56.0%	59.0%
Unemployment	0	0	0
Children in Poverty	20.0%	27.0%	19.0%
Inadequate Social Support	22.0%	22.0%	21.0%
Children in Single-Parent Households	32.0%	35.0%	32.0%
Violent Crime Rate per 100,000	231	314	405
Social/Economic Factors Rank (out of 67)	**29**	**55**	**N/A**

Source: County Health Rankings

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Physical environment is a very important factor in a person's overall health. The region had very few air pollution ozone days and a lower percentage of fast food restaurants than the Commonwealth.

Physical Environment

Physical Envionment	Lackawanna	Luzerne	Pennsylvania
Air pollution-particulate Matter Days	3	0	10
Air pollution-Ozone Days	2	2	8
Access to Recreational Facilities per 100,000	10	9	11
Limited Access to Healthy Foods per 100,000	8.0%	10.0%	7.0%
Fast Food Restaurants	41.0%	42.0%	48.0%
Physical Envionment Rank (out of 67)	**31**	**61**	**N/A**

Source: County Health Rankings

There were a lower percentage of children tested for lead in Luzerne County than in Lackawanna County.

Lead Testing & Results 2007

County	# of Children Tested	Percent of Children Tested	# of Children with Positive Result
Lackawanna County	2,397	17.7%	92
Luzerne County	2,770	14.3%	88

Source: Environmental Protection Agency

Behavioral Risk Factor Surveillance System 2012

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices and health care access primarily related to chronic disease and injury. The data presented are for the Scranton/Wilkes-Barre Metropolitan Statistical Area (MSA).

In the Scranton/Wilkes-Barre MSA, residents considered themselves in mostly good health or better. However, 65 percent are considered overweight or obese and one in ten has been diagnosed with diabetes.

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How is your General Health?

Excellent	Very Good	Good	Fair	Poor
19.2%	30.6%	32.4%	12.6%	5.2%

Source: BRFSS

Overweight and Obesity BMI

Status	%
Neither Overweight nor Obese	35.9%
Overweight	35.7%
Obese	28.4%

Source: BRFSS

Diagnosed with Diabetes

Status	%
Yes	10.0%
Yes; Pregnancy-Related	0.3%
No	88.6%
No; pre-diabetes/borderline	1.2%

Source: BRFSS

Over one-third of residents in the region report that their mental health was not good for at least one day. Commonwealth figures were slightly lower.

Mental Health Not Good 1+ Days in Past Month

Region	Percent
Lackawanna, Luzerne, Wyoming	37%
Pennsylvania	34%

Source: Pennsylvania Department of Health

Community Health Status Indicators

The goal of Community Health Status Indicators (CHSI) is to provide an overview of key health indicators for local communities and to encourage dialogue about actions that can be taken to improve a community's health. Additionally, data from the Pennsylvania Department of Health are presented in this section.

The first indicator is the leading causes of death change by age. Injuries dominate the 1-33 age groups, while diseases are more prominent in older populations.

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Leading Causes of Death: Lackawanna County 2009

Leading Causes of Death	White	Black	Other	Hispanic
Under Age 1				
Complications of Pregnancy/Birth	53%	nrf	nrf	nrf
Birth Defects	22%	nrf	nrf	nrf
Ages 1-14				
Injuries	nrf	nrf	nrf	nrf
Cancer	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Ages 15-24				
Injuries	33%	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Suicide	25%	nrf	nrf	nrf
Cancer	nrf	nrf	nrf	nrf
Ages 25-44				
Injuries	25%	nrf	nrf	nrf
Cancer	11%	nrf	nrf	nrf
Heart Disease	19%	nrf	nrf	nrf
Suicide	11%	nrf	nrf	nrf
HIV/AIDS	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Ages 45-64				
Cancer	34%	29%	nrf	nrf
Heart Disease	26%	25%	nrf	nrf
Ages 65+				
Heart Disease	37%	nrf	nrf	nrf
Cancer	19%	nrf	nrf	nrf

Source: Community Health Status Indicators

Nrf: No report, fewer than 20 deaths in race/ethnicity and age group or less than 10% of the deaths.

Luzerne County follows the same patterns as Lackawanna County.

Leading Causes of Death: Luzerne County 2009

Leading Causes of Death	White	Black	Other	Hispanic
Under Age 1				
Complications of Pregnancy/Birth	59%	nrf	nrf	nrf
Birth Defects	14%	nrf	nrf	nrf
Ages 1-14				
Injuries	29%	nrf	nrf	nrf
Cancer	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Ages 15-24				
Injuries	41%	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Suicide	13%	nrf	nrf	nrf
Cancer	nrf	nrf	nrf	nrf
Ages 25-44				
Injuries	23%	nrf	nrf	nrf
Cancer	14%	nrf	nrf	nrf
Heart Disease	nrf	nrf	nrf	nrf
Suicide	12%	nrf	nrf	nrf
HIV/AIDS	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Ages 45-64				
Cancer	32%	36%	nrf	nrf
Heart Disease	19%	20%	nrf	nrf
Ages 65+				
Heart Disease	37%	0.25	nrf	nrf
Cancer	19%	0.29	nrf	nrf

Source: Community Health Status Indicators

Nrf: No report, fewer than 20 deaths in race/ethnicity and age group or less than 10% of the deaths.

Risk factors associated with premature death are listed below. Both counties are fairly even for each factor. A diet lacking fruits and vegetables is the region's most significant contributing factor to premature deaths.

Risk Factors for Premature Death 2009

Risk Factors	Lackawanna	Luzerne
No Exercise	26.0%	26.1%
Few Fruits/Vegetables	72.0%	76.1%
Obesity	21.6%	23.7%
High Blood Pressure	32.1%	30.1%
Smoker	28.8%	28.7%
Diabetes	7.4%	10.1%

Source: Community Health Status Indicators

There are 76.4 dentists per 100,000 in Lackawanna County and 65.4 per 100,000 in Luzerne County.

Access to Dental Care 2009

Access	Lacakwanna	Luzerne
Dentists per 100,000	76.4	65.4

Source: Community Health Status Indicators

The number of teen suicides tends to be higher for males ages 15-19.

Teen Suicide 2009

County/State	Age	Sex	Count
Lackawanna	10-14	Male	1
	10-14	Female	0
	15-19	Male	1
	15-19	Female	1
Luzerne	10-14	Male	0
	10-14	Female	0
	15-19	Male	1
	15-19	Female	1
Pennsylvania	10-14	Male	11
	10-14	Female	6
	15-19	Male	56
	15-19	Female	15

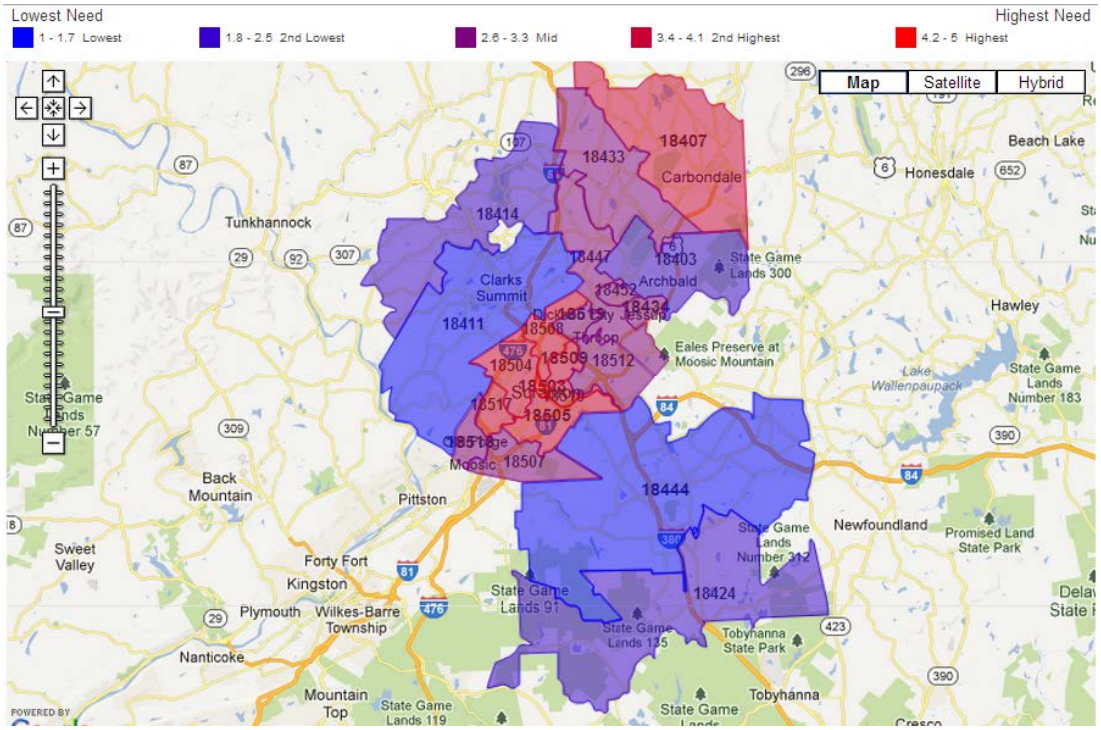
Source: Pennsylvania Department of Health

Community Needs Index

The CNI identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. Using this data a score is assigned to each barrier condition (with 1 representing less community need and 5 representing more community need). The scores are then aggregated and averaged for a final CNI score. A score of 1.0 indicates a zip code with the lowest socio-economic barriers, while a score of 5.0 represents a zip code with the most socio-economic barriers.

In Lackawanna County, the zip codes that comprise the City of Scranton and Carbondale areas have the highest CNI scores, i.e., the most socio-economic barriers.

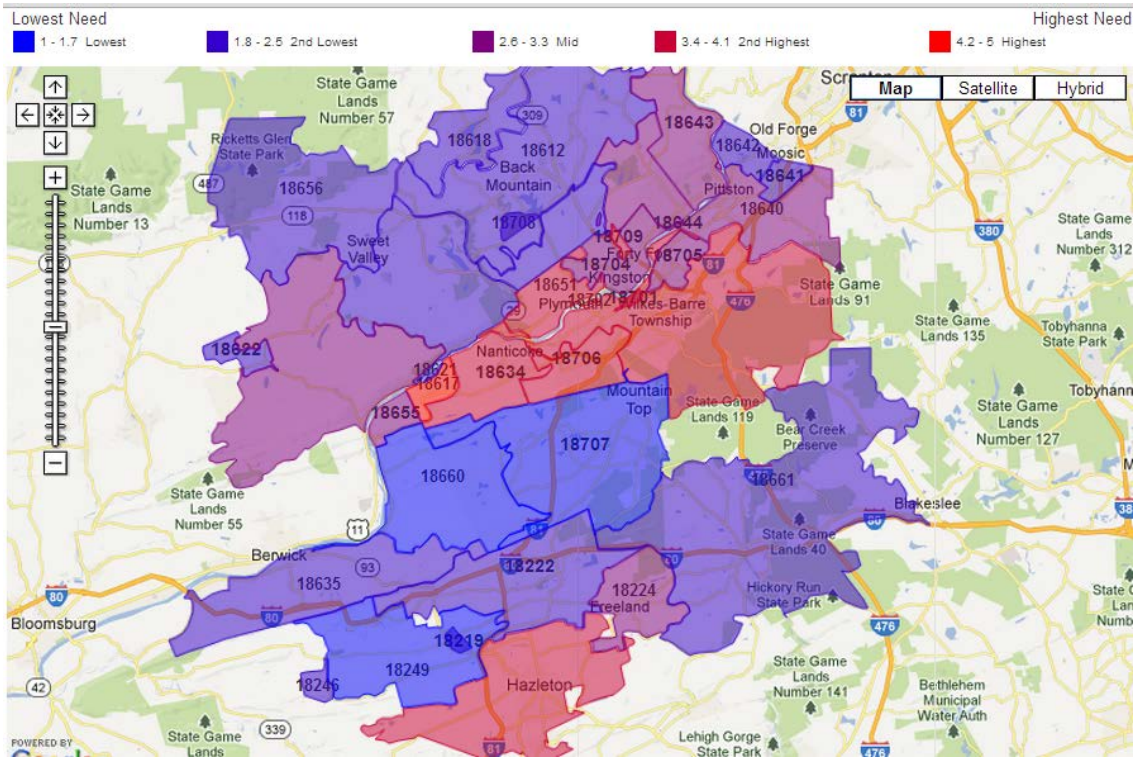
Lackawanna CNI



Source: Dignity Health

In Luzerne County, the zip codes that comprise the City of Wilkes-Barre, Wilkes-Barre Township, Nanticoke, and Hazleton areas have the highest CNI scores, i.e., the most socio-economic barriers.

Luzerne CNI



Source: Dignity Health

Summary & Conclusions

- Lackawanna County fares better than Luzerne County in many areas, while both fall behind when compared with the Commonwealth.
- In terms of demographics, the region is slightly older and less diverse, although Luzerne County contains a higher percentage of Hispanic/Latino residents than Pennsylvania's average.
- Lackawanna and Luzerne Counties contain fewer primary care physicians and physicians per 100,000 than the Commonwealth.
- County Health Rankings for 2012 show that neither Lackawanna County nor Luzerne County are among the state's top counties. However Lackawanna County ranks higher than Luzerne County in nearly every major category measured, with the exception of clinical care.
- The region contains more smokers, more excessive drinkers and its residents are less physically active than the Commonwealth overall.
- Over three-quarters of respondents in the Scranton/Wilkes-Barre MSA believe they are in good, very good or excellent health, while over 60 percent are considered overweight or obese.
- Cancer and heart disease continue to be the main causes of death for the region's adult population, while a diet lacking fruits and vegetables and high blood pressure are the two highest factors contributing to premature death.

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Patient Perception

Patient Interviews

Four individuals in Lackawanna and Luzerne Counties were interviewed regarding their perceptions and attitudes of local health care providers and the delivery system, as well as any experiences in obtaining medical services outside the study region.

A few of the patients interviewed had sought medical treatment out of the region. Treatments included orthopedic surgeries (hips and shoulders) and children's behavioral health. One respondent indicated that while he/she has not had services outside of the region, many of his/her employees have. They have primarily gone for what he/she describes as "tertiary" services. Such services are beyond the scope of local specialists. In particular, he/she emphasized oncology.

Patients left primarily on the recommendation of medical personnel (doctors and therapists). Second referral sources were family and friends and independent research.

When asked where they go for care, respondents referenced Hershey Medical Center, Geisinger Medical Center – Danville, Memorial Sloan Kettering Cancer Center, Johns Hopkins Hospital, Massachusetts General Hospital, Jefferson Hospital and Penn State Medical Center.

Patients were asked to rate the hospitals they have visited in the region. Comments such as "outdated" and "behind the times" were used to describe area hospitals. Patients indicated that hospitals are parochial and unwilling to collaborate. While not all services need to be offered in the region, if there were some collaborative initiatives in place, hospitals would be seen more favorably or as innovative. On a specific note, it was indicated that hospital personnel need better training in how to treat children with special needs.

When asked to rate doctors in the area, responses included that some were "tough to deal with and see timely, although some surgeons are excellent." This individual referred specifically to heart surgeons, as he had heart surgery in the region, but thinks it would be been beneficial to have the surgery out of state. Another person indicated that "physicians here are inconsistent; there are too many incorrect diagnoses and unnecessary surgeries for such a small region." The ability to be seen in a timely manner was brought up by another patient. In general, patients feel physicians have limited abilities and resources, and very limited access to specialists.

Patients were asked about feedback from family, friends or colleagues and discussions they may have engaged in regarding the region's health care delivery system and physicians. Patient responses were consistent. They felt that it is necessary to go elsewhere for good quality, that the level of care in the immediate area does not compare to the level of care available in other

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areas, and that the quality of care is poor and not state-of-the-art. Another said that physician quality is a crap shoot. Discussion continued and it was brought up that in northeastern Pennsylvania, nobody trusts the health care system. There is graft and corruption in every sector and despite being a blue collar economy, there is an economic class structure and there is no respect for those without wealth.

Other than referrals from medical personnel, the only other comment referenced a lack of training in mental and behavioral health among all medical personnel and limited services and specialists for treatment of children with mental and behavioral health issues.

Another participant focused on the lack of local resources for mental health. He/she said, "The places that provide services for children with Autism in the area have staffing issues. The number of children being diagnosed with Autism is staggering and the people who choose a career to work with these children do not stay in the field because of the amount of money they get paid. More importantly, what I feel is lacking are the resources that are going to be available for my son when he reaches the age of 21. There is nothing available in the area for adults with Autism. It is terrifying to think of what will be available for these children once they are beyond the age of services currently provided."

Patients were asked what is lacking in local health care resources. One patient reflected that while his surgeon was excellent, his/her hospital stay was horrible. He/she referenced nurses not following orders, and as recent as five years ago he was in an ICU that did not even have air conditioning. He added that he waited eight hours after his scheduled appointment for an outpatient procedure. He was later told the paperwork got lost in the system.

The discussion veered to fragmentation – even within one hospital. It was communicated that some level of regional collaboration would be nice. One patient mentioned research, and that it brings credibility. In addition, it was felt that the region needs some big names - either physicians or partnerships with big name providers or centers of excellence.

Finally patients were asked under what circumstances they would stay here for services or recommend local health care to others. Several said it depended on the circumstances and would prefer to do their own research before making a decision. Another indicated that seeing local hospital collaboration with big research hospitals would make them feel more comfortable. Yet another participant indicated he/she would love to avoid the travel if someone was able to treat his/her son, but he/she has not had enough positive experiences locally.

Patients were asked if they had any other comments. One patient mentioned that he/she was concerned whether the CHS model – a for-profit model - would negatively impact health care delivery.

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Provider Interviews

Both primary care physicians and specialists consented to interviews (four in total). All indicated that they have or would recommend patients to seek care outside of the region. When asked about the circumstances, one physician indicated that the quality of care and treatment of patients by local physicians is an issue. Based on comments, there is a lack of respect for patients. Another primary care physician indicated that patients sometimes demand to be referred to a specialist outside of the region or he/she feels they are litigious or a high medical risk. Others suggested that the waiting period to see a specialist in the area is high due to a physician shortage. Particular emphasis was placed on the need for neurosurgeons. In larger cities such Philadelphia, patients may be seen on the same day and, with the volume of back surgeries performed make it the best choice for patients. The quality of general surgeons and high infection rates were cited as other deterrents. Another reference was made in regard to oncology, in particular pediatric oncology – referrals to Jefferson Memorial Hospital or Children's Hospital of Philadelphia (CHOP) are made – citing the best choice for the patient as the determining factor. Additionally, this specialist refers some adult oncology patients to Sloan Kettering - again citing that the facility is best for severe cases because of its volume and experience in dealing with cancers.

Physicians were asked what feedback they had from patients or other medical personnel regarding the quality of local health care. One physician indicated that, overall, feedback was very good, but that psychiatric care is very limited. Several interviewees mentioned the shortage of specialists and the wait time being too long for both appointments and follow up treatment. A primary physician indicated that patients are treated poorly. The physician said that whether it is their approach or culture, physicians here don't treat patients with respect. Another indicated that the quality of area hospitals is poor and patients need advocates, as everything is becoming extremely complex.

Physicians were asked what needs to happen to improve local health care and patient perception or attitudes toward local health care. One primary care physician indicated that there must to be a sense of camaraderie among physicians – more of a team approach to health care. In addition, the physician promoted the creation of a better culture with more respect and compassion for the patient. Another physician indicated that nothing will matter. He said that once a patient has made up his/her mind about the quality of local medical services, nothing will change it. One specialist indicated that patients are not the problem. The perception problem is that of the family doctors who refer to specialists.

After the scripted questions were completed, physicians were asked if they had any other comments to make. One physician indicated that malpractice reform would make the area more competitive. He/she indicated that lawyers are a problem because they try to find fault

and create malpractice lawsuits. Another indicated that the cost of insurance in this region is higher than most other areas and that is an issue.

One of the primary care physicians believes that money has become a primary motivator for many local doctors and the mission of being a physician and compassion are minimized. This primary care physician emphasized that wait times for appointments and wait times for tests, followed by additional wait time for specialists to get back to the patient are not only problems, but also medically risky. Further, the unwillingness to work with the primary care physicians is a stumbling block.

Provider Survey

The provider survey, a copy of which is included in the appendix of this document, was sent to all members of the Lackawanna and Luzerne County Medical Societies through respective membership lists. A link to a web based survey was also emailed to members.

The Lackawanna County Medical Society sent the link to 300 physician (MD/DO) members. The Luzerne County Medical Society sent the link to 225 members, including approximately 200 physicians and 25 practice administrators and medical students. A total of 23 recipients responded to the survey, which equates to a 5.4 percent return rate. Coupled with individual physician interviews, patient interviews, and patient surveys, some conclusions may be drawn. It should be noted that the 525 who received the survey represent the respective medical societies' membership bases, such recipients do not represent a sampling of the region's entire physician population base; therefore, the confidence level is difficult to ascertain.

After sending out the survey, the Luzerne County Medical Society issued its newsletter, The Bulletin, to a broader distribution of 900 medical professionals and other stakeholders, including physicians, legislators, advertisers, nursing homes, and a few business and community leaders. The newsletter included an article about the purpose of the project, survey, and a copy of the link. It was concluded, however, that, based on the dates of survey submission, no one reacted to the article in The Bulletin.

The survey asked physicians if they have ever referred patients to doctors or hospitals outside Lackawanna and Luzerne Counties for medical services, the type of such services, and for what medical issues. If a physician responded that he/she had not, he/she was directed to a series of questions focusing on whether he/she would and under what circumstances he/she would do so, including for what services and medical issues. Both sections sought to determine where each physician has privileges and the type of physician each is.

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Provider Survey

The provider survey, a copy of which is included in the appendix of this document, was sent to all members of the Lackawanna and Luzerne County Medical Societies through respective membership lists. A link to a web based survey was also emailed to members.

The first question was "Have you referred your patients to doctors and hospitals outside of Lackawanna and Luzerne Counties?" Over 78 percent (18) of respondents indicated they had referred their patients to doctors and hospitals outside of the region. Respondents were asked to identify where patients were referred, by checking all that applied and adding, as needed. One respondent indicated that his/her referrals were based on the specialist's location.

The majority of physicians referred their patients to Geisinger - Danville (11), followed by Lehigh Valley Health Systems (10) and the University of Pennsylvania (8). Sloan Kettering Cancer Institute and Thomas Jefferson followed closely in fourth place with (7) each.

Health Care Provider	Referrals Outside the Study Region
Lehigh Valley Health Systems	10
Geisinger - Danville	11
Rothman Institute	3
Thomas Jefferson	7
University of Pennsylvania	8
Sloan Kettering Hospital	7
Children's Hospital of Philadelphia (CHOP)	5
Cleveland Clinic	1
Fox Chase Cancer Center	1
KidsPeace	1
Hershey Medical Center	2
John Hopkins Hospital	1
Sheppard-Pratt Psychiatric Hospital	1
St. Christopher's Hospital	1
Alfred I. duPont Hospital	1
Will's Eye Institute	1

Several hospitals where patients were referred were not listed, but were filled in by the respondent as "other." Four physicians referenced the following:

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Other facilities identified	Number
AI DuPont Institute,	1
Children's hospital of Philadelphia (CHOP)	2
Cleveland clinic	1
Fox Chase Cancer Center	1
Hershey Medical Center	2
John Hopkins	1
KidPeace	1
Sheppard-Pratt Psychiatric Hospital in MD	1
St. Christopher's Children's Hospital	1
Will's Eye Institute	1

Another physician noted that he/she referred patients to "wherever he/she could find the best specialist."

Doctors who referred patients out of the area were asked to identify the types of services to which patients were referred. They were instructed to check all that apply. The top three responses were doctor visits (11), in patient surgery (9) and hospitalization (6).

Type of Services	Responses
Doctor Visit	11
Hospitalization	6
In patient surgery	9
Outpatient surgery	5
Medical Testing	4
Radiation Therapy	1
Chemotherapy	2
Other	3
Stem Cell Transplant	1
Psychiatry	1
Oncology	1

Local physicians referred their patients to doctors representing the following specialists in the table below. The top three referrals were for: Orthopedics (8); neurology/neurosurgery (7); and oncology (6).

Specialty of Care	Number
Alcohol & Substance Abuse	1
Burns	2
Cardiac	3
Ear	1
Endocrine System	2
Eye/Ophthalmology	3
Gastroenterology	2
General Medicine	0
Gynecology	5
Infectious Disease	1
Internal Medicine	1
Mental Illness	3
Neurology (brain or spinal cord)	7
Obstetrics	2
Oncology	6
Orthopedic	8
Pediatrics	1
Rheumatology	2
Trauma	2
Urology	1

When asked why a referral to a physician or hospital services outside the region was made, "service not provided in the community" was the most common response. In the case of physician services, "patient high risk" was identified as the second most frequent reason, followed by "quality of service provided outside of the local area is better" and "patient demanded." Physicians ranked "service provided in the community, but could not be accessed timely" ranked last for both questions. The timeliness of services was brought up as an issue in the interviews, but still lagged behind quality as a driving factor.

Reason for Referral for Physician Services	Number
Service not provided in the community	10
Service was provided in the community, but could not be accessed timely	5
Service was provided in the community, but quality of care outside the region is better than local	7
Other	
Patient Demanded	7
Patient High Risk	9

Reason for Referral for Hospital Services	Number
Service not provided in the community	9
Service was provided in the community, but could not be accessed timely	1
Service was provided in the community, but quality of care outside the region is better than local	7
Other	
Patient Demanded	7
Patient High Risk	7

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One respondent added a comment indicating that the quality of care leaves much to be desired and patients are treated poorly. Additionally, he/she indicated much is missed and patients are returned to their primary care too soon and the communication between the "referral physician and those of us who refer the patient is inadequate." He/she elaborated with additional comments that extensive evaluation reports sent with the patient are ignored.

Those statements echo comments made in both the general interviews and individual physician interviews. Specifically, respondents mentioned a total lack of respect for the patient, and another mentioned "discrimination for economic, gender, and racial/ethnic differences." Further, several patients and physicians referred to a "fragmented" system, where there is little or no communication.

Physicians were asked where they had privileges. Based on the responses, it appears that the majority of respondents were from Lackawanna County. This is interesting, as the majority of physicians that consented to individual interviews were from Luzerne County. Bearing this in mind, we have already noted several consistencies in responses to numerous questions.

Privileges	Number
Geisinger - Community Medical Center	6
Geisinger Wyoming Valley	0
Regional Hospital of Scranton	7
Moses Taylor Hospital	7
Mid-Valley Hospital	1
Wilkes-Barre General Hospital	1

Several types of physicians responded to the survey, however responses came from more specialists than primary care or family doctors, including three each from gynecology and internal medicine specialists and two in obstetrics; several other specialties were represented. Seventeen of 18 respondents in this section were accounted for.

Area of Specialty	Number
Family or Primary Care Doctor	1
Addiction Medicine	1
Cardiology	0
Emergency Medicine	1
Endocrinologist	1
Epidemiology	0
Gynecology	3
Infectious Disease	0
Internal Medicine	3
Neurology (brain or spinal cord)	1
Obstetrics	2
Oncology	0
Orthopedic	1
Psychiatry	1
Radiology	1
Rheumatology	1
Trauma	0
Urology	0

Of the 23 who responded, five indicated that they had not referred patients out of the area. Those five were asked, "If you haven't referred patients out of the area, would you consider it?" Three indicated that they would and two indicated that they would not. The next section summarizes responses of those physicians who indicated that they would send patients out of the area. A similar set of questions were asked.

Physicians who said they would refer patients out of the area responded in the same manner as those who have done so for doctor visits, inpatient surgery and hospitalization. One respondent added neurosurgery in the "other" category.

Type of Services	Responses
Doctor Visit	2
Hospitalization	1
In patient surgery	2
Outpatient surgery	0
Medical Testing	0
Radiation Therapy	0
Chemotherapy	0
Other	1
Neurology	1

The next table shows specialties of care for referrals. Neurosurgery was identified by all three, while burns and trauma care were each selected once.

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Specialty of Care	Number
Alcohol & Substance Abuse	0
Burns	1
Cardiac	0
Ear	0
Endocrine System	0
Eye/Ophthalmology	0
Gastroenterology	0
General Medicine	0
Gynecology	0
Infectious Disease	0
Internal Medicine	0
Mental Illness	0
Neurology (brain or spinal cord)	3
Obstetrics	0
Oncology	0
Orthopedic	0
Pediatrics	0
Rheumatology	0
Trauma	1
Transplant	0
Urology	0

When asked the reason they would refer patients, respondents answered in the same priority order as those physicians who have referred patients out of the area. The only difference is that "patient demanded" and "high risk" came in second to "service not provided locally" and "quality." Given the small number of responses, the difference is not significant.

Reason for Referral for Physician Services	Number
Service not provided in the community	2
Service was provided in the community, but could not be accessed timely	1
Service was provided in the community, but quality of care outside the region is better than local	2
Other	
Patient Demanded	1
Patient High Risk	1

Reason for Referral for Hospital Services	Number
Service not provided in the community	2
Service was provided in the community, but could not be accessed timely	1
Service was provided in the community, but quality of care outside the region is better than local	2
Other	
Patient Demanded	1
Patient High Risk	1

As with the group of referring physicians, this group of respondents had privileges only at Lackawanna County hospitals.

Privileges	Number
Geisinger - Community Medical Center	1
Geisinger Wyoming Valley	0
Regional Hospital of Scranton	2
Moses Taylor Hospital	1
Mid-Valley Hospital	0
Wilkes-Barre General Hospital	0

Two physicians indicated they have not and would not refer patients outside of the area for care. Only one identified where they he/she had privileges – Regional Hospital of Scranton.

Privileges	Number
Geisinger - Community Medical Center	0
Geisinger Wyoming Valley	0
Regional Hospital of Scranton	1
Moses Taylor Hospital	0
Mid-Valley Hospital	0
Wilkes-Barre General Hospital	0

One of the physicians is a family doctor or primary care physician, while the other is in emergency medicine – both of which are considered key physicians for referring patients to specialty services.

Area of Specialty	Number
Family or Primary Care Doctor	1
Addiction Medicine	0
Cardiology	0
Emergency Medicine	1
Endocrinologist	0
Epidemiology	0
Gynecology	0
Infectious Disease	0
Internal Medicine	0
Neurology (brain or spinal cord)	0
Obstetrics	0
Oncology	0
Orthopedic	0
Psychiatry	0
Radiology	0
Rheumatology	0
Trauma	0
Urology	0

Summary & Conclusions

Physicians responding to this electronic survey primarily represented Lackawanna County hospitals; however, when compared to physicians that consented to individual interviews that primarily represented Luzerne County Hospitals, there were some strong similarities. Specifically, almost all physicians have or would refer patients out of the area for care. Cited were quality issues, services not available and patient high risk or patient demanded. Low on the list was the timeliness to see a specialist, which was mentioned in the general interviews.

Neurology and neurosurgery were key services referred outside of the area. Many facilities were identified as referral destinations. Included among the top choices was Geisinger Danville; although today Geisinger has a strong regional presence, many patients are referred to its primary medical center facilities in Danville, Pennsylvania.

The issue of lack of respect for the patient and fragmentation of care were mentioned in several of the primary research components. Both issues can be causes of patients questioning quality of care and demanding to be referred outside of the area. Based on the data, it does play a role in the referring physicians' opinion.

NEPA-001776

Hospital Data

Over the past two years, the region's health care delivery system has changed dramatically. Community Health Systems (CHS), based in Nashville, Tennessee acquired several of the area's non-profit hospitals, including Mid-Valley Hospital, Moses Taylor Hospital, Regional Hospital of Scranton (formerly Mercy Hospital), Wilkes-Barre General Hospital, Special Care Hospital of Nanticoke and First Hospital of Wyoming Valley. CHS also owns facilities in adjacent Wyoming and Columbia Counties, and is now the region's largest employer.

Geisinger Health System (GHS) also expanded and now owns Geisinger - Community Medical Center (in Scranton), Geisinger Wyoming Valley and Geisinger South Wilkes-Barre (both in Luzerne County). Geisinger Health System is also a formidable employer in the region.

These new health care delivery systems and the resources they bring will continue to advance the quality of health care in the region, offering more specialties, innovation and research.

The following utilization data were provided by the hospitals. The data detail the number of cases by body system, age, insurance type and physicians by type. It should be noted that since the hospitals were in transition with the acquisitions, mergers, and system changes during the study period that these numbers may not represent the actual number of physicians by type in the hospital systems today.

Utilization data were not provided for Mid-Valley, Special Care, First Hospital, Marworth, ClearBrook and the Veteran's Administration Medical Home Center, although information is included pertaining to their size and scope of services.

Commonwealth Health Systems

Based in Blakely (Lackawanna County), Mid-Valley Hospital has 25 beds and 155 employees. Mid-Valley has an emergency department, inpatient and outpatient services. Before becoming part of the CHS family of companies, Mid-Valley was affiliated with Moses Taylor Hospital and, therefore, had access to all of its resources.

Special Care Hospital of Nanticoke (Luzerne County), has 67 (17 in patient behavioral, 30 acute, and 20 in Scranton satellite) licensed beds and approximately 185 hospital employees with 25 active physicians, 54 courtesy and 42 other. Special care has inpatient and outpatient (laboratory, therapy) services, as well as an emergency department.

Based in Kingston (Luzerne County), First Hospital of Wyoming Valley has 107 beds and 225 employees. First Hospital is a free-standing, private psychiatric hospital that provides inpatient psychiatric treatment for children, adolescents and adults. First Hospital includes CHOICES,

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Advanced Psychological and Counseling Services and Community Counseling Services of Northeast Pennsylvania.

First Hospital houses a thirteen-bed Children's Unit that provides services and programs that cater to the emotional and psychological needs of children between ages four and thirteen. First Hospital includes an eighteen-bed adolescent section, which serves fourteen- through eighteen-year-olds with behavioral needs. In addition, First Hospital offers an adult section.

Moses Taylor Hospital (MTH)

Moses Taylor Hospital (MTH), a CHS facility, is located in Scranton (Lackawanna County). The hospital has 217 beds and employs a little over 1,800 people.

About 40 percent of patients are mothers in labor or newborns. In a distant second, diseases of the respiratory system make up nearly ten percent of admissions.

CHS-MTH: Utilization By Body System		
Description	Cases	% of Total
DISEASES & DISORDERS OF THE NERVOUS SYSTEM	613	4.97%
DISEASES & DISORDERS OF THE EYE	11	0.09%
DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH, THROAT AND CRANIOFACIAL	99	0.80%
DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	1,164	9.43%
DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	993	8.05%
DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	1,068	8.65%
DISEASES & DISORDERS OF THE HEPATOBILIARY SYSEM AND PANCREAS	330	2.67%
DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND OTHER TISSUE	680	5.51%
DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST	371	3.01%
ENDOCRINE, NUTRITIONAL & METABOLIC DISEASE	360	2.92%
DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	484	3.92%
DISEASES & DISORDERS OF THE MALE REPRODUCTIVE SYSTEM	25	0.20%
DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	215	1.74%
PREGNANCY, CHILDBIRTH & THE PUERPERIUM	2,431	19.70%
NEWBORNS & OTHER NEONATES WITH CONDTION ORIGINALLY IN PERINATAL PERIOD	2,435	19.73%
DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS AND IMMUNOLOGY DISORDER	77	0.62%
MYELOPROLIFERATIVE DISEASES & DISORDERS	33	0.27%
INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	408	3.31%
MENTAL DISEASES & DISORDERS	309	2.50%
ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS	36	0.29%
INJURIES, POISONINGS & TOXIC EFFECTS OTHER INJURIES AND OTHER COMPLICATIONS OF TREATMENT	94	0.76%
BURNS	2	0.02%
REHABILITATION AFTERCARE OTHER FACTORS INFLUENCING HLTH STATUS	94	0.76%
MULTIPLE SIGNIFICANT TRAUMA	3	0.02%
HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS	7	0.06%
Total	12,342	100%

The greatest number of MTH physicians (79) practice internal medicine, followed by physicians specializing in Obstetrics, Gynecology, Infertility, Neonatology, and Pediatrics/Pediatric

Specialties (68). The facility has six gastroenterologists to handle diseases and disorders of the digestive system, which comprise close to nine percent of all admissions.

CHS-MTH: Number of Physicians by Type		
Specialty	Count	% of Total
Allergy, Asthma, and Immunology	3	0.74%
Anesthesiology	12	2.98%
Bariatric Surgery	0	0.00%
Cardio Thoracic Surgery	6	1.49%
Cardiology	23	5.71%
Dermatology	4	0.99%
Emergency Medicine	17	4.22%
Endocrinology/Metabolism	3	0.74%
Family Medicine	20	4.96%
General Practice	1	0.25%
Gastroenterology	6	1.49%
General Surgery	10	2.48%
Gynecology	4	0.99%
Hematology/Oncology	10	2.48%
Infectious Disease	3	0.74%
Internal Medicine	79	19.60%
Pediatric Internal Medicine	4	0.99%
Maternal Fetal	1	0.25%
Nephrology	6	1.49%
Neurology	7	1.74%
Neurosurgery	1	0.25%
Neonatology	9	2.23%
Obstetrics/Gynecology/Infertility	17	4.22%
Ophthalmology	11	2.73%
Oral and Maxillofacial Surgery	6	1.49%
Orthopaedic Surgery	12	2.98%
Otolaryngology	8	1.99%
Pediatric Cardiology	7	1.74%
Pathology	7	1.74%
Pediatrics	21	5.21%
Physiatry	11	2.73%
Plastic Surgery	5	1.24%
Podiatry	21	5.21%
Psychiatry	4	0.99%
Pulmonary Disease	8	1.99%
Radiation Oncology	4	0.99%
Radiology	13	3.23%
Rheumatology	3	0.74%
Pediatric Dentistry	1	0.25%
Urology	6	1.49%
Pediatric Gastroenterology	9	2.23%
Total	403	100%

The percentage of young patients (age 0-10) is much higher at MTH than other regional hospitals. It is assumed that these are primarily newborns, which coincides with the table above, which reflects pregnancy, childbirth and the puerperium (2,431) and newborns

(2,435). Patients age 71 and older represent almost 26 percent of admissions, even though the hospital lacks any geriatric specialists.

CHS-MTH: Summary of Utilization By Age (2011)		
Age	Cases	% of Total
00-10	2,843	23.04%
11-20	340	2.75%
21-30	1,557	12.62%
31-40	1,340	10.86%
41-50	789	6.39%
51-60	986	7.99%
61-70	1,286	10.42%
71-80	1,361	11.03%
81-90	1,480	11.99%
91+	360	2.92%
Total	12,342	100%

Wilkes-Barre General Hospital (WBGH)

WBGH is located in the city of Wilkes-Barre (Luzerne County), has 392 beds and employs approximately 1,950 people.

Nineteen percent of patients were admitted with diseases of the circulatory system, while thirteen percent were admitted for respiratory system diseases.

CHS-WBGH: Utilization By Body System (2011)		
Description	Cases	% of Total
DISEASES & DISORDERS OF THE NERVOUS SYSTEM	1,127	6.72%
DISEASES & DISORDERS OF THE EYE	13	0.08%
DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH, THROAT AND CRANIOFACIAL	173	1.03%
DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	2,281	13.60%
DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	3,219	19.19%
DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	1,857	11.07%
DISEASES & DISORDERS OF THE HEPATOBILIARY SYSEM AND PANCREAS	510	3.04%
DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND OTHER TISSUE	1,690	10.08%
DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST	588	3.51%
ENDOCRINE, NUTRITIONAL & METABOLIC DISEASE	562	3.35%
DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	881	5.25%
DISEASES & DISORDERS OF THE MALE REPRODUCTIVE SYSTEM	69	0.41%
DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	176	1.05%
PREGNANCY, CHILDBIRTH & THE PUERPERIUM	1,250	7.45%
NEWBORNS & OTHER NEONATES WITH CONDTION ORIGINALLY IN PERINATAL PERIOD	85	0.51%
DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS AND	244	1.45%
MYELOPROLIFERATIVE DISEASES & DISORDERS	102	0.61%
INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	570	3.40%
MENTAL DISEASES & DISORDERS	70	0.42%
ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS	679	4.05%
INJURIES, POISONINGS & TOXIC EFFECTS OTHER INJURIES AND OTHER	231	1.38%
BURNS	3	0.02%
REHABILITATION AFTERCARE OTHER FACTORS INFLUENCING HLTH STATUS	375	2.24%
MULTIPLE SIGNIFICANT TRAUMA	5	0.03%
HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS	13	0.08%
Total	16,773	100%

Over 71 WBGH physicians specialize in family medicine, 38 specialize in internal medicine and 26 specialize in pediatrics. Patients under age 20 make up less than four percent of all admissions.

CHS-WBGH: Number of Physicians by Type (2011)		
Specialty	Count	% of Total
Allergy, Asthma, and Immunology	2	0.50%
Anesthesiology	19	4.70%
Bariatric Surgery	2	0.50%
Cardio Thoracic Surgery	2	0.50%
Cardiac Surgery	1	0.25%
Cardiology	19	4.70%
Dentistry	4	0.99%
Emergency Medicine	21	5.20%
Endocrinology/Metabolism	3	0.74%
Family Medicine	71	17.57%
Gamma Knife	3	0.74%
Gastroenterology	6	1.49%
General Surgery	20	4.95%
Geriatrics	7	1.73%
Hematology/Oncology	4	0.99%
Infectious Disease	4	0.99%
Internal Medicine	38	9.41%
Laboratory Medicine	5	1.24%
Nephrology	5	1.24%
Neurology	3	0.74%
Neurosurgery	4	0.99%
Nuclear Medicine	1	0.25%
Obstetrics/Gynecology/Infertility	17	4.21%
Ophthalmology	14	3.47%
Oral and Maxillofacial Surgery	5	1.24%
Orthopaedic Surgery	11	2.72%
Otolaryngology	6	1.49%
Pain Management	3	0.74%
Pathology	5	1.24%
Pediatrics	26	6.44%
Physical Medicine & Rehabilitation	11	2.72%
Plastic Surgery	3	0.74%
Podiatry	17	4.21%
Psychiatry	9	2.23%
Pulmonary Disease	6	1.49%
Radiation Oncology	6	1.49%
Radiology	9	2.23%
Rheumatology	2	0.50%
Urology	6	1.49%
Vascular Surgery	4	0.99%
Total	404	100%

Nearly 45 percent of WBGH's admitted patients in 2011 were over age 71. Per the table below, WBGH has seven geriatric specialists to meet the needs of its aging population.

CHS-WBGH: Summary of Utilization by Patient Age (2011)		
Age	Cases	% of Total
00-10	226	1.35%
11-20	351	2.09%
21-30	1,304	7.77%
31-40	1,073	6.40%
41-50	1,374	8.19%
51-60	2,038	12.15%
61-70	2,870	17.11%
71-80	3,355	20.00%
81-90	3,417	20.37%
91+	765	4.56%
Total	16,773	100%

Regional Hospital of Scranton (RHS)

RHS is a CHS facility located in Scranton (Lackawanna County). RHS has 198 beds and employs approximately 1,200 people.

Over 28 percent of patients were admitted with diseases and disorders of the circulatory system, followed by twelve percent admitted for each digestive system and respiratory system disorders, respectively.

CHS-Regional: Utilization By Body System (2011)		
Description	Cases	% of Total
UNDEFINED	28	0.29%
DISEASES & DISORDERS OF THE NERVOUS SYSTEM	557	5.70%
DISEASES & DISORDERS OF THE EYE	15	0.15%
DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH, THROAT AND CRANIOFACIAL	137	1.40%
DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	1,157	11.84%
DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	2,811	28.77%
DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	1,157	11.84%
DISEASES & DISORDERS OF THE HEPATOBILIARY SYSEM AND PANCREAS	301	3.08%
DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND OTHER TISSUE	983	10.06%
DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST	413	4.23%
ENDOCRINE, NUTRITIONAL & METABOLIC DISEASE	288	2.95%
DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	700	7.16%
DISEASES & DISORDERS OF THE MALE REPRODUCTIVE SYSTEM	130	1.33%
DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	38	0.39%
PREGNANCY, CHILDBIRTH & THE PUERPERIUM	3	0.03%
NEWBORNS & OTHER NEONATES WITH CONDTION ORIGINALLY IN PERINATAL PERIOD	0	0.00%
DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS AND IMMUNOLOGY DISORDER	141	1.44%
MYELOPROLIFERATIVE DISEASES & DISORDERS	91	0.93%
INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	619	6.34%
MENTAL DISEASES & DISORDERS	17	0.17%
ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS	18	0.18%
INJURIES, POISONINGS & TOXIC EFFECTS OTHER INJURIES AND OTHER COMPLICATIONS OF TREATMENT	85	0.87%
BURNS	1	0.01%
FACTORS INFLUENCING HEALTH STATUS AND OTHER CONTACTS WITH HEALTH SERVICES	57	0.58%
MULTIPLE SIGNIFICANT TRAUMA	2	0.02%
HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS	22	0.23%
Total	9,771	100%

The facility's largest specialty is Internal Medicine, with 138 physicians (36 percent), followed by Family Practice, with 55 physicians (fourteen percent). Almost 28 percent of patients were admitted for diseases and disorders of the circulatory system. The hospital employs three vascular surgeons, or .8 percent of all of its physicians.

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CHS-Regional: Number of Physicians by Type (2011)		
Specialty	Count	% of Total
Cardiology	4	1.05%
Cardiothoracic Surgery	7	1.83%
Cardiovascular Disease	11	2.88%
Dentistry	7	1.83%
Diabetes	1	0.26%
Emergency Medicine	2	0.52%
Family Practice	55	14.40%
Gastroenterology	5	1.31%
General Surgery	22	5.76%
Gynecology	7	1.83%
Hematology & Oncology	10	2.62%
Infectious Disease	1	0.26%
Internal Medicine	138	36.13%
Internal Med/Cardiology	1	0.26%
Internal Med/Pediatric	3	0.79%
Interventional Radiology	1	0.26%
Nephrology	8	2.09%
Neurosurgery	1	0.26%
Ophthalmology	4	1.05%
Oral & Maxillofacial Surgery	5	1.31%
Orthopaedic Surgery	10	2.62%
Otolaryngology	7	1.83%
Pediatric Dentistry	3	0.79%
Pediatrics	17	4.45%
Physical Medicine & Rehab	1	0.26%
Plastic Surgery	5	1.31%
Podiatry	20	5.24%
Psychiatry	1	0.26%
Pulmonary Medicine	8	2.10%
Radiation Oncology	3	0.79%
Radiology	1	0.26%
Rheumatology	1	0.26%
Transplant Hepatology	1	0.26%
Urology	7	1.83%
Vascular Surgery	3	0.79%
Wound Care	1	0.26%
Total	382	100%

Over 70 percent of patients admitted to Regional Hospital in 2011 were over age 61. Unlike WBGH, Regional Hospital offers no geriatric specialists.

CHS-Regional: Summary of Utilization By Age (2011)		
Age	Cases	% of Total
00-10	40	0.38%
11-20	97	0.91%
21-30	227	2.14%
31-40	401	3.78%
41-50	807	7.60%
51-60	1,576	14.85%
61-70	2,255	21.25%
71-80	2,467	23.25%
81-90	2,217	20.89%
91+	525	4.95%
Total	10,612	100%

Geisinger Health System

As the preparation of this report was coming to a close, Geisinger announced a new facility located in downtown Nanticoke adjacent to Luzerne County Community College's health science facility. This facility will focus on adult and pediatric primary care and house medical laboratory facilities.

Marworth

An entity of the Geisinger Health System, Marworth provides year-round alcohol and chemical dependency treatment services at a facility in Waverly (Lackawanna County).

Geisinger - Community Medical Center (G-CMC)

G-CMC, owned by GHS, is located in Scranton (Lackawanna County) and has 297 beds and approximately 1,600 employees.

More patients were admitted to G-CMC for diseases and disorders of the circulatory system than any other ailment (22 percent).

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Geisinger- G-CMC: Utilization By Body System (2011)		
Description	Cases	% of Total
UNDEFINED	2	0.02%
DISEASES & DISORDERS OF THE NERVOUS SYSTEM	1,086	9.75%
DISEASES & DISORDERS OF THE EYE	28	0.25%
DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH, THROAT AND CRANIOFACIAL	144	1.29%
DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	1,211	10.87%
DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	2,505	22.49%
DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	1,061	9.53%
DISEASES & DISORDERS OF THE HEPATOBILIARY SYSEM AND PANCREAS	357	3.21%
DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND OTHER TISSUE	1,718	15.43%
DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST	412	3.70%
ENDOCRINE, NUTRITIONAL & METABOLIC DISEASE	361	3.24%
DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	505	4.53%
DISEASES & DISORDERS OF THE MALE REPRODUCTIVE SYSTEM	23	0.21%
DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	34	0.31%
PREGNANCY, CHILDBIRTH & THE PUERPERIUM	7	0.06%
NEWBORNS & OTHER NEONATES WITH CONDTION ORIGINALLY IN PERINATAL PERIOD	0	0.00%
DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS AND IMMUNOLOGY DISORDER	95	0.85%
MYELOPROLIFERATIVE DISEASES & DISORDERS	38	0.34%
INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	364	3.27%
MENTAL DISEASES & DISORDERS	822	7.38%
ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS	49	0.44%
INJURIES, POISONINGS & TOXIC EFFECTS OTHER INJURIES AND OTHER COMPLICATIONS OF TREATMENT	208	1.87%
BURNS	5	0.04%
REHABILITATION AFTERCARE OTHER FACTORS INFLUENCING HLTH STATUS	47	0.42%
MULTIPLE SIGNIFICANT TRAUMA	53	0.48%
HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS	2	0.02%
Total	11,137	100%

A total of 57 physicians specialize in internal medicine, while 29 physicians specialize in podiatric surgery. While over 22 percent of patients (2,505) were admitted with diseases and disorders of the circulatory system, the hospital employs only one vascular surgeon.

Geisinger- G-CMC:Number of Physicians by Type (2011)		
Specialty	Count	% of Total
Allergy, Asthma, and Immunology	2	0.51%
Anesthesiology	6	1.54%
Cardio Thoracic Surgery	4	1.03%
Cardiology	20	5.14%
Dentistry	2	0.51%
Dermatology	5	1.29%
Electrophysiology	3	0.77%
Emergency Medicine	19	4.88%
Endocrinology/Metabolism	3	0.77%
Family Medicine	24	6.17%
Gastroenterology	7	1.80%
General Practice	1	0.26%
General Surgery	14	3.60%
Gynecology	1	0.26%
Hematology	2	0.51%
Hematology/Oncology	6	1.54%
Infectious Disease	2	0.51%
Internal Medicine	57	14.65%
Nephrology	6	1.54%
Neurology	5	1.29%
Neurosurgery	9	2.31%
Ophthalmology	13	3.34%
Oral and Maxillofacial Surgery	3	0.77%
Orthopaedic Surgery	18	4.63%
Otolaryngology	7	1.80%
Pathology	5	1.29%
Pediatrics	27	6.94%
Physical Medicine & Rehab	11	2.83%
Plastic Surgery	2	0.51%
Podiatry	7	1.80%
Podiatric Surgery	29	7.46%
Psychiatry	10	2.57%
Pulmonary Disease	5	1.29%
Radiation Oncology	4	1.03%
Radiology	31	7.97%
Rheumatology	3	0.77%
Thoracic Surgery	6	1.54%
Urology	8	2.06%
Vascular Surgery	1	0.26%
Wound Care	1	0.26%
Total	389	100.00%

Patients age 61 and older comprise over 50 percent of all hospital admissions. This facility employs no geriatric specialists.

Geisinger-G-CMC: Summary of Utilization By Age (2011)		
Age	Cases	% of Total
00-10	12,820	2.37%
11-20	24,370	4.50%
21-30	39,348	7.27%
31-40	41,025	7.58%
41-50	62,182	11.49%
51-60	86,087	15.91%
61-70	95,565	17.66%
71-80	92,098	17.02%
81-90	74,116	13.70%
91+	13,415	2.48%
Total	541,026	100%

Geisinger Wyoming Valley (GWV)

GWV is located in Plains Township (Luzerne County) and has 242 beds and approximately 1,600 employees. Part of the GWV campus, Geisinger South Wilkes-Barre (GSWB) has 20 beds and 191 employees.

GSWB is a facility in downtown Wilkes-Barre identified as part of the campus of Geisinger Wyoming Valley. GSWB offers adult and pediatric urgent care centers, pain management, same day surgery, sleep disorder services, inpatient rehabilitation, family and internal medicine, podiatry, outpatient physical and occupational therapy, laboratory and diagnostic, inpatient hospice and women's health services.

While just over thirteen percent of patients were admitted for diseases of the circulatory system, there was no clear disease or disorder that the majority of patients had in common. Diseases and disorders of the musculoskeletal system and other tissue comprised eleven percent of admissions; while respiratory, pregnancy, and newborns each comprised approximately ten percent of the total.

Geisinger-GWV Utilization By Body System (2011)		
Description	Cases	% of Total
UNDEFINED	13	0.09%
DISEASES & DISORDERS OF THE NERVOUS SYSTEM	1,292	8.90%
DISEASES & DISORDERS OF THE EYE	17	0.12%
DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH, THROAT AND CRANIOFACIAL	91	0.63%
DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	1,507	10.38%
DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	1,923	13.25%
DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	1,233	8.49%
DISEASES & DISORDERS OF THE HEPATOBILIARY SYSEM AND PANCREAS	435	3.00%
DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND OTHER TISSUE	1,647	11.35%
DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST	275	1.89%
ENDOCRINE, NUTRITIONAL & METABOLIC DISEASE	362	2.49%
DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	698	4.81%
DISEASES & DISORDERS OF THE MALE REPRODUCTIVE SYSTEM	47	0.32%
DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	124	0.85%
PREGNANCY, CHILDBIRTH & THE PUERPERIUM	1,457	10.04%
NEWBORNS & OTHER NEONATES WITH CONDTION ORIGINALLY IN PERINATAL PERIOD	1,475	10.16%
DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS AND IMMUNOLOGY DISORDER	196	1.35%
MYELOPROLIFERATIVE DISEASES & DISORDERS	72	0.50%
INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	625	4.31%
MENTAL DISEASES & DISORDERS	21	0.14%
ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS	32	0.22%
INJURIES, POISONINGS & TOXIC EFFECTS OTHER INJURIES AND OTHER COMPLICATIONS OF TREATMENT	153	1.05%
BURNS	3	0.02%
REHABILITATION AFTERCARE OTHER FACTORS INFLUENCING HLTH STATUS	740	5.10%
MULTIPLE SIGNIFICANT TRAUMA	64	0.44%
HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS	15	0.10%
Total	14,517	100%

The largest numbers of doctors (124 or 21 percent) specialize in internal medicine, while 40 doctors (seven percent) specialize in surgery.

Geisinger- GWV:Number of Physicians by Type (2011)		
Specialty	Count	% of Total
Addiction Psychiatry	1	0.17%
Allergy - Immunology	1	0.17%
Anatomic - Clinical Pathology	4	0.68%
Anesthesiology	19	3.23%
Blood Banking	1	0.17%
Cardiovascular Disease	25	4.25%
Clinical Cardiac Electrophysio	3	0.51%
Clinical Neurophysiology	1	0.17%
Clinical Pathology	1	0.17%
Colon - Rectal Surgery	3	0.51%
Critical Care Medicine	12	2.04%
Cytopathology	2	0.34%
Dermatology	3	0.51%
Dermatopathology	1	0.17%
Echocardiography	1	0.17%
Emergency Medicine	15	2.55%
Endocrinology - Metabolism	5	0.85%
Family Medicine	23	3.91%
Gastroenterology	12	2.04%
General Practice	4	0.68%
Geriatric Medicine	6	1.02%
Gynecology	1	0.17%
Hand Surgery	2	0.34%
Hematology	6	1.02%
In Process	1	0.17%
Infectious Diseases	6	1.02%
Internal Medicine	124	21.09%
Interventional Cardiology	6	1.02%
Maternal - Fetal Medicine	3	0.51%
Medical Oncology	7	1.19%
Neonatal - Perinatal Medicine	1	0.17%
Nephrology	6	1.02%
Neurological Surgery	8	1.36%
Neurology	10	1.70%
Neuromuscular Medicine	1	0.17%
Neuroradiology	3	0.51%
Nuclear Medicine	1	0.17%

Obstetrics - Gynecology	19	3.23%
Ophthalmology	15	2.55%
Oral - Maxillofacial Surgery	2	0.34%
Orthopaedic Surgery	22	3.74%
Otolaryngology	13	2.21%
Pain Management	4	0.68%
Palliative Medicine	4	0.68%
Pediatric Critical Care Med	1	0.17%
Pediatric Endocrinology	1	0.17%
Pediatric Nephrology	2	0.34%
Pediatrics	21	3.57%
Physical Medicine - Rehab	11	1.87%
Plastic Surgery	4	0.68%
Preventive Medicine	1	0.17%
Psychiatry	4	0.68%
Pulmonary Disease	13	2.21%
Radiation Oncology	5	0.85%
Radiology	33	5.61%
Reproductive Endocrinology	1	0.17%
Rheumatology	4	0.68%
Sleep Medicine	10	1.70%
Sports Medicine	1	0.17%
Surgery	40	6.80%
Surgical Critical Care	8	1.36%
Thoracic Surgery	6	1.02%
Urology	4	0.68%
Vascular - Interventional Rad	4	0.68%
Vascular Surgery	6	1.02%
Total:	588	100.00%

GWV Utilization By Age

Almost 40 percent of patients seen at GWV were over the age of 61 or over 228,000 cases. Only six physicians employed by the hospital specialized in Geriatric medicine.

Geisinger -GWV: Utilization By Age (2011)		
Age	Cases	% of Total
00-10	31,674	5.52%
11-20	33,858	5.90%
21-30	52,182	9.10%
31-40	56,907	9.92%
41-50	75,563	13.17%
51-60	95,223	16.60%
61-70	98,778	17.22%
71-80	80,087	13.96%
81-90	44,475	7.75%
91+	4,877	0.85%
Total	573,624	100%

ClearBrook

ClearBrook Treatment Center is a not for profit organization located in Wilkes-Barre (Luzerne County). ClearBrook provides treatment programs for adults and adolescents (age thirteen and older) who suffer from alcoholism and/or chemical dependency. ClearBrook's rehabilitation program (drug rehab) is based upon the belief that alcoholism and chemical dependency is a primary disease. ClearBrook has several facilities in Luzerne County that treat different age groups.

Wilkes-Barre Veterans Administration Medical Center Home

The facility in Wilkes-Barre is a full service hospital with primary and specialty care available to Veterans of all wars. The facility has a geriatric and extended care program that includes: long term care including home based, nursing home, health aides, adult take care, palliative care, and hospice. There is a special women's health program, a pharmacy onsite, and a team of specialists to help with those Veterans who are legally blind or severely visually impaired.

Comparisons

Hospital Utilization by Insurance Type

Wilkes-Barre General Hospital had the highest percentage of Medicare patients. Moses Taylor had the highest percentage of privately-insured patients

Annual Patients by Type of Insurance (CY 2011)										
	CHS-MTH		CHS-Regional		CHS-WBGH		GWV		G-CMC	
Type of Insurance	Number	%	Number	%	Number	%	Number	%	Number	%
Private Insurance	No Data	49.00%	2,179	31.00%	3,589	21.12%	272,189	47.45%	4,264	36.39%
No Insurance (Self Pay)	No Data	N/A	216	3.07%	483	2.84%	2	0.00%	45	0.38%
No Insurance (Indigent)	No Data	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medicare	No Data	31.00%	4,111	58.49%	10,317	60.72%	206,217	35.95%	5,365	45.78%
Medicaid or Other	No Data	20.00%	522	7.43%	2,601	15.31%	95,216	16.60%	2,044	17.44%
Total	No Data	100.00%	7,028	100.00%	16,990	100.00%	573,624	100.00%	11,718	100.00%

(No Insurance – Indigent is not tracked in the financials for CHS)
(For CHS, patients by type of insurance are calculated by admission)
(G-CMC Patients by Type of Insurance is Calculated using inpatient discharges. The information is also incomplete due to the recent acquisition by Geisinger.)

The majority of patients seen in this area were 50 years of age or older. Moses Taylor differed from the other hospitals because it saw a large percentage of patients between ages 0-4, and 20-40. The other hospitals treated patients that were mostly age 50+,

Utilization by Patient Age - 2011										
	CHS-MTH		CHS-WBGH		CHS-Regional		GWV		G-CMC	
Age	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total
0-10	2,843	23.04%	226	1.35%	40	0.57%	31,674	5.52%	12,820	2.37%
11-20	340	2.75%	351	2.09%	97	1.38%	33,858	5.90%	24,370	4.50%
21-30	1,557	12.62%	1,304	7.77%	227	3.23%	52,182	9.10%	39,348	7.27%
31-40	1,340	10.86%	1,073	6.40%	401	5.71%	56,907	9.92%	41,025	7.58%
41-50	789	6.39%	1,374	8.19%	807	11.48%	75,563	13.17%	62,182	11.49%
51-60	986	7.99%	2,038	12.15%	1,576	22.42%	95,223	16.60%	86,087	15.91%
61-70	1,286	10.42%	2,870	17.11%	2,255	32.09%	98,778	17.22%	95,565	17.66%
71-80	1,361	11.03%	3,355	20.00%	2,467	35.10%	80,087	13.96%	92,098	17.02%
81-90	1,480	11.99%	3,417	20.37%	2,217	31.55%	44,475	7.75%	74,116	13.70%
91+	360	2.92%	765	4.56%	325	4.62%	4,877	0.85%	13,415	2.48%
Total	12,342	100.00%	16,773	100.00%	10,412	100.00%	573,624	100.00%	541,026	100.00%

(CHS Regional data is from May 2011-April 2012)

(GWV and G-CMC data Includes both Inpatient & Outpatient Encounters)
(For CHS, utilization by patient age is calculated by discharge)

Moses Taylor Hospital treated the highest percentages of pregnancies and newborns with conditions. Wilkes-Barre General Hospital treated the highest percentages of patients with circulatory and respiratory diseases/disorders. Wilkes-Barre General Hospital also treated the highest number of alcohol/drug cases.

Utilization By Body System										
	CHS-MTH		CHS-Regional		CHS-WBGH		GWV		G-CMC	
Description	Cases	% of Total	Cases	% of Total	Cases	% of Total	Cases	% of Total	Cases	% of Total
UNDEFINED	-	-	28	0.29%	-	-	13	0.09%	2	0.02%
DISEASES & DISORDERS OF THE NERVOUS SYSTEM	613	4.97%	557	5.70%	1127	6.72%	1,292	8.90%	1086	9.75%
DISEASES & DISORDERS OF THE EYE	11	0.09%	15	0.15%	13	0.08%	17	0.12%	28	0.25%
DISEASES & DISORDERS OF THE EAR, NOSE, MOUTH, THROAT AND CRANIOFACIAL	99	0.80%	137	1.40%	173	1.03%	91	0.63%	144	1.29%
DISEASES & DISORDERS OF THE RESPIRATORY SYSTEM	1,164	9.43%	1157	11.84%	2281	13.60%	1,507	10.38%	1211	10.87%
DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM	993	8.05%	2811	28.77%	3219	19.19%	1,923	13.25%	2505	22.49%
DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM	1,068	8.65%	1157	11.84%	1857	11.07%	1,233	8.49%	1061	9.53%
DISEASES & DISORDERS OF THE HEPATOBILIARY SYSEM AND PANCREAS	330	2.67%	301	3.08%	510	3.04%	435	3.00%	357	3.21%
DISEASES & DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND OTHER TISSUE	680	5.51%	983	10.06%	1690	10.08%	1,647	11.35%	1718	15.43%
DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE AND BREAST	371	3.01%	413	4.23%	588	3.51%	275	1.89%	412	3.70%
ENDOCRINE, NUTRITIONAL & METABOLIC DISEASE	360	2.92%	288	2.95%	562	3.35%	362	2.49%	361	3.24%
DISEASES & DISORDERS OF THE KIDNEY & URINARY TRACT	484	3.92%	700	7.16%	881	5.25%	698	4.81%	505	4.53%
DISEASES & DISORDERS OF THE MALE REPRODUCTIVE SYSTEM	25	0.20%	130	1.33%	69	0.41%	47	0.32%	23	0.21%
DISEASES & DISORDERS OF THE FEMALE REPRODUCTIVE SYSTEM	215	1.74%	38	0.39%	176	1.05%	124	0.85%	34	0.31%
PREGNANCY, CHILDBIRTH & THE PUERPERIUM	2,431	19.70%	3	0.03%	1250	7.45%	1,457	10.04%	7	0.06%
NEWBORNS & OTHER NEONATES WITH CONDTION ORIGINALLY IN PERINATAL PERIOD	2,435	19.73%	0	0.00%	85	0.51%	1,475	10.16%	0	0.00%
DISEASES & DISORDERS OF BLOOD, BLOOD FORMING ORGANS AND IMMUNOLOGY DISORDER	77	0.62%	141	1.44%	244	1.45%	196	1.35%	95	0.85%
MYELOPROLIFERATIVE DISEASES & DISORDERS	33	0.27%	91	0.93%	102	0.61%	72	0.50%	38	0.34%
INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES	408	3.31%	619	6.34%	570	3.40%	625	4.31%	364	3.27%
MENTAL DISEASES & DISORDERS	309	2.50%	17	0.17%	70	0.42%	21	0.14%	822	7.38%
ALCOHOL/DRUG USE & ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS	36	0.29%	18	0.18%	679	4.05%	32	0.22%	49	0.44%
INJURIES, POISONINGS & TOXIC EFFECTS OTHER INJURIES AND OTHER COMPLICATIONS OF TREATMENT	94	0.76%	85	0.87%	231	1.38%	153	1.05%	208	1.87%
BURNS	2	0.02%	1	0.01%	3	0.02%	3	0.02%	5	0.04%
REHABILITATION AFTERCARE OTHER FACTORS INFLUENCING HLTH STATUS	94	0.76%	57	0.58%	375	2.24%	740	5.10%	47	0.42%
MULTIPLE SIGNIFICANT TRAUMA	3	0.02%	2	0.02%	5	0.03%	64	0.44%	53	0.48%
HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS	7	0.06%	22	0.23%	13	0.08%	15	0.10%	2	0.02%
Total	12,342	100.0%	9,771	100.00%	16,773	100.00%	14,517	100.00%	11,137	100.00%

While Geisinger Wyoming Valley had the highest number of outpatient visits, CHS Wilkes-Barre General Hospital had the most inpatient admissions.

Category	CHS-Regional	CHS-WBGH	CHS-MTH	GWV	G-CMC
Outpatient Department Visits	104,722	516,315	170,771	567,734	134,167
Emergency Room Visits	30,139	58,203	31,569	54,925	31,786
Number of beds (Licensed)	220	412	217	265	297
Total Admissions	10,612	16,990	11,057	13,158	11,715
Total Discharges	10,674	16,777	11,229	13,160	11,137
Inpatient Days	53,416	82,759	49,888	62,620	53,706
Average Length of Stay	5	5	5	5	4.82
Average Daily Census	146	227	137	172	149.8

(Regional Data from May 2011-April 2012)
(GWV and G-CMC Outpatient Visits exclude emergency but include lab/satellite)

Summary and Conclusions

With all the recent changes to the local health care systems, it will take time for the strengths and opportunities in the region to come into focus. As CHS and Geisinger grow, they will bring new technology and specialty personnel to the region. The Institute bases the following conclusions on the data presented above:

- CHS Regional Hospital had only four cardiologists, compared to the other hospitals, which all had nineteen or more. This may be an opportunity for CHS Regional Hospital to work with Cardiology Departments at the other hospitals.
- CHS Wilkes-Barre General Hospital had only 38 doctors specializing in Internal Medicine, while CHS Regional Hospital had 138.
- CHS Regional Hospital had just one radiologist, while the other hospitals ranged from nine to 33.
- CHS Regional Hospital had just four ophthalmologists, while the other hospitals ranged from eleven to fifteen.
- Moses Taylor Hospital had nine neonatologists, while Geisinger Wyoming Valley had just one. There is an opportunity to add neonatologists to prevent cases from being referred out of the area.

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- CHS Regional Hospital lacked Physical Medicine and Rehabilitation services, with just one doctor, while the other hospitals ranged from ten to eleven.
- CHS Regional Hospital also lacked Emergency Medicine services, with just two doctors, while the other hospitals ranged from fifteen to 21.
- Geisinger - CMC employed just one vascular surgeon, although 22 percent of its admissions were for circulatory diseases and disorders.

Exports

Blue Cross of Northeastern Pennsylvania (BCNEPA) Hospital Export Data Analysis (2009-2011)

Patient out-migration has had a significant impact on the economies of both Lackawanna and Luzerne Counties. The information gathered in this report have been compiled from Blue Cross of Northeastern Pennsylvania's (BCNEPA) hospital export data and highlights annual changes in Lackawanna and Luzerne Counties from 2009-2011. BCNEPA's thirteen-county service area includes of the following counties: Bradford, Clinton, Lycoming, Lackawanna, Luzerne, Tioga, Sullivan, Susquehanna, Wyoming, Carbon, Monroe, Wayne and Pike. This report covers in-patient and out-patient hospital visits outside of and within BCNEPA's service area, excluding Lackawanna and Luzerne Counties and their residents. Through this analysis of BCNEPA's hospital export data, clinical conditions, visits, patients and admits, facility counties, states and relative risk are summarized.

As per the U.S. Census Bureau's County Business Patterns report, 2010 Lackawanna County reported 14,548 workers employed in some aspect of health care, while Luzerne County reported 20,695. According to Pennsylvania Department of Labor and Industry data, average regional wages were $43,174 for those employed in health care in 2011. In 2011, four out of the top five employers in Lackawanna County represented health care, compared with two out of the top five in Luzerne County.

The broadly defined health care industry includes ambulatory health care services (physicians, therapists, out-patient care centers, medical and diagnostic laboratories, home health care and ambulances); hospitals; nursing and residential care facilities.

This industry sector is large for northeastern Pennsylvania and likely to grow given the most recent mergers and acquisitions that leave the region with two major health care delivery systems.

NEPA-001797

The resulting economic impact from the industry's direct investments and ancillary contributions by its employees results in billions to the regional economy.

Lackawanna County Residents

Out-Patient Medical Visits and Patients Outside of BCNEPA's 13-County Service Area

From 2009-2011, Lackawanna County reported a steady decrease in the number of patients who sought out-patient care outside of BCNEPA's thirteen-county service area. In 2009, the total number of county patients seeking care outside of the area reached 36,229, but by 2011, this figure dropped to 30,243 —a 20% decrease. The decline in the number of county patients who sought out-patient care outside of the area in 2009-2010 (6%) was lower in comparison to the decline that occurred from 2010-2011 (11%).

From 2009-2010, there was 7.52% increase in the number of outpatient medical visits outside the Blue Cross service territory, and from 2010-2011 visits decreased 8.72% percent. Overall, there was a 2 percent decrease in visits from 2009 to 2011. In 2009, each patient averaged 1.5 visits; by 2011 however, that increased to 1.74 visits

In 2010, the number of Lackawanna County residents who visited out-patient facilities outside of BCNEPA's thirteen-county service area increased for treatment for the following clinical conditions: musculoskeletal, preventive, infection, cardiovascular circulatory, gastrointestinal, cancer, and all other. In 2011, the total decreased, due to a steady decline in the number of patients seeking treatment and in the number of outpatient medical visits for respiratory, pregnancy or newborn related, and other injuries.

Over the three-year-period from 2009-2011, the county's percentage of mental health patients increased 14 percent, while diabetic patients increased 12 percent. There was a 24 percent decrease in injuries, followed by a 20% drop in respiratory issues. The number of patients with musculoskeletal injuries declined from 2009-2011, however, there was an increase in the number of out of service area out-patient medical visits for musculoskeletal related conditions in 2010.

The number of out of service area visits for tumor related conditions decreased over the three-year-period from 2009-2011; however, there was an increase in the number of patients seeking treatment for tumor related conditions in 2010. Visits in relation to treatment for musculoskeletal related conditions were the highest of all clinical conditions (excluding the category of all other) for the entire three-year-period. Visits in relation to preventive treatment ranked second over the three-year-period (excluding the category of all other).

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Lackawanna County Residents: Outpatient Medical Visits and Patients Outside of BCNEPA's 13 County Service Area Years: 2009-2011						
Clinical Condition Admit	Visits 2009	Visits 2010	Visits 2011	Patients 2009	Patients 2010	Patients 2011
Musculoskeletal Total	6,071	6,589	6,588	3,779	4, 131	3, 750
Preventive Total	5,242	5,885	5,299	4,551	4,991	4,340
Infection Total	4,354	4,639	4,601	3,416	3,449	3,358
Cardiovascular Circulatory Total	4,289	5,098	4,509	2,861	3,290	2,988
Gastrointestinal Total	4,076	4,840	3,977	2,873	3,312	2,683
Cancer Total	3,289	3,439	3,141	1,360	1,389	1,298
Mental Health Total	1,314	1,454	1,940	530	600	604
Injury Musculoskeletal Total	1,860	1,953	1,736	1,493	1,443	1,263
Respiratory Total	2,345	2,266	1,734	1,699	1,668	1,367
Pregnancy or Newborn Total	1,906	1,635	1,565	952	879	789
Diabetes Total	1,510	1,509	1,518	702	760	783
Tumors Benign Or Unspecified Total	1,422	1,323	1,131	998	1,030	858
Injury Other Total	1,182	1,124	878	1,037	989	784
All Other Total	14,795	15,934	14,038	9,978	10,427	9,128
Total	53,655	57,688	52,655	36,229	34,227	30,243

The top outpatient hospitals visited outside of BCNEPA's service area are listed in the following table, including the number of patients and visits. Geisinger Medical Center, Hospital of the University of Pennsylvania, and Hershey Medical Center were the top patient destinations. Gastrointestinal, musculoskeletal, and cancer were among the conditions treated most at these locations.

Top 10 Lackawanna County Outpatient Hospital Visit Locations Outside of BCNEPA 13 County Service Area by Location: 2009-2011			
Rank	2009	2010	2011
1	Geisinger Medical Center (291/435)	Hospital of the University of Pennsylvania (301/490)	Hershey Medical Center (270/591)
2	Hospital of the University of Pennsylvania (244/383)	Geisinger Medical Center (272/388)	Geisinger Medical Center (218/299)
3	Children's Hospital of Philadelphia (181/302)	Children's Hospital of Philadelphia (182/334)	Hospital of the University of Pennsylvania (114/164)
4	Hershey Medical Center (165/248)	Hershey Medical Center (172/333)	Lehigh Valley Hospital (73/134)
5	Mount Nittany Medical Center (61/76)	Thomas Jefferson University Hospital (79/92)	Children's Hospital of Philadelphia (71/100)
6	Lehigh Valley Hospital (50/101)	Lehigh Valley Hospital (67/156)	Mount Nittany Medical Center
7	Thomas Jefferson University Hospital (48/62)	Mount Nittany Medical Center (50/60)	Thomas Jefferson University Hospital (32/39)
8	Temple University Hospital (35/59)	American Oncological Hospital	St. Luke's Hospital of Bethlehem
9	Non PA Facility - Newark (35/50)	Sacred Heart Hospital (32/48)	Sacred Heart Hospital (19/34)
10	Presbyterian University PA Medical Center (35/ 40)	Temple University Hospital (29/35)	Muhlenberg Hospital Center (16/21)

Out-Patient Medical Visits and Patients Inside of BCNEPA's 13-County Service Area

From 2009-2011, Lackawanna County residents' out-patient medical visits inside BCNEPA's thirteen-county service area (excluding Lackawanna County) did not demonstrate as much variation as the residents' out-patient medical visits outside the service area. Both the number of patients seeking treatment and the number of medical outpatient visits steadily decreased over the three-year-period. In 2009, 41,113 Lackawanna County residents received care inside BCNEPA's service area (excluding Lackawanna County). In 2011, this number dropped to 23,802 patients —a 42.1% decline. The number of medical out-patient visits from 2009-2011 dropped from 74,790 to 52,599 —a 29.7% decline. Data pertaining to the number of insured patients was not available at the time of this study.

The number of Lackawanna County residents with out-patient medical visits inside BCNEPA's service area decreased steadily from 2009-2011 in both the number of patients seeking treatment and the number of out-patient medical visits for the following clinical conditions: preventive, infection, cardiovascular circulatory, gastrointestinal, cancer, respiratory, pregnancy, diabetes, tumors benign or unspecified, other injuries and all others. There was also a steady decrease in the number of patients seeking treatment for musculoskeletal related visits; however, there was an increase in out-patient medical visits for musculoskeletal related conditions in 2010 followed by a decrease in 2011.

The same trend that occurred outside of BCNEPA'S service area also occurred inside the service area. Visits in relation to treatment for musculoskeletal related conditions were the highest of all clinical conditions (excluding the category of all other) for the entire three-year- period, while visits in relation to preventive treatment ranked second (excluding the category of all other). The greatest number of patients over the three years was treated for preventive services, followed by cardiovascular and infection.

Lackawanna County Residents: Outpatient Medical Visits and Patients Inside of BCNEPA's 13 County Service Area Years: 2009-2011						
Clinical Condition Admit	Visits 2009	Visits 2010	Visits 2011	Patients 2009	Patients 2010	Patients 2011
Musculoskeletal Total	11,082	11,474	10,211	3,345	3,100	2,580
Preventive Total	9,340	7,446	5,585	7,469	5,864	4,524
Infection Total	7,347	5,711	4,805	4,471	3,660	3,103
Cardiovascular Circulatory Total	8,286	6,705	4,668	5,113	4,096	2, 998
Gastrointestinal Total	3,820	3,145	2,376	2,603	2,088	1,624
Cancer Total	1,398	1,262	1,187	750	627	519
Mental Health Total	2,759	2,952	2,884	786	708	707
Injury Musculoskeletal Total	1,769	1,842	1,728	787	689	588
Respiratory Total	2,157	1,962	1,459	1,091	955	762
Pregnancy or Newborn Total	1,299	1,040	788	506	400	309
Diabetes Total	1,929	1,697	1,267	1,175	959	740
Tumors Benign Or Unspecified Total	1,799	1,257	785	1,530	1,066	678
Injury Other Total	581	440	423	399	318	310
All Other Total	21,224	17,660	14,433	11,088	9,082	7,358
Total	74,790	64,593	52,599	41,113	33,612	23,802

The top out-patient hospitals visited inside of BCNEPA's service area are listed below. Wilkes-Barre General Hospital, Geisinger Wyoming Valley Medical Center, and Wayne County Memorial Hospital were the top treatment destinations.

Top 10 Lackawanna County Outpatient Hospital Visit Locations Inside of BCNEPA 13 County Service Area by Location : 2009-2011			
Rank	2009	2010	2011
1	Wilkes-Barre Genreral Hospital (7,511/9,342)	Wilkes-Barre Genreral Hospital (5,316/7,735)	Wilkes-Barre Genreral Hospital (5,070/7,182)
2	Geisinger Wyoming Valley Medical Center (2,383/4,078)	Geisinger Wyoming Valley Medical Center (2,365/4,157)	Geisinger Wyoming Valley Medical Center (1,942/3,707)
3	Wayne County Memorial Hospital (509/767)	Wayne County Memorial Hospital (624/975)	Wayne County Memorial Hospital (572/863)
4	Tyler Memorail Hospital (202/270)	Tyler Memorail Hospital (192/260)	Tyler Memorail Hospital (204/291)
5	Department of Veteran's Affairs (135/248)	Department of Veteran's Affairs (113/220)	Department of Veteran's Affairs (120/211)
6	Pocono Medical Center (106/160)	Pocono Medical Center (101/137)	Geisinger WMVC Rehab Unit (80/137)
7	Hazleton General Hospital (54/64)	Geisinger WMVC Rehab Unit (70/122)	Pocono Medical Center (76/98)
8	Gesinger South Wilkes-Barre (50/70)	Hazleton General Hospital (32/45)	Robert Packer Hospital (25/35)
9	Robert Packer Hospital (39/49)	Robert Packer Hospital (32/48)	Hazleton General Hospital (20/22)
10	Barnes Kasson County Hospital (27/33)	Endless Mountain Health System (11/13)	Barnes Kasson County Hospital (15/15)

In-Patient Admissions Outside BCNEPA's 13-County Service Area

Lackawanna County acute in-patient admits showed a slight, but consistent, decrease from 2009-2011 (9.3 percent). The only increase over the three years occurred among acute admits for cancer, which grew 25 percent.

Lackawanna County Residents: Inpatient Acute Admissions Outside of BCNEPA's 13 County Service Area Years 2009-2011			
Clinical Condition Admit	Admissions Acute 2009	Admissions Acute 2010	Admissions Acute 2011
Musculoskeletal Total	69	71	51
Preventive Total	3	N/A	2
Infection Total	34	27	32
Cardiovascular Circulatory Total	61	49	50
Gastrointestinal Total	64	74	56
Cancer Total	76	77	95
Mental Health Total	62	56	61
Injury Musculoskeletal Total	16	9	6
Respiratory Total	8	9	8
Pregnancy or Newborn Total	20	19	15
Diabetes Total	11	3	10
Tumors Benign Or Unspecified Total	28	25	16
Injury Other Total	19	21	13
All Other Total	131	112	131
Total	602	552	546

Geisinger Medical Center and the Hospital of the University of Pennsylvania were among the top locations for Lackawanna County residents to seek in-patient care treatment from 2009-2011. Gastrointestinal, musculoskeletal, cardiovascular circulatory were among the top conditions treated at the facilities listed in the table below.

Top 5 Lackawanna County Inpatient Hospital Admission Locations Outside of BCNEPA 13 County Service Area by Location: 2009-2011			
Rank	2009	2010	2011
1	Hospital of the University of Pennsylvania	Geisinger Medical Center	Geisinger Medical Center
2	Geisinger Medical Center	Hospital of the University of Pennsylvania	Hospital of the University of Pennsylvania
3	Lehigh Valley Hospital	Lehigh Valley Hospital	Thomas Jefferson Iniversity Hospital
4	Thomas Jefferson Iniversity Hospital	Hershey Medical Center	Children's Hospital of Philadelphia
5	Kidspeace Children's Hosptital	Thomas Jefferson Iniversity Hospital (	Lehigh Valley Hospital

In-Patient Admissions Inside BCNEPA's 13-County Service Area
(Excluding Lackawanna County)

Inside BCNEPA's service area, acute admits over the period decreased by 15.3 percent, while musculoskeletal increased by 21.7 percent and pregnancy/newborn grew by 11.5 percent. Infection and cardiovascular admits declined by 26.3 percent.

Lackawanna County Residents: Inpatient Acute Admissions Inside of BCNEPA's 13 County Service Area (Excluding Lackawanna County) Years: 2009-2011			
Clinical Condition Admit	Admissions Acute 2009	Admissions Acute 2010	Admissions Acute 2011
Musculoskeletal Total	23	24	28
Preventive Total	N/A	N/A	N/A
Infection Total	19	11	14
Cardiovascular Circulatory Total	19	16	14
Gastrointestinal Total	16	19	13
Cancer Total	6	7	9
Mental Health Total	178	150	144
Injury Musculoskeletal Total	N/A	4	1
Respiratory Total	4	7	6
Pregnancy or Newborn Total	26	31	29
Diabetes Total	7	6	4
Tumors Benign Or Unspecified Total	14	8	9
Injury Other Total	7	4	5
All Other Total	46	30	33
Total	365	317	309

Geisinger Wyoming Valley Medical Center, First Hospital, and Clear Brook were the top in-patient destinations for Lackawanna County residents.

Top 5 Lackawanna County Inpatient Hospital Admission Locations Inside of BCNEPA 13 County Service Area by Location: 2009-2011			
Rank	2009	2010	2011
1	Geisinger Wyoming Valley Medical Center	Geisinger Wyoming Valley Medical Center	Geisinger Wyoming Valley Medical Center
2	First Hospital	First Hospital	Clear Brook (62/79)
3	Clear Brook	Clear Brook	Wilkes-Barre General Hospital
4	Wilkes-Barre General Hospital	Wilkes-Barre General Hospital	First Hospital
5	Choices	Wayne County Memorial Hospital	John Heinz Institute

Luzerne County Residents

The tables below depict the number of out-patient medical visits and patients among Luzerne County residents, both outside of and inside of BCNEPA's thirteen-county service area. Overall, visits and patients outside the area were much greater than visits and patients inside the area (excluding Luzerne County).

Out-Patient Medical Visits and Patients Outside BCNEPA's 13-County Service Area

From 2009-2011, Luzerne County reported a steady decrease in the number of residents who made out-patient medical visits outside BCNEPA's service area. In 2009, the total number of outpatient visits outside the area reached 102,068, compared to 52,567 visits inside the area. In 2010, there was a 3 percent decrease in the number of out-patient visits. From 2010 to 2011, the number of visits declined by 13,731 visits or 14 percent. The number of out-patient visits dropped substantially (16.5%) from 2009 to 2011.

There was a steady decrease in the total number of patients and visits from 2009-2011 outside of BCNEPA's service area for the following clinical conditions: musculoskeletal, cardiovascular circulatory, gastrointestinal, cancer, musculoskeletal injuries, respiratory, pregnancy/newborn, diabetes, tumors benign or unspecified, other injuries, and all other. For preventive care, there were increases in the number of visits and patients in 2010, followed by a decrease. The number of patients seen for mental health related issues decreased steadily; however, the number of actual visits was highest in 2011. Patients treated for pregnancy or newborn health related issues and diabetes increased slightly in 2010. The highest ranking clinical condition in terms of visits over the course of the three years examined pertained to musculoskeletal conditions (excluding all other), followed by infection related treatments (this excludes the category of all other).

Luzerne County Residents: Outpatient Medical Visits and Patients Outside of BCNEPA's 13 County Service Area Years: 2009-2011						
Clinical Condition Admit	Visits 2009	Visits 2010	Visits 2011	Patients 2009	Patients 2010	Patients 2011
Musculoskeletal Total	16,991	16,028	13,781	7,932	7,753	6,223
Preventive Total	7,714	8,878	8,716	6,417	7,293	7,122
Infection Total	10,632	10,731	9,880	7,232	6,922	6,484
Cardiovascular Circulatory Total	6,575	6,533	5,442	4,180	4,119	3,472
Gastrointestinal Total	7,193	7,111	5,686	4,994	4,852	3,898
Cancer Total	5,877	5,265	4,183	1,951	1,903	1,631
Mental Health Total	2,779	2,480	3,030	1,101	1,036	1,007
Injury Musculoskeletal Total	6,267	5,695	4,055	4,182	3,864	2,633
Respiratory Total	4,391	3,548	2,639	3,279	2,662	1,967
Pregnancy or Newborn Total	2,069	2,032	1,709	990	993	858
Diabetes Total	2,097	2,033	1,787	901	904	857
Tumors Benign Or Unspecified Total	3,248	2,946	2,562	2,414	2,251	1,926
Injury Other Total	2,408	2,055	1,475	2,135	1,805	1,287
All Other Total	23,827	23,593	20,252	15,263	14,528	12,056
Total	102,068	98,928	85,197	62,971	60,885	51,421

The top out-patient hospitals visited outside BCNEPA's service area are included in the table below. Geisinger Medical Center, Berwick Hospital, and Hershey Medical Center are the top destinations. Gastrointestinal, musculoskeletal, and cancer were among the top treated conditions at the facilities listed below.

Top 10 Luzerne County Outpatient Hospital Visit Locations Outside of BCNEPA 13 County Service Area by Location: 2009-2011			
Rank	2009	2010	2011
1	Berwick Hospital (951/1,264)	Berwick Hospital (1,080/ 1,498)	Berwick Hospital (936/1,311)
2	Hershey Medical Center (486/891)	Geisinger Medical Center (548/628)	Hershey Medical Center (563/1,087)
3	Geisinger Medical Center(420/708)	Hershey Medical Center (396/762)	Geisinger Medical Center (380/678)
4	Bloomsburg Hospital (327/427)	Bloomsburg Hospital (377/526)	Bloomsburg Hospital (333/459)
5	Hospital of the University of Pennsylvania (298/439)	Hospital of the University of Pennsylvania (348/537)	Lehigh Valley Hospital (280/431)
6	Lehigh Valley Hospital (195/301)	Lehigh Valley Hospital (276/446)	Hospital of the University of Pennsylvania (167/329)
7	Children's Hosptial of Philadelphia (164/295)	Children's Hospital of Philadelphia (137/248)	St. Luke's Miners Memorial Hospital (103/157)
8	Non PA Facility - Newark (83/153)	American Oncological Hospital (102/256)	Children's Hospital of Allentown LLC (99/139)
9	St. Luke's Hospital - Bethlehem (83/112)	St. Luke's Miners Memorial Hospital (86/68)	American Oncological Hospital (49/116)
10	American Oncological Hospital (71/161)	Thomas Jefferson University Hospital (83/122)	Thomas Jefferson University Hospital (36/56)

Out-Patient Medical Visits and Patients Inside BCNEPA's 13-County Service Area (Excluding Luzerne County)

Inside BCNEPA's service area (excluding Luzerne County), a similar trend occurred. In 2009, there was a grand total of 52,567 patient visits and by 2011 that dropped to 39,109 – a 26 percent decline. Not only has the number of out-patient visits by Luzerne County residents dropped within and outside of BCNEPA's service area, but so has the number of patients seen. The number of out-patient medical visits inside BCNEPA's service area decreased from 27,479 to 20,826 – a 25 percent decline.

Inside the service area, there was a steady decline in both the number of patients and visits for the following clinical conditions: musculoskeletal, preventive, infection, cardiovascular, gastrointestinal, cancer, mental health, musculoskeletal injuries, respiratory, pregnancy or newborn related, diabetes, tumors, other injuries, and all other.

Over the three years from 2009-2011, the greatest number of visits was for musculoskeletal (25,238) and mental health (19,773) problems. The greatest number of patients sought preventive (9,853) and musculoskeletal (9,488) care. Over the three-year-period, the largest decrease in visits was for respiratory (33 percent decline) followed by injury musculoskeletal (31 percent decrease). The most significant patient declines were for injury musculoskeletal (36 percent) and respiratory (35 percent) care.

Luzerne County Residents:
Outpatient Medical Visits and Patients Inside of BCNEPA's 13 County Service Area
Years: 2009-2011

Clinical Condition Admit	Visits 2009	Visits 2010	Visits 2011	Patients 2009	Patients 2010	Patients 2011
Musculoskeletal Total	9,546	8,741	6,951	3,610	3,149	2,729
Preventive Total	4,687	4,005	3,462	3,736	3,271	2,846
Infection Total	5,542	4,659	4,304	3,420	2,987	2,752
Cardiovascular Circulatory Total	3,196	2,785	2,322	1,842	1,590	1,401
Gastrointestinal Total	2,616	2,322	1,780	1,647	1,428	1,311
Cancer Total	1,893	1,551	1,357	631	581	469
Mental Health Total	6,894	6,463	6,416	1,686	1,500	1,392
Injury Musculoskeletal Total	1,344	1,077	906	801	582	515
Respiratory Total	1,465	1,154	932	1,021	713	659
Pregnancy or Newborn Total	649	547	447	308	268	216
Diabetes Total	649	614	544	361	349	338
Tumors Benign Or Unspecified Total	1,330	1,280	1,004	1,108	1,077	870
Injury Other Total	568	501	446	430	370	329
All Other Total	12,188	9,448	8,238	6,878	5,770	4,999
Total	52,567	45,147	39,109	27,479	23,635	20,826

The hospitals most visited for out-patient services were Moses Taylor Hospital, Regional Hospital, and Community Medical Center, in that order, for each of the three years.

Top 10 Luzerne County Outpatient Hospital Visit Locations Inside of BCNEPA 13 County Service Area by Location: 2009-2011			
Rank	2009	2010	2011
1	Moses Taylor Hospital (943/1,506)	Moses Taylor Hospital (1,015/1,578)	Moses Taylor Hospital (1,021/ 1,537)
2	Regional Hospital of Scranton (793/1,191)	Regional Hospital of Scranton (793/1,206)	Regional Hospital of Scranton (677/985)
3	Community Medical Center (373/445)	Community Medical Center (308/352)	Community Medical Center (276/342)
4	Pocono Medical Center (233/304)	Pocono Medical Center (174/252)	Pocono Medical Center (220/223)
5	Gnaden Huetten Memorial Hospital (57/97)	Tyler Memoral Hospital (81/108)	Tyler Memoral Hospital (80/113)
6	Tyler Memoral Hospital (54/61)	Gnaden Huetten Memorial Hospital (49/66)	Gnaden Huetten Memorial Hospital (46/58)
7	Muncy Valley Hospital (42/49)	Williamsport Hospital (42/59)	Williamsport Hospital (33/56)
8	Williamsport Hospital (38/50)	Marian Community Hospital (29/35)	Palmerton Hospital (32/40)
9	Palmerton Hospital (32/39)	Divine Providence Hospital (23/36)	Wayne County Memorial Hospital (27/31)
10	Wayne County Memorial Hospital (31/41)	Palmerton Hospital (20/26)	Marian Community Hospital (22/26)

In-Patient Admissions Outside BCNEPA's 13-County Service Area

Acute in-patient admits outside BCNEPA's service area show a slight, but consistent, decrease over the three-year-period. The number of admits dropped from 1,002 in 2009 to 824 in 2011 – an 18 percent decrease.

Luzerne County Residents: Inpatient Acute Admissions Outside of BCNEPA's 13 County Service Area Years 2009-2011			
Clinical Condition Admit	**Admissions Acute 2009**	**Admissions Acute 2010**	**Admissions Acute 2011**
Musculoskeletal Total	123	128	100
Preventive Total	N/A	1	2
Infection Total	48	70	49
Cardiovascular Circulatory Total	129	134	121
Gastrointestinal Total	100	95	75
Cancer Total	106	79	76
Mental Health Total	80	76	83
Injury Musculoskeletal Total	22	20	21
Respiratory Total	20	12	15
Pregnancy or Newborn Total	103	94	75
Diabetes Total	15	13	7
Tumors Benign Or Unspecified Total	28	34	30
Injury Other Total	32	32	18
All Other Total	196	188	152
Total	1,002	976	824

Lehigh Valley Hospital and Geisinger Medical Center received the greatest number of in-patients from Luzerne County over all three years examined. Gastrointestinal, cardiovascular circulatory, and pregnancy or newborn were among the top conditions treated at the hospitals in the below table.

Top 5 Luzerne County Inpatient Admission Locations Outside of BCNEPA 13 County Service Area by Location: 2009-2011			
Rank	**2009**	**2010**	**2011**
1	Lehigh Valley Hospital	Lehigh Valley Hospital	Lehigh Valley Hospital
2	Geisinger Medical Center	Geisinger Medical Center	Geisinger Medical Center
3	Berwick Hospital	Hospital of the University of Pennsylvania	Berwick Hospital (
4	Hershey Medical Center	Berwick Hospital	Hershey Medical Center
5	Hospital of the University of Pennsylvania	Hershey Medical Center	Bloomsburg Hosptial

In-Patient Admissions Inside BCNEPA's 13-County Service Area
(Excluding Luzerne County)

Acute patients admits decreased over the three-year-period by 36 percent. Pregnancy/newborn, mental health and cardiovascular were the top three admits in 2011 and over the entire three-year-period.

Luzerne County Residents: Inpatient Acute Admissions Inside of BCNEPA's 13 County Service Area Years 2009-2011			
Clinical Condition Admit	**Admissions Acute 2009**	**Admissions Acute 2010**	**Admissions Acute 2011**
Musculoskeletal Total	20	19	17
Preventive Total	N/A	N/A	N/A
Infection Total	29	10	13
Cardiovascular Circulatory Total	51	28	32
Gastrointestinal Total	47	28	19
Cancer Total	7	12	6
Mental Health Total	50	31	36
Injury Musculoskeletal Total	6	3	1
Respiratory Total	4	1	3
Pregnancy or Newborn Total	50	72	54
Diabetes Total	5	4	6
Tumors Benign Or Unspecified Total	6	2	1
Injury Other Total	5	4	2
All Other Total	45	23	19
Total	325	237	209

Luzerne County residents most frequently sought inpatient care at Moses Taylor Hospital, Community Medical Center and Regional Hospital, all in Lackawanna County.

Top 5 Luzerne County Inaptient Admission Locations Inside of BCNEPA 13 County Service Area by Location: 2009-2011			
Rank	**2009**	**2010**	**2011**
1	Moses Taylor Hospital	Moses Taylor Hospital	Moses Taylor Hospital
2	Community Medical Center	Community Medical Center	Community Medical Center
3	Regional Hosptital of Scranton	Regional Hosptital of Scranton	Regional Hosptital of Scranton
4	Marworth	Marworth	Marworth
5	Pocono Medical Center	Pocono Medical Center	Pocono Medical Center

Admissions/Visits by County

The next set of tables displays visits by county for both Lackawanna and Luzerne Counties. The numbers are derived from the number of times each county was listed in BCNEPA's hospital export data. Thus, the number does not correlate with the number of in-patient visits (as there were multiple patients seen in each county and at multiple facilities within each county). The data show that Lackawanna and Luzerne Counties have a reciprocal relationship.

From 2009-2011, Lackawanna County residents most frequently received in-patient care in Luzerne County. Lackawanna County residents also sought care in Wayne, Monroe and Bradford Counties.

Lackawanna County Residents:
Inpatient Hospital Admissions: PA County Summary
(Inside of BCNEPA 13 County Service Area Excluding Lackawanna County)
Years: 2009-2011

Facility County	2009	2010	2011
Bradford	5	4	4
Carbon	N/A	1	N/A
Luzerne	39	38	31
Monroe	7	4	7
Susquehanna	1	1	N/A
Wayne	7	7	6
Wyoming	N/A	2	1
Missing (PA)	3	2	2

Also, Lackawanna County residents most frequently received out-patient treatment in Luzerne County. Lackawanna County residents also sought out-patient care in Susquehanna and Bradford Counties.

Lackawanna County Residents: Outpatient Hospital Visits: PA County Summary (Inside of BCNEPA 13 County Service Area Excluding Lackawanna County) Years: 2009-2011			
Facility County	**2009**	**2010**	**2011**
Bradford	16	13	15
Carbon	5	4	N/A
Clinton	6	3	4
Luzerne	65	69	63
Lycoming	8	9	7
Monroe	14	14	14
Susquehanna	18	16	15
Tioga	2	1	3
Wayne	14	14	14
Wyoming	N/A	14	13
Out of Area	12	N/A	N/A
Missing	1	N/A	N/A

Likewise, between 2009-2011 Luzerne County residents most frequently received in-patient care in Lackawanna County. Luzerne County residents also received in-patient care in Carbon and Lycoming Counties.

Luzerne County Residents: Inpatient Hospital Admissions: PA County Summary (Inside of BCNEPA 13 County Service Area Excluding Luzerne County) Years: 2009-2011			
Facility County	**2009**	**2010**	**2011**
Bradford	12	13	13
Carbon	18	22	21
Clinton	3	N/A	4
Lackawanna	63	64	67
Lycoming	35	32	30
Monroe	15	14	14
Susquehanna	3	5	2
Tioga	4	3	
Wayne	10	7	11
Wyoming	13	12	13

Luzerne County residents most frequently received out-patient care in Lackawanna County, and also received care in Carbon and Lycoming Counties.

Luzerne County Residents: Outpatient Hospital Visits: PA County Summary (Inside of BCNEPA 13 County Service Area Excluding Luzerne County) Years: 2009-2011			
Facility County	**2009**	**2010**	**2011**
Bradford	12	13	31
Carbon	18	22	21
Clinton	5	N/A	4
Lackawanna	63	64	67
Lycoming	35	32	30
Monroe	15	14	14
Susquehanna	3	5	2
Tioga	4	3	N/A
Wayne	10	7	11
Wyoming	13	12	13

Admissions/Visits by State

The table below summarizes the top five states in which Luzerne County residents received treatment for in-patient hospital visits. The data in this table has been gathered through the number of times each state appeared in BCNEPA's hospital export data. Pennsylvania is, by far, the top-ranking state, followed by New York and Maryland.

Luzerne County Residents Inpatient Hospital Visits: State Summary (Outside of BCNEPA 13 County Service Area) Years: 2009-2011			
Facility State	2009	2010	2011
PA	187	198	179
NY	22	16	14
MD	13	10	7
FL	8	8	12
NJ	6	9	9

The table below identifies the top five states in which Lackawanna County residents received treatment for in-patient hospital visits. Similar to Luzerne County residents, the top-ranking state for Lackawanna County residents was also Pennsylvania followed by New York.

Lackawanna County Residents: Inpatient Hospital Visits: State Summary (Outside of BCNEPA 13 County Service Area) Years: 2009-2011			
Facility State	**2009**	**2010**	**2011**
PA	154	184	132
NY	18	21	24
NJ	12	5	7
MD	9	12	6
FL	4	19	19

Relative Risk

Relative risk, also referred to as risk ratio, compares risks of occurrences of one group with those of another group. Thus, in this analysis, relative risk compares Lackawanna and Luzerne County residents in relationship to patients who had in-patient admissions outside of BCNEPA's thirteen-county service area and the risk score of the population who had in-patient admissions inside the service area. The scale range is as follows: 750 and higher displays those patients in the crisis range, 251-75 displays those who are struggling, 81-250 shows that those patients are at risk, 21-80 shows stability, and 0-20 displays a healthy range.

BCNEPA's relative risk score shows a decrease across the board in the grand total of visits and the number of patients receiving treatment inside and outside of BCNEPA's service area. However, the number of visits outside of BCNEPA's service area is much higher than visits inside the service area. Both Lackawanna and Luzerne County residents with out of area admissions had an overall higher relative risk score from 2009-2011 than those residents without out of area admissions. The concurrent relative risk score for Lackawanna County residents with an in-patient hospital admission outside BCNEPA service area was 483.65, whereas the concurrent relative risk score for Lackawanna County residents with an in-patient or out-patient hospital admit inside the service area was 286.34. This trend of a higher relative risk score for Lackawanna County residents with an in-patient hospital admit outside BCNEPA's service area was relatively similar to the trend among Luzerne County residents.

The concurrent relative risk score for Luzerne County residents with in-patient hospital admissions outside BCNEPA's service area was 491.04 and the concurrent relative risk score for Luzerne County residents with in-patient hospital admits inside the service area was 322.91. Based on the scale range, all of these patients were beyond the "at risk" range.

Summary & Conclusions

The export data lead to several conclusions regarding the facilities patients in the Lackawanna and Luzerne Counties visit and for which conditions.

- Both counties saw increases in either patients or visits in 2010 and decreases the following year, showing no overall trend for the three years examined.
- Overall, the most common conditions for which residents sought care outside BCNEPA's service area were cancer, musculoskeletal, gastrointestinal and "other" in an out-patient setting and musculoskeletal, gastrointestinal, and cardiovascular in an in-patient setting.
- Lackawanna and Luzerne County residents decreased the number of times they sought medical treatment through out-patient visits.
- Lackawanna and Luzerne Counties have a reciprocal relationship. Each county receives the highest number of patients from the other than any other county.
- More residents leave the BCNEPA services for outpatient cancer service than stay inside it.
- Residents from both counties were most frequently treated within the Commonwealth of Pennsylvania for inpatient and outpatient services.
- The observed differences in relative risk imply that those patients seeking care out of the area are more complex and at higher risk.

Insurers

The major insurers in the region have begun to focus on preventative care and wellness in an effort to thwart potential health issues before they become serious, threatening and extremely expensive to treat. This initiative, the Chronic Care Initiative began in 2008 in southeast Pennsylvania under Governor Rendell. The program went statewide in 2009. A New England Journal of Medicine study found that participants received only about 56 percent of the recommended care for acute and chronic conditions. Per Governor Rendell, in his announcement of the initiative, "…80 cents of every dollar spent on health care goes toward caring for the 20 percent of the population that has a chronic disease….hospitalization charges for four chronic diseases (asthma, diabetes, heart disease and lung disease) cost Pennsylvania approximately $4 billion annually." At the time this study was prepared, Governor Corbett has continued to support the Chronic Care Initiative.

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The programs offered by the region's two largest insurers' focus on wellness checks, preventative screenings and education. The data was provided by the insurers and secured from their websites. The lists below were current at the time of data compilation (October 2012).

Geisinger

The following programs and services are available and provided to Geisinger Health Plan members:

Programs and Services Available to Geisinger Members
Disease and case management services for members with chronic conditions
Medical home program for Medicare beneficiaries
Telephone contact made to members by nurses to encourage mammograms
Telephone contact made to members to encourage pap smears
Telephone contact made by nurses to educate members on the need for glaucoma screening
Telephone contact made by nurses to educate members on the need for colorectal cancer screening
Telephone contact made by nurses to moms after delivery to encourage well baby visits and immunizations, and to encourage post partum checkups for the mom
Members with an abnormal pap are monitored by nurses for appropriate follow up
Nurses discuss the importance of mammograms, pap smears, immunizations, colorectal cancer screenings, childhood and adolescent well visits, and cholesterol screenings with providers
Automated messages delivered to members with hypertension; and those in need of the following screenings or visits: cervical cancer; breast cancer; well visits; colorectal cancer; diabetes; glaucoma; and cholesterol

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Blue Cross

The following programs and services are available and provided to BlueCross members:

Programs and Services Available to BlueCross Members
Personal Health Assessment which is filled out by the member and reviewed by Health Coaches
Customized Health Programs including: Health coaching, care coordination, wellness programs and prevention tools; patient education and information gathering/sharing; disease management; intermediate care; transition of care; catastrophic case management
MyHealth Solution website, which gives members access to the latest health information and interactive tools
24/7 Nurse Now provides access to a nurse by telephone or online chat any time of day or night
Life-Balance Resource is a 24 hour phone service that helps members deal with the stresses of every day life
Care Management Programs assist members with chronic illnesses or who have had surgery by providing them with social workers and nurses to answer their questions

Summary and Conclusions

Both Geisinger and Blue Cross provide valuable wellness programs to their plan members. The data provided leads to two main conclusions:

- Geisinger's wellness programs involve contacting members by phone. E-mail or website contact may work better for certain members.
- Blue Cross relies on their website to supply members with the majority of the wellness information. Older members may not be comfortable with this technology.

Asset Matrix

The Asset Matrix looks at a number of resources for residents of Lackawanna and Luzerne Counties who require assistance with mental health, chronic diseases, aging and other conditions. In looking at the matrix, several conclusions can be drawn:

- There are a large number of organizations that deal with aging in both counties. Many of those organizations are for profit.
- There are several clinics and organizations serving low income residents. Luzerne County has more of these facilities than Lackawanna County.

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- Disease based organizations focus mainly on cancer, dialysis and, alcohol and drug abuse
- While many mental health programs include children, few are focused on children and youth.
- There are very few organizations that provide dental care for low income residents.

Summary

The following is a bullet point summary of each component of The Institute's research.

Survey Summary

- The vast majority of respondents had a personal doctor or health care provider and had been examined by a medical doctor during the past twelve months.
- Over two-thirds of respondents said their health is "average" or better.
- High blood pressure, high cholesterol and arthritis are among the most common chronic conditions.
- The most common types of cancer are prostate and breast cancer.
- Most respondents had discussions with their doctors about physical activity.
- Respondents with good access to fruits and vegetables are more likely to rate their health as excellent or good.
- Cost is a barrier to visiting the dentist.
- There is a relationship between mental health, health status and income.
- Nearly half of respondents felt down, depressed or hopeless between one and two days during the past two weeks.
- Drinking alcohol is much more prevalent than smoking among respondents.
- Most respondents do not know how to obtain illegal drugs.
- Respondents without health insurance are less likely to rate their health as excellent or good. In addition, income and education are directly correlated with whether or not a respondent has health insurance.
- Income was a factor in several of the questions. The higher one's income, the more likely they are to report a positive health status. The opposite is true of those with lower incomes.
- Between 23.1 percent and 45.5 percent of respondents said they are not sure of the number of providers in the region for home health nursing (30.6 percent), mental health (38.5 percent), alcohol and drug services (38.9 percent), alternative medicine (33.4%), crisis intervention (45.5 percent), domestic violence (43.0 percent), primary care (27.2 percent), women's health (29.2 percent), pediatrics (31.6 percent), cancer (27.7 percent), heart disease (23.1 percent), diabetes (33.7 percent), rehabilitation (23.8 percent), and elder care (32.3 percent).
- 35.5 percent of respondents are not aware of health education programs.

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- About 20 percent or more respondents want to see health education programs in the following areas: teen sex education (39.4 percent), Alzheimer's (45.9 percent), cancer (51.1 percent), child abuse/violence (41.5 percent), diabetes (31.9 percent), diet and exercise (47.2 percent), heart disease (36.7 percent), HIV/Aids (30.5 percent), mental health (23.1 percent), sexually transmitted diseases (20.1 percent), smoking cessation (35.9 percent), and stress management (42.4 percent).
- Parenting was added manually by several respondents.
- Several mental health conditions were listed individually.

Interviews

- The region has an extremely limited number of primary care physicians, specialists and dentists accepting medical assistance.
- There is a language is a barrier both from the provider perspective and also at the state and local government level.
- Public transportation is limited (routes and day time only hours).
- There is a lack of patient compliance and health literacy, regardless of insurance status.
- Physician treatment of patients appears to be a problem.
- Preventative testing and screening is underutilized.
- The region fosters unhealthy lifestyles.
- Mental health cases are on the rise.
- Funding and programs are not increasing with demand.
- The region is limited in the number of primary care physicians and number of specialists.
- There is a lack of knowledge and awareness of local disease-based organizations.

Focus Group Summary

- Obesity related diseases and cancer are the region's top two health problems. Several participants mentioned that poor diet and food choices have an impact on growing chronic conditions.
- Several of the focus groups had negative views of the region's doctors.
- The region has a significant substance abuse problem, primarily pertaining to heroin and opiate usage, as well as alcohol dependency.
- Focus group participants believe there is much greater access to drugs now than in the past. They attributed such increased access to drug treatment facilities, and to the influx of people who move into the area seeking care at such facilities.

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- Many respondents suggested that there should be more in-patient mental health and drug and alcohol treatment.
- There is a need for more education on how a poor diet or other unhealthy activities can have a negative impact on a person's wellbeing.
- While there are many free clinics in the area, those without insurance still feel they lack access to health care. Many respondents said health care is too expensive.
- Individuals with mental health issues face a stigma that discourages them from seeking treatment.
- While many employers in the region offer their employees wellness programs, diabetes was an issue among nearly all of the employers who participated in the focus group.
- Many participants said that the region's health programs and services were good, but that there should be more information available on such services.
- Minority groups said there is a lack of cultural sensitivity among health care workers.

Secondary Data

- Lackawanna County fares better than Luzerne County in many areas, while both fall behind when compared with the Commonwealth of Pennsylvania.
- In terms of demographics, the region is slightly older and less diverse than Pennsylvania as a whole, although Luzerne County includes a higher percentage of Hispanic/Latino residents than the state.
- Lackawanna and Luzerne Counties have fewer primary care physicians and physicians per 100,000 than Pennsylvania.
- County Health Rankings for 2012 show that neither Lackawanna nor Luzerne County are among Pennsylvania's top counties. However, Lackawanna County ranks higher than Luzerne County in nearly every major category measured, with the exception of clinical care.
- The region contains more smokers, excessive drinkers and its residents are less physically active than the Commonwealth average.
- Over three-quarters of respondents in the Scranton/Wilkes-Barre MSA believe they are in good, very good or excellent health, while over 60% are considered overweight or obese.
- Cancer and heart disease continue to be the main causes of death for the region's adult population, while a diet lacking fruits and vegetables and high blood pressure are the two highest factors contributing to premature death.

Physician Electronic Survey

- Almost all physicians have or would refer patients out of the area for care if necessary.

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- Cited as reasons for doing so include quality issues, services not available locally and patient high risk or patient demanded.
- Neurology and neurosurgery are key services referred outside of the area.
- Lack of respect for the patient among physicians and fragmentation of care were mentioned (lack of communication amongst treating physicians); this, naturally, deters primary care physicians and patients from returning to the specialist

Physician Interviews

- Almost all physicians have or would refer patients out of the area for care.
- Lack of respect for the patient and fragmentation of care were mentioned (lack of communication amongst treating physicians) and deter primary care physicians and patients from returning to the specialist.
- Patients sometimes demand to be referred to a specialist outside of the region.
- Patients that are high medical risk are always referred out of the region.
- The waiting period to see a specialist is problematic.
- The region is in need of neurosurgeons.
- The quality of general surgeons and high infection rates were cited as other deterrents.
- Pediatric oncology is not competitive within the region.
- Psychiatric care is very limited.

Patient Interviews

- Tertiary medical care is beyond the scope of local specialists, with oncology being a prime example.
- Patients left primarily on the recommendation of medical personnel (doctors and therapists).
- Second referral sources were family and friends and independent research.
- Local hospitals rated as “outdated” and “behind the times.”
- Timeliness of care a problem (wait times for appointments, diagnostics, and the follow up care not as expedient as it should be).
- Patients feel there is limited access to specialists.
- Patients feel there are too many medical errors locally for such a small region.
- Quality or perception of quality is one of the bigger issues.
- Limited services and specialists for treatment of children with mental and behavioral health issues.
- Hospitals inefficient – errors and wait times.

- No medical research or collaboration with big institutions is viewed as a problem.

Hospital Data Summary

- Some facility data have limited personnel in the following specialties, as compared to their peers:
    - cardiologists
    - internal medicine
    - radiologist
    - ophthalmologists
    - neonatologists
    - physical medicine and rehabilitation services
    - emergency medicine services
    - vascular surgeons

- Utilization data show high admissions at all facilities among those age 60 and older, but a limited number of geriatric specialists.

Export Data

- Both counties reported increases in either patients or visits in 2010, and decreases the following year, showing no overall trend for the three years examined.
- Overall, the most common conditions for which residents sought care outside BCNEPA's service area were cancer, musculoskeletal, gastrointestinal and "other" in an out-patient setting, and musculoskeletal, gastrointestinal, and cardiovascular in an in-patient setting.
- Lackawanna and Luzerne County residents decreased the number of times they sought medical treatment through out-patient visits.
- Lackawanna and Luzerne Counties have a reciprocal relationship. Each county receives the highest number of patients from the other than any other county.
- More residents leave the BCNEPA services for outpatient cancer service than stay inside it.
- Residents from both counties were most frequently treated within Pennsylvania for in- and out-patient services.

Insurer Data

- Geisinger's wellness programs involve contacting members by phone. E-mail or website contact may work better for certain members.

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- Blue Cross relies on its web site to provide members with the majority of its wellness information. Older members may not have access to or be comfortable using such technology.

Asset Matrix

- Both counties include a large number of organizations that deal with aging. Many of these organizations are for-profit.
- There are several clinics and organizations serving low-income residents. Luzerne County has more such facilities and organizations than Lackawanna County.
- Disease-based organizations focus mainly on cancer, dialysis and alcohol and drug abuse.
- While many mental health programs include children, few are focused on children and youth.
- There are very few organizations that provide dental care for low-income residents.

Analysis/Synthesis

Strengths	Weaknesses
• Both counties ranked well in clinical care	• Both counties fall behind Commonwealth in key areas
• Respondents perceive the region has overall good health	• High percentage of overweight and obese
• The region has a variety of medical specialists and hospital facilities.	• The depth of specialty doctors varies drastically from hospital to hospital
• The two major insurers are focusing on preventative care	• Drinking alcohol prevalent
	• Low numbers on screenings
• Several free health clinics in region	• Residents unhappy with doctor and hospital quality
• There are a variety of services available to area	• Substance abuse a problem
	• Limited number of all doctors accepting MA
	• Funding and programs not increasing with demand
	• Need for more physicians and specialists
	• Information on these programs and how to use them can
	• Lack of training in mental and behavioral health issues for all hospital personnel
	• Scope of most specialists limited
	• No research, innovation or collaboration noted
	• No world-renowned physicians or techniques noted
	• Lack of communication and cooperation between primary and specialists

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Opportunities	Threats
• Counties have a high number of high school graduates than can be trained in health careers	• High poverty rate
• Increase number of physicians per capita	• The region contains more smokers, excessive drinkers and its residents are less physically active than the Commonwealth overall
• Create a network of specialists in the region to fill gaps and keep patients in the area.	• Hospitals inside and out of Pennsylvania have more depth in specialties and better reputations than those in this region
• Expanding programs to include more chronic diseases and reach more residents	• Chronic diseases put a financial drag on the system. Those who do not use preventative care are more at risk
• Provide more elder care specialists	• High number of people making under $25,000
• Provide education on cancer, diet/exercise, Alzheimer's, stress management, child abuse/family violence	• Income levels related to health status
• Create a more diverse healthcare workforce	• Few ways to obtain knowledge about health programs
• Increase inpatient mental health and drug treatment facilities	• Low opinion of doctors
• Add more health programs at work	• Lack of bilingual providers an issue
• Increase cultural and language training for health care workers	• Patient compliance problematic
• Work with public transportation with regard to routes and timing	•limited mental health resources
• Strategically plan to re-write how mental health challenges are coordinated	• Public transportation limited
• Increase health literacy surrounding preventative testing and screening and resources	• Residents may go without care or support if they cannot find the information they need
• Create a network for residents to find the help that they need.	• Patients left primarily on the advice of physicians and other local medical personnel
• Patients more engaged in doing their own research to make health care choices	• Patients perceive hospitals to be outdated
	• Physician quality is perceived as poor
	• Physician bedside manner poor /perceived lack of respect for patient
	• No treatment/resources locally for autistic individuals once they reach 18
	• Mental health resources lacking locally
	• Local physicians do refer patients to specialists out of area
	• Local specialists limited in quantity
	• Physicians show lack of respect for patients - many complaints

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Conclusions

- Lack of resource awareness by patients/residents.
- Lack of understanding of key health issues and preventative care.
- Demand for medical assistance services is increasing because regional poverty is higher.
- Lack of collaboration among organizations/resources/providers.
- Increasing racial and ethnic diversity require cultural training and professionals with multiple language proficiencies.
- Mental health issues are mounting, but the stigma of treatment still exists.
- Perception of quality must be addressed with medical professionals and residents/patients.
- Physician skills, such as time management and customer service, are needed.
- Physician shortage must be addressed.
- Lackawanna and Luzerne Counties fall behind the Commonwealth in several areas with regard to health status and physicians per capita.
- Area hospitals have opportunities to work together in several specialty areas.
- Each insurer is using a different methodology to reach plan participants about wellness programs.
- Information on health care programs in the community is scattered and can be difficult to piece together.
- Respondents are in overall good health.
- Based on research results, income and mental health status are related.
- High blood pressure and high cholesterol are high among sample.
- There are a high number of overweight and obese residents.
- There are many low income residents.
- Substance abuse is a problem in the region.
- There is a strong correlation between substance abuse and mental health issues.
- There is a strong correlation between substance abuse and poverty.
- Social service resources are disjointed and stressed.
- Medical personnel must be trained to spot mental health issues.
- There is a perception of poor quality of care within the region.
- There is a perception of unavailability of health care providers within the region.
- Respondents are disappointed by the lack of respect and lack of cooperation within the regional health care system.
- Research and innovation improve perceptions of quality.
- Names of renowned facilities improve perceptions of quality.
- Facility design and décor impact quality perception.
- There is no collaboration between primary care physicians and specialists.

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- Primary care physicians see that the quality of specialists is an issue.
- Primary care physicians see that wait time to see specialists, coupled with testing, prognosis and treatment plan, as a problem.

Recommendations

Health Care Delivery System

- Promote team approach to health care and better communication among health care professionals at all levels.
- Develop programs for sensitivity, mental health and cultural training for health care workers.
- Develop programs and encourage second language training for health care and social service workers.
- Hospital and health care documents should be produced in Spanish.
- Work to increase health care workforce diversity, in order to represent the races/ethnicities they are treating.
- Increase and/or promote ongoing medical research and innovation.
- Educate primary care physicians and patients about availability of specialists in the region.
- Consider collaborative initiatives with major research hospitals.
- Work to increase the number mental health specialists.
- Work to increase number of providers accepting medical assistance.
- Promote a team environment between primary care physicians and specialists.
- Continue to evaluate and enhance the physical environment of older hospitals.
- Need larger network of local specialists, especially geriatrics.
- Open primary care clinics for medical assistance patients only.

Regional Collaborative Initiatives

- HNPI should develop and maintain a regional database of health care and social service resources. Post on a web site in English and Spanish; over time, add Bhutanese-Nepali, Hindu, and Russian. A searchable database of local programs would allow patients, providers and other organizations to find appropriate support and/or care.

- HNPI should seek to coordinate players in social services, public transportation, health care, chronic disease organizations, local free clinic network, and workforce development to create a network for the region's impoverished and minority populations. Residents are not aware of all the resources. Residents cannot always take

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part in their own primary care due to childcare issues, lack of transportation, work or lack of work. (Northeast PA Regional Cancer Institute has a Navigation program that could serve as a basis for a larger, regional effort).

- Work with health care delivery system to open primary care clinics and dental offices for those covered by medical assistance.

- Create a regional health education series in multiple languages delivered through community based and faith based organizations, the web, and employer networks. High priority subjects are referenced in the summary.

- Create mental health awareness programs with treatment options to reduce the stigma that accompanies mental health issues.

- Asset map shows duplication of efforts and gaps in youth and young adult (18+) behavioral health programs. There is a gap in non-profit initiatives for the aging, mental health programs for youth, and behavioral programs for those age eighteen and older. (An example of duplication is that another organization in Luzerne County is conducting a healthy community self-assessment in January 2013. Expenditures for this assessment could preferably be used in implementation of the solutions, as opposed to another assessment).

- Work to increase the number of medical assistance forms and other health care and social service documentation provided in Spanish.

- Develop health care occupation programs (web-based or through social media) and market to middle and secondary students to create awareness of occupations and job outlook in the local health care industry.

- Getting foreign doctors on H-1B Visa Program to increase number of providers and diversity of providers.

- The National Health Service Corp.'s (NHSC) ranking of dental providers accepting medical assistance in the region is low. Work with the network to increase the number of providers in the region.

- Develop an HNPI regional brand. There was an extensive lack of knowledge about the organization in the community.

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Appendix

Household Survey

Purpose and Informed Consent

Title of Project: Community Health Needs Assessment
Principal Investigators: Teri Ooms, Executive Director and Sherry Tracewski, Research & Policy Analyst.
Other Researchers: Kate Wassel, Research Assistant, and Research Interns

Purpose of the Study: The purpose of the project is twofold. The first is to gain an understanding of the health needs that exist in Lackawanna and Luzerne County through the collection of both primary and secondary data sources. This data will be analyzed to identify high priority needs and synthesized with the local healthcare delivery system to identify gaps and perception of medical care. This information will lead to the preparation of an integrated healthcare services delivery network strategic plan at the hospital level and at the community level.

The primary research includes the preparation and deployment of a mail survey to 12,000 random households in Lackawanna and Luzerne Counties. Electronic surveys will be sent to physicians. Additionally, focus groups and interviews with community leaders, patients, and medical personnel will take place to garner more information. The survey data will be analyzed using common statistical analysis. The qualitative data will be analyzed and summarized in aggregate form. Further, research will be conducted using secondary sources to develop a profile of the region's demographics, health status, and health resources.

Duration: The survey should take less than 18 minutes.
Statement of Confidentiality: The information you provide will be kept confidential; no one, not even the project investigators will know your identity. Only the investigators listed above will have access to the survey responses.

Right to Ask Questions: Participants have the right to ask questions and have those questions answered. Please contact Kate Wassel at 570.408.9850 or wassel@institutepa.org with any questions, complaints or concerns about this research.

Voluntary Participation: Your decision to be in this research is voluntary and if you participate there is no compensation. You do not have to answer any questions you do not want to answer. You must be 18 years of age or older to take part in this research study.

Survey Instructions

The survey asks you for your views about where you live, health, and safety issues. Some questions may look like others, but each one is different. Please take the time to read and answer each question by marking the box (with an "x' or a "/"), or filling in the blank line. If you are unsure about how to answer a question, please give the best answer you can. Please return the completed survey in the postage-paid envelope provided. (a stamp is not needed). If you wish to enter the drawing to **win one of four $100 grocery gift cards**, please complete the entry form at the end of the survey and cut it on the dotted line, seal it in the small white envelope and return it in the postage paid reply envelope. Entries must be submitted with a complete survey and returned within 7 days of receipt to be eligible for the drawing. Those received within 5 days will be eligible for an additional $100 gift card drawing.

1. In what county do you live?
   □ Lackawanna County □ Luzerne County

2. What is your zip code? __ __ __ __ __

SECTION A: Health Services Access and Utilization

A1. Do you have at least one person you think of as your personal doctor or health care provider?
   □ Yes □ No

A2**. If you answered yes to question A1,** please describe where you go most often*:* ***(Check only one.)***
   □ Primary care doctor
   □ Medical specialist/doctor other than family doctor
   □ County health department
   □ Community health center/clinic
   □ Lay health care giver
   □ Emergency room
   □ Urgent/family care walk-in center
   □ Chiropractor
   □ Home/self-care
   □ Nurse Practitioner
   □ Physician's Assistant
   □ Other _____

A3. **If you answered no to question A1**, why not?
(Check only one.)
□ Don't know how to find a health care provider
□ No health care provider is close to where I live
□ Don't need a health care provider
□ Can't afford for a health care provider visit.
□ Can't find a health care provider I like or trust
□ Can't get an appointment
□ Fear of health care providers
□ Prefer using emergency room
□ No transportation
□ Language barrier
□ Other _____

A4. During the past 12 months, how many times have you been examined by a medical doctor?
□ 0 □ 1-2 □ 3-4 □ 5 or more

A5. During the past 12 months, have you been a patient in a hospital for an overnight stay? □ Yes □ No

A6. During the past 12 months, have you sought care at an emergency room? □ Yes □ No

A7. How long does it generally take to get an appointment with a physician after you call?
□ Less than one week □ I-2 weeks □ 3-4 weeks
□ 5 weeks or more

A8. How long do you generally wait to be seen by a physician when you arrive for an appointment?
□ 15 minutes or less □ 15-30 minutes □ 31-45 minutes □ 46-60 minutes □ More than 60 minutes

A9. Where is the first place you turn for information regarding your health?
□ Internet □ Books □ TV □ Newspaper
□ Radio □ Relative/Friend

SECTION B: HEALTH STATUS

B1. How old are you? __ __ __

B2. How tall are you? _____feet _____inches

B3. How much do you weigh? ___ ___ ___

B4. In general, would you say your health is…?
□ Excellent □ Good □ Average □ Fair □ Poor

For questions B5 through B7, think about the past 30 days…

B5. For how many of those days was your physical health not good?
□ 0 □ 1-5 □ 6-10 □ 11-15 □ 16 or more

B6. For how many days was your mental health (stress, depression) not good?
□ 0 □ 1-5 □ 6-10 □ 11-15 □ 16 or more

B7. For about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
□ 0 □ 1-5 □ 6-10 □ 11-15 □ 16 or more

SECTION C: CHRONIC DISEASES & MANAGEMENT

C1. Please check if you have been diagnosed with a condition and what if any treatment(s) you have received.
(Check all conditions/treatments that apply.)

Condition	Treatments
□ High Blood Pressure or Hypertension	□ Prescription medication(s) □ Nutrition □ Exercise □ No treatment □ Other _____
□ High Cholesterol	□ Prescription medication(s) □ Nutrition □ Exercise □ No treatment □ Other _____
□ Type 1 Diabetes □ Type 2 Diabetes	□ Prescription medication(s) □ Nutrition □ Exercise □ No treatment □ Other _____
□ COPD or Pulmonary Disease	□ Prescription medication(s) □ Nutrition □ Exercise □ No treatment □ Other _____
□ Heart Attack (Myocardial Infarction)	□ Prescription medication(s) □ Nutrition □ Exercise □ No treatment □ Other _____
□ Stroke	□ Prescription medication(s) □ Nutrition □ Exercise □ No treatment □ Other _____
□ Angina or Coronary Artery Disease	□ Prescription medication(s) □ Nutrition □ Exercise □ No treatment □ Other _____
□ Arthritis	□ Prescription medication(s) □ Nutrition □ Exercise □ No treatment □ Other _____
□ Asthma	□ Prescription medication(s) □ Nutrition □ Exercise □ No treatment □ Other _____

C2. Has a doctor, nurse, or other health professional ever told you that you have Cancer?
□ Yes □ No

C2a. **If yes**, what type of cancer did you have?

_____

C2b. What type of treatment did you under go?
□ Surgery □ Radiation □ Chemotherapy □ Other

C3. Have you been diagnosed with any chronic disease ***other than*** those mentioned above? □ Yes □ No

C3a. **If so**, please list below.

_____

C3b. What treatment(s) have you received?
□ Prescription medication(s) □ Nutrition
□ Exercise □ No treatment □ Other _____

SECTION D. YOUTH HEALTH

D1. Do you have any children that live in your household? (**If not, skip to Section E)**
□ Yes □ No

If yes, how many children live in your household who are…

D1a. 4 years old or less? _____
D1b. 5 through 12 years old? _____
D1c. 13 through 17 years old? _____

D2. Have any children in your household under the age of 18 ever been diagnosed with…?

□ Asthma
□ Diabetes
□ Overweight/Obesity.
□ Emotional or Mental Problem
□ Learning disability or attention disorder

SECTION E: DIET & EXERCISE

E1. Has a doctor or other health professional ever talked with you about physical activity or exercise?
□ Yes □ No

E2. During the past month, did you participate in any physical activities such as running, exercise classes or walking, weight lifting or other activity for exercise? **(If no, please skip to Section E5.)**
□ Yes □ No

E3. How many times per week did you take part in this activity during the past month?
□ 1-2 □ 3-4 □ 5-10 □ More than 10

E4. And when you took part in this activity, for how many minutes did you usually keep at it?
□ 20 or less □ 21-30 □ 31-40
□ 41-50 □ 50 or more

E5. Would you say you have good access to fresh fruits and vegetables? □ Yes □ No

E6. On average, how many servings of fruits and vegetables do you eat each day?
□ 1-2 □ 3-4 □ 4-5 □ 6-7 □ 8 or more

E7. How often would you say you eat fast food?
□ Daily □ A few times per week
□ A few times per month
□ A few times during the year □ Rarely or never

E8. Do you take any vitamins or supplements daily?
□ Yes □ No

SECTION F: DISABILITY

F1. Are you, or is anyone in your household, limited in any way in any activities because of any impairment or health problem? □ Yes □ No

F2. Do you, or does anyone in your household, need the help of other with personal care needs, such as eating, bathing, dressing, or getting around the house? □ Yes □ No

F3. Do you, or does anyone in your household, need the help of others in handling routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? □ Yes □ No

SECTION G: SCREENING/ PREVENTION

G1. Have you received any of the following in the past year? ***(Check all that apply)***

□ Flu shot
□ Pneumonia vaccination
□ Check up
□ Cholesterol test
□ Blood test
□ Urinalysis
□ Colonoscopy
□ Prostate Test (Males only)
□ Mammogram (Females only)
□ Pap Smear (Females only)
□ EKG

SECTION H: ALTERNATIVE THERAPIES

H1. Have you used any of the following alternative therapies in the last 12 months?
□ Chiropractic □ Massage Therapy □ Acupuncture
□ Herbal Therapy □ Homeopathy
□ Other _____

H1a. **If so**, to what extent did you find the treatments helpful?
□ Very Helpful □ Somewhat Helpful □ Neutral
□ Not Very Helpful □ There was no effect or benefit

SECTION I: DENTAL CARE

I1. How long has it been since you last visited the dentist or dental clinic?
□ 1 -12 months □ 1- 2 years ago □ 2 - 5 years ago
□ 5 or more years □ Never

I2. If you have not been to the dentist in the last 12 months, what would you say is the main reason?
□ Not applicable
□ Fear, apprehension, pain, dislike going □ Cost
□ Do not have a dentist □ Cannot get to the dentist
□ No reason to go □ Other

I3. How many of your permanent teeth have been removed because of tooth decay or gum disease?
□ None □ Five or fewer
□ Six or more but not all □ All

SECTION J: MENTAL HEALTH

J1. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? □ Yes □ No

J2. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?
□ 1-2 □ 3-4 □ 5-6 □ 6-10 □ More than 10

J3. Has a doctor or other healthcare provider EVER told you that you have any of the following conditions?
□ Depression
□ Anxiety/Stress disorders
□ Bipolar Disorder
□ Schizophrenia
□ Substance Abuse problem (drugs, alcohol or tobacco)

J4. **If so**, during the past 12 months, where did you receive treatment?
□ Outpatient mental health clinic
□ Private therapist, social worker, psychologist
□ Doctor's office
□ Medical clinic
□ Other

J5. During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?
□ Yes □ No

J6. **If so,** why didn't you get the care you needed?
□ Couldn't afford it □ Didn't know where to go
□ Took too much time □ Embarrassed
□ Too far away □ Didn't think it would help
□ Other _____

SECTION K: TOBACCO

K1. Do you smoke cigarettes? **If yes, go to next K2, if no, go to Section L.** □ Yes □ No

K2. How often do you smoke cigarettes?
□ Everyday □ Some days

K3. On the average, about how many cigarettes a day do you now smoke?
□ 5 or less □ 6-10 □ 11-19 □ 20+

K4. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?
□ Yes □ No

K5. If during the past 12 months you have tried to quit smoking, what is the hardest part about quitting? ***(Check one only.)***
□ Withdrawal symptom
□ Fear of failure
□ Craving
□ Weight gain
□ Loss of way to handle stress
□ Enjoyment of smoking
□ Cost of smoking aids
□ Other _____
□ I have not tried to quit

SECTION L: ALCOHOL

L1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, or liquor?
□ Yes □ No

L2. During the past month, how many days per week did you drink any alcoholic beverages, on the average?
□ 1-2 □ 3-4 □ 5-6 □ Daily

L3. On the days when you drank, about how many drinks did you have on the average?
□ 1-2 □ 3-4 □ 5 or more

L4. Considering all types of alcoholic beverages, how many days during the past 30 days did you have 5 or more drinks on any occasion?
□ 0 □ 1-3 □ 4-6 □ 7-10 □ 11 or more

L5. During the past 30 days, how many times have you had a drink(s) and drove in the same day?
□ 0 □ 1-3 □ 4-6 □ 7-10 □ 11 or more

L6. During the past 12 months, have you received treatment or counseling for your use of alcohol.
□ Yes □ No

L7. **If yes,** where did you receive treatment during the past 12 months? ***(Check all that apply)***
□ ER □ Group Therapy □ Hospital - inpatient
□ Individual □ Residential Treatment (Detox)
□ Residential Treatment – other than Detox
□ AA or other group □ Other _____

SECTION M: DRUGS

The next set of questions asks your opinion about the extent to which drugs are available in your neighborhood.

M1.How difficult or easy would it be for you to obtain the following drugs if you wanted some?

Marijuana	□ Don't know □ Probably Impossible □ Very Difficult □ Fairly Difficult □ Fairly Easy □ Very Easy
Heroin	□ Don't know □ Probably Impossible □ Very Difficult □ Fairly Difficult □ Fairly Easy □ Very Easy
Prescription pain relievers (not prescribed for you)	□ Don't know □ Probably Impossible □ Very Difficult □ Fairly Difficult □ Fairly Easy □ Very Easy
Methamphetamine (Meth, Crystal meth)	□ Don't know □ Probably Impossible □ Very Difficult □ Fairly Difficult □ Fairly Easy □ Very Easy
Cocaine, including powder, crack, free base and coca paste	□ Don't know □ Probably Impossible □ Very Difficult □ Fairly Difficult □ Fairly Easy □ Very Easy
Ecstasy or MDMA	□ Don't know □ Probably Impossible □ Very Difficult □ Fairly Difficult □ Fairly Easy □ Very Easy
Bath Salts	□ Don't know □ Probably Impossible □ Very Difficult □ Fairly Difficult □ Fairly Easy □ Very Easy

M2. During the past 12 months, have you received treatment or counseling for your use of any drug?
□ Yes □ No

M2a. **If yes,** where did you receive treatment during the past 12 months? ***(Check all that apply.)***
□ ER □ Group Therapy □ Hospital - inpatient
□ Individual □ Residential Treatment (Detox)
□ Residential Treatment – other than Detox □ AA or other group □ Other _____

M3. Are you still in treatment or counseling?
□ Yes □ No

M4. **If no,** why aren't you in treatment anymore?
□ Completed □ Using drugs again
□ Couldn't afford it □ Not helpful
□ Other _____

SECTION N: HEALTH CARE COVERAGE

N1. Do you currently have health insurance?
□ Yes □ No

N2. Do you currently have health insurance that would cover at least part of the bill if you had to stay in the hospital overnight? □ Yes □ No

N3.What is that coverage?
□ Medicaid/Medical Assistance □ Medicare
□ Insurance that you/your spouse get through an employer □ Insurance that you buy on your own
□ Other

N4. During the past 12 months, was there any time that you did not have any health insurance or coverage?
□ Yes □ No

N4a. **If yes,** what is the main reason you are/were without health care coverage?
□ Lost job or changed employers
□ Spouse or parent lost job or changed employers
□ Became divorced or separated
□ Spouse or parent died
□ Became ineligible because of age /left school
□ Employer doesn't offer or stopped offering coverage
□ Cut back to part time or became temporary employee
□ Benefits from employer /former employer ran out
□ Couldn't afford to pay the premiums
□ Insurance company refused coverage
□ Lost eligibility
□ Other _____

N5. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? □ Yes □ No

N6. During the past 12 months, were there times you or anyone in your household were unable to purchase prescription medicines because you couldn't afford them? □ Yes □ No

SECTION O: COMMUNITY

These next questions are about health concerns and health care services in your community.

O1. What do you think is the biggest health problem facing your community? **(Check only one.)**

□ Cost of healthcare	□ Lack of transportation
□ Access to healthcare services	□ Mental health issues
□ Alcohol/drug abuse	□ Teen pregnancy
□ Cancer	□ Suicide
□ The aging population in the region	□ Homelessness
□ Cost of insurance	□ Other

O2. What are your thoughts on the number of health care services and health care providers in the region?

Home health nursing services	□ Need for more □ Adequate □ Too many □ Not Sure
Counseling/Mental Health/Psychiatric Services	□ Need for more □ Adequate □ Too many □ Not Sure
Alcohol and drug abuse treatment services	□ Need for more □ Adequate □ Too many □ Not Sure
Alternative Medical Services (Chiropractic, Massage, Acupuncture, Herbal or Homeopathy)	□ Need for more □ Adequate □ Too many □ Not Sure
Crisis Intervention Services for Troubled Youths	□ Need for more □ Adequate □ Too many □ Not Sure
Adult primary care services	□ Need for more □ Adequate □ Too many □ Not Sure
Services for victims of domestic violence	□ Need for more □ Adequate □ Too many □ Not Sure
Women's services, such as obstetrics/gynecological services	□ Need for more □ Adequate □ Too many □ Not Sure
Pediatrics services (Health services for infants/children)	□ Need for more □ Adequate □ Too many □ Not Sure
Cancer treatment and care	□ Need for more □ Adequate □ Too many □ Not Sure
Heart disease services including diagnostic services, heart surgery and cardiac rehabilitation programs	□ Need for more □ Adequate □ Too many □ Not Sure
Diabetes Care	□ Need for more □ Adequate □ Too many □ Not Sure
Emergency/Trauma Care	□ Need for more □ Adequate □ Too many □ Not Sure
Rehabilitation Services	□ Need for more □ Adequate □ Too many □ Not Sure
Health education services	□ Need for more □ Adequate □ Too many □ Not Sure
Elder care specialists	□ Need for more □ Adequate □ Too many □ Not Sure

O3. What kinds of health education services would you like to see provided in your area? ***(Check all that apply.)***

□ Teen sex education	□ Heart Disease
□ Alzheimer's	□ HIV / AIDS
□ Asthma	□ Mental Health
□ Cancer screening/treatments	□ Sexually Transmitted Diseases
□ Child Abuse / Family Violence	□ Smoking Cessation
□ Diabetes	□ Stress Management
□ Diet and/or exercise	□ Other _____
□ Drug/Alcohol Care	□ None of these

SECTION P: PATIENT PERCEPTIONS

P1. Please identify the hospitals that you have visited in the past 12 months.
□ Geisinger-Community Medical Center
□ Regional Hospital of Scranton (formerly Mercy)
□ Moses Taylor Hospital □ Mid Valley Hospital
□ Marian Community Hospital
□ Wilkes-Barre General Hospital
□ Geisinger

P2. How would you rate the overall environment of the hospitals you have visited?
□ Excellent □ Good □ Average □ Fair □ Poor

P3. What do you think of the quality of care delivered in hospitals in Lackawanna County or Luzerne County?
□ Excellent □ Good □ Average □ Fair □ Poor

P4. What do you think of the quality of the doctors in Lackawanna County and/or Luzerne County?
□ Excellent □ Good □ Average □ Fair □ Poor

P5. Have you received medical services out of Lackawanna County and/or Luzerne County in the past 5 years?
□ Yes □ No

P5a. **If yes**, where did you receive your health care services?
□ Lehigh Valley Health System, Allentown, PA
□ Geisinger Danville, PA
□ Rothman Institute, Philadelphia
□Thomas Jefferson, Philadelphia
□ University of Pennsylvania
□ Sloan Kettering Hospital, New York
□ Other _____

P5b. Please identify the type of services you received outside of Lackawanna County and/or Luzerne County? ***(Check all that apply.)***
□ Doctor visit □ Hospitalization
□ Inpatient Surgery □ Outpatient surgery
□ Medical Testing □ Radiation therapy
□ Chemotherapy □ Pain Management
□ Other

P6. What was the specialty of care you received?
□ Alcohol & Substance Abuse □ Burns □ Cardiac
□ Ear □ Endocrine System □ Eye/Ophthalmology
□ General Medicine □ Gynecology □ Infectious Disease
□ Internal Medicine □ Mental Illness □ Neurology (Brain or Spinal Cord) □ Obstetrics □ Oncology
□ Orthopedic □ Pediatrics □ Trauma

P7. Please select your reasons for leaving the area for **doctor** services. Please select all that apply.
□ Service not provided in the community
□ Service was provided in the community but I could not access the service in a timely manner
□ Service is provided in the community but the quality of care that I received out of the area was better than I could have received locally.
□ Other _____

P8. Please select your reasons for leaving the area for **hospital** services. **Please select all that apply.**
□ Service not provided in the community
□ Service was provided in the community but I could not access the service in a timely manner
□ Service is provided in the community but the quality of care that I received out of the area was better than I could have received locally.
□ Other _____

P9. Please rank the resources you use to determine quality of physicians. **(1 most important and 5 least important)**
___ Friends and family
___ Newspaper ads
___ Internet
___ Physician recommendation
___ Other _____

P10. Identify the resources you use to determine quality of care delivered in a hospital? ***(Check all that apply.)***
□ Friends and family
□ Newspaper ads
□ Quality data on the internet
□ Physician recommendation
□ Other _____

SECTION Q: DEMOGRAPHICS

These last few questions are for classification purposes only.

Q1. Are you…?
□ Male □ Female

Q2. What is the highest grade or year of school you completed?
□ Less than High School
□ Some high school
□ High school graduate
□ College 1 year to 3 years or technical school
□ College 4 years or more (College graduate)
□ Graduate/Professional Degree

Q3. Are you now:
□ Married □ Divorced □ Widowed □ Separated
□ Never been married □ Part of an unmarried couple living in the same household

Q4. Are you currently:
□ Employed for wages □ Self-employed
□ Out of work for more than 1 year
□ Out of work for less than 1 year □ Homemaker
□ Student □ Retired □ Unable to work

Q5. Annual household income from all sources:
□ Less than $10,000 □ 10,000 – 14,999
□ 15,000 - 24,999 □ 25,000 – 34,999
□ 35,000 – 49,000 □ 50,000 – 74,999
□ 75,000 – 99,999 □ 100,000 – 149,999
□ 150,000 +

Q6. Which one or more of the following would you say is your race? ***(Check all that apply.)***
□ White
□ Black or African American
□ Hispanic/Latino
□ Asian
□ Native Hawaiian or Other Pacific Islander
□ American Indian or Alaska Native, or
□ Other

Q7. Altogether, how many years have you lived Lackawanna and/or Luzerne County?
□ 2 or less
□ 3-5
□ 6-10
□ 11-14
□ 15 or more

Q8. How many people live in your household?
Adults_____
Children_____

Q9. Do you….?
□ Own your home
□ Rent
□ Other_____

Q10. Do you own a car? □ Yes □ No

Q11. Would you say you have good access to public transportation? □ Yes □ No

Q12. What country were you born in?
□ United States
□ Other _____

Q13. Are you a veteran of the U.S. Armed Forces?
□ Yes □ No

_____CUT ENTRY FORM HERE _____

Enter to win one of four $100 grocery gift cards. Print your name and phone and seal this form in the small white envelope and mail it with your completed survey in the postage paid reply envelope. This must be returned within seven days of receipt of the survey to be eligible for the drawing. **Return your survey within five days and you will be automatically entered to win an additional $100 grocery gift card.** Winners will be notified on or before October 1, 2012.

Name _____**Phone Number**_____
(please print)

Household Survey (Spanish)

Objetivo y Consentimiento Informado

Título del Proyecto: Evaluación de Necesidades de Salud de la Comunidad
Investigadores Principales: Teri Ooms, Director Ejecutivo y Sherry Tracewski, Investigador y Analista de Programa.
Otros investigadores: Kate Wassel, Asistente de Investigación, y Investigadores internos.

Objetivo del estudio: El objetivo del proyecto es doble. El primero es obtener un entendimiento de las necesidades de salud que existen en Lackawanna y el Condado de Luzerne a través de la colección de fuentes de datos primarios y secundarios. Estos datos serán analizados para identificar las necesidades de alta prioridad en el sistema de servicios sanitarios locales y para identificar los problemas y percepciones de la atención médica. Esta información dará lugar a la elaboración de un plan de salud integrado por la red de entrega de servicios estratégicos tanto a nivel hospitalario como a nivel de la comunidad.

La investigación primaria incluye la preparación y el despliegue de una encuesta al azar por correo a 12.000 hogares en los condados de Lackawanna y Luzerne. Encuestas electrónicas serán enviadas a los médicos. Además, grupos orientados y entrevistas con líderes de la comunidad, pacientes y personal médico se llevarán a cabo para reunir más información. Los datos de la encuesta se realizarán mediante un análisis estadístico. Los datos cualitativos se analizarán y resumirán en forma sumada. Además, la investigación se llevará a cabo utilizando fuentes secundarias para desarrollar un perfil demográfico de la región, el estado de salud, y los recursos de salud.

Duración: La encuesta debe durar menos de 18 minutos.
Declaración de Confidencialidad: La información que proporcione será confidencial, y nadie, ni siquiera los investigadores del proyecto conocerán su identidad. Sólo los investigadores antes mencionados tendrán acceso a las respuestas del estudio.

Derecho a hacer preguntas: Los participantes tienen derecho a hacer preguntas y obtener respuestas a sus preguntas. Por favor, póngase en contacto con Kate Wassel al 570.408.9850 o wassel@institutepa.org con cualquier pregunta, queja o inquietud sobre esta investigación.

Participación voluntaria: Su decisión de ser parte en esta investigación es voluntaria y si usted participa no hay compensación. Usted no tiene que contestar ninguna pregunta que no quiera contestar. Usted debe tener 18 años de edad o más para participar en este estudio investigativo.

Instrucciones de la encuesta

La encuesta le pide sus opiniones acerca de donde usted vive, la salud, y cuestiones de seguridad. Algunas preguntas pueden parecerse, pero cada una es diferente. Por favor tómese el tiempo necesario para leer y responder cada pregunta marcando la casilla (con una "x" o "/"), e rellenando la línea en blanco. Si no está seguro de cómo responder a una pregunta, por favor, de la mejor respuesta posible. Por favor devuelva la encuesta completada en el sobre con sello pagado que se incluye. (Un sello no es necesario). Si usted desea participar en el sorteo para **ganar una de las cuatro tarjetas de comestibles de regalo de $ 100**, por favor complete el formulario de inscripción al final de la encuesta y córtelo en la línea punteada, cierre el sello en el sobre blanco pequeño y devuélvalo en el sobre de respuesta con el sello pagado. Los documentos deben ser presentados con un análisis completo, y devueltos en un período de 7 días desde que los recibió para ser elegible para el sorteo. Los que sean entregados en un período de 5 días serán elegibles para recibir una tarjeta adicional de regalo de $ 100.

1. ¿En qué condado vive usted?
   □ Condado de Lackawanna □ Condado de Luzerne

2. ¿Cuál es su código postal? __ __ __ __ __

SECCIÓN A: Utilización y Acceso a Servicios de Salud

A1. ¿Tiene al menos una persona a la que considere su médico de cabecera o proveedor de cuidado de la salud?
□ Sí □ No

A2. **Si usted contestó sí a la pregunta A1**, por favor, describa el lugar donde usted va con mayor frecuencia:***(Marque sólo una).***
□ Médico de atención primaria
□ Médico especialista / médico que no sea médico de familia
□ Departamento de Salud del Condado
□ Centro comunitario de salud / clínica
□ Principiante dador de la salud
□ Sala de emergencia
□ Atención de urgencia / familia a pie-en el centro
□ Quiropráctico
□ En casa / auto-cuidado
□ Enfermero
□ Médico Asistente
□ Otro _____

A3. **Si usted contestó no a A1**, por qué no?
(Marque sólo una).
□ No sabe cómo encontrar un proveedor de atención médica
□ Ningún proveedor de cuidado de la salud está cerca de donde yo vivo
□ No necesita un proveedor de cuidado de la salud
□ No puede costear una visita al centro de la salud.
□ No puede encontrar un trabajador de cuidado de la salud que le guste o puede confiar.
□ No se puede obtener una cita
□ Temor a los trabajadores de cuidado de la salud
□ Prefiero usar la sala de emergencias
□ No hay transporte
□ Barrera del idioma
□ Otro _____

A4. Durante los últimos 12 meses, ¿cuántas veces ha sido examinado por un médico?
□ 0 □ 1-2 □ 3-4 □ 5 o más

A5. Durante los últimos 12 meses, ¿ha sido paciente en un hospital donde paso la noche?
□ Sí □ No

A6. Durante los últimos 12 meses, ¿ha buscado atención médica en una sala de emergencia? □ Sí □ No

A7. ¿Cuánto tiempo se toma generalmente para obtener una cita con un médico después de llamar?
□ Menos de una semana □ I-2 semanas □ 3-4 semanas
□ 5 semanas o más

A8. ¿Cuánto tiempo generalmente espera para ser atendido por un médico desde que llega a su cita?
□ 15 minutos o menos □ 15-30 minutos □ 31-45 minutos
□ 46-60 minutos □ Más de 60 minutos

A9. ¿A dónde se dirige primeramente para obtener información con respecto a su salud?
□ Internet □ Libros □ TV □ Periódico □ Radio
□ Pariente / Amigo

SECCIÓN B: ESTADO DE SALUD

B1. ¿Qué edad tiene? _____

B2. ¿Cuánto mide? _____pies _____ pulgadas

B3. ¿Cuánto pesa? _____

B4. En general, ¿diría que su salud es ...?
□ Excelente □ Buena □ Media □ Regular □ Mala

Para las preguntas B5 a B7, piense en los últimos 30 días ...

B5. ¿Cuántos de esos días su salud física no fue buena?
□ 0 □ 1-5 □ 6-10 □ 11-15 □ 16 o más

B6. ¿Por cuántos días tuvo problemas de salud mental (estrés, depresión)?
□ 0 □ 1-5 □ 6-10 □ 11-15 □ 16 o más

B7. Por cuántos días su salud física o mental le impidió realizar sus actividades habituales, como por ejemplo, el auto-cuidado del trabajo o recreación?
□ 0 □ 1-5 □ 6-10 □ 11-15 □ 16 o más

SECCION C: ENFERMEDADES CRÓNICAS Y DE GESTIÓN

C1. Por favor, compruebe si ha sido diagnosticado con una condición y si ha recibido algún tipo de tratamiento (s).
(Marque todas las condiciones y tratamientos que se aplican).

Condición	Tratamiento
□ La presión arterial alta o hipertensión	□ Los medicamento(s) recetados □ Nutrición □ Ejercicio □ Ningún tratamiento □ Otra _____
□ Colesterol Alto	□ Los medicamento(s) recetados □ Nutrición □ Ejercicio □ Ningún tratamiento □ Otra _____
□ Diabetes Tipo 1 □ Diabetes Tipo 2	□ Los medicamento(s) recetados □ Nutrición □ Ejercicio □ Ningún tratamiento □ Otra _____
□ EPOC o Enfermedad Pulmonar	□ Los medicamento(s) recetados □ Nutrición □ Ejercicio □ Ningún tratamiento □ Otra _____
□ Ataque al corazón (infarto de miocardio)	□ Los medicamento(s) recetados □ Nutrición □ Ejercicio □ Ningún tratamiento □ Otra _____
□ Derrame cerebral	□ Los medicamento(s) recetados □ Nutrición □ Ejercicio □ Ningún tratamiento □ Otra _____
□ La angina de pecho o enfermedad coronaria	□ Los medicamento(s) recetados □ Nutrición □ Ejercicio □ Ningún tratamiento □ Otra _____
□ Artritis	□ Los medicamento(s) recetados □ Nutrición □ Ejercicio □ Ningún tratamiento □ Otra _____
□ Asma	□ Los medicamento(s) recetados □ Nutrición □ Ejercicio □ Ningún tratamiento □ Otra _____

C2. ¿Un médico, una enfermera u otro profesional de la salud le ha dicho que tiene cáncer?
□ Sí □ No

C2a. ¿**En caso afirmativo**, qué tipo de cáncer tiene?
_____

C2b. ¿Qué tipo de tratamiento recibió?
□ Cirugía □ Radiación □Quimioterapia □ Otro

C3. ¿Ha sido diagnosticado con cualquier enfermedad crónica ***que no ha sido*** mencionada anteriormente?
□ Sí □ No

C3a. **Si es así**, por favor escriba a continuación.
_____

C3b. ¿Qué tratamiento (s) ha recibido?
Medicamentos con receta □ (s) □ Nutrición
□ Ejercicio □ No □ _____ Otro tratamiento

SECCIÓN D. JUVENTUD DE LA SALUD

D1. ¿Tiene hijos que viven en su casa?
(***Si no, salte a la Sección E)*** □ Sí □ No

En caso afirmativo, cuántos niños viven en su hogar que son…
D1a. 4 años de edad o menos? _____
D1b. 5 a 12 años de edad? _____
D1c. 13 a 17 años de edad? _____

D2. ¿Tiene algún niño en su hogar bajo la edad de 18 años que ha sido diagnosticado con ...?

□ Asma
□ Diabetes
□ Sobrepeso / obesidad.
□ Problema emocional o mental
□ Discapacidad de aprendizaje o trastorno de la atención

SECCIÓN E: DIETA Y EJERCICIO

E1. Un doctor u otro profesional de la salud alguna vez ha hablado con usted acerca de la actividad física o el ejercicio?
□ Sí □ No

E2. Durante el último mes, ¿participó en alguna actividad física como correr o clases de ejercicios, caminar, levantar pesas u otra actividad para hacer ejercicio? ***(Si no, por favor vaya a la Sección E).***
□ Sí □ No

E3. ¿Cuántas veces por semana realizó esta actividad durante el mes pasado?
□ 1-2 □ 3-4 □ 5-10 □ Más de 10

E4. ¿Cuando realizaba esta actividad, por cuántos minutos lo hacía generalmente?
□ 20 o menos □ 21-30 □ 31-40 □ 41-50 □ 50 o más

E5. ¿Diría usted que tiene buen acceso a frutas y verduras frescas? □ Sí □ No

E6. En promedio, ¿cuántas porciones de frutas y verduras come usted cada día?
□ 1-2 □ 3-4 □ 4-5 □ 6-7 □ 8 o más

E7. ¿Con qué frecuencia diría usted que come comida rápida?
□ Diario □ Un par de veces a la semana □ Un par de veces al mes □ Un par de veces durante el año
□ Rara vez o nunca

E8. ¿Toma usted vitaminas o suplementos todos los días?
□ Sí □ No

SECCIÓN F: DISCAPACIDAD

F1. ¿Es usted, o alguien en su hogar, limitado/a de ninguna manera a actividades por causa de algún impedimento o problema de salud? □ Sí □ No

F2. ¿Usted o alguien en su hogar, necesita ayuda de otros de cuidado personal por necesidades, tales como comer, bañarse, vestirse o moverse por la casa? □ Sí □ No

F3. ¿Usted o alguien en su hogar, necesita la ayuda de otros en el manejo de las necesidades de rutina, tales como las tareas domésticas cotidianas, hacer negocios necesarios, ir de compras o realizar otras tareas?
□ Sí □ No

SECCIÓN G: CHEQUEO / PREVENCIÓN

G1. ¿Ha recibido alguna de las siguientes en el último año?
(***Marque todas las que apliquen***).

□ Vacuna contra la gripe
□ Vacuna de la neumonía
□ Chequeo
□ Análisis de colesterol
□ Análisis de sangre
□ Análisis de orina
□ La colonoscopia
□ Prueba de la próstata (hombres solamente)
□ Mamografía (sólo mujeres)
□ Prueba Citológica (sólo mujeres)
□ ECG

Sección H: TERAPIAS ALTERNATIVAS

H1. ¿Ha utilizado alguna de las siguientes terapias alternativas en los últimos 12 meses?
□ Quiropráctica □ Terapia de Masaje □ Acupuntura
□ Fitoterapia □ Homeopatía
□ Otros _____

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H1a. **Si es así**, ¿en qué medida encontró los tratamientos útiles? □ Muy útil □ Algo útil □ Neutral □ No muy útil □ No hubo ningún efecto o beneficio

SECCIÓN I: EL CUIDADO DENTAL

I1. ¿Cuánto tiempo ha pasado desde la última vez que visitó al dentista o a una clínica dental?
□ 1 -12 meses □ 1 - 2 años □ 2 - 5 años □ 5 o más años
□ Nunca

I2. Si usted no ha ido al dentista en los últimos 12 meses, ¿cual diría usted que es la razón principal?
□ No aplicable □ El miedo, temor, dolor, disgusto de ir
□ Costo □ No tiene un dentista
□ No se puede ir al dentista
□ No hay razón para ir a
□ Otro

I3. ¿Cuántos de los dientes permanentes le han sacado por problemas de caries o enfermedad de las encías?
□ Ninguno □ cinco o menos □ seis o más, pero no todos
□ Todos

SECCIÓN J: SALUD MENTAL

J1. Durante los últimos 12 meses, ¿alguna vez se sintió tan triste y desesperado casi todos los días durante dos semanas o más que dejo de hacer sus actividades habituales? □ Sí □ No

J2. Durante las últimas 2 semanas, ¿cuántos días se ha sentido triste, deprimido o sin esperanza?
□ 1-2 □ 3-4 □ 5-6 □ 6-10 □ Más de 10

J3. ¿Un doctor u otro profesional sanitario le ha dicho que usted tiene cualquiera de las siguientes condiciones?
□ Depresión
□ Ansiedad / Estrés trastornos
□ Trastorno Bipolar
□ Esquizofrenia
□ Problema de abuso de sustancias (drogas, alcohol o tabaco)

J4. **Si es así**, durante los últimos 12 meses, ¿dónde recibió tratamiento?
□ Clínica de salud mental para pacientes ambulatorios
□ Terapeuta privado, trabajador social, psicólogo
□ Consultorio médico
□ Clínica Médica
□ Otro

J5. Durante los últimos 12 meses, ¿hubo algún momento cuando necesitó tratamiento de salud mental o terapia para usted mismo, pero no lo consiguió?
□ Sí □ No

J6. **Si es así**, ¿por qué no recibió la atención que necesitaba?
□ No podía costearlo □ No sabía a dónde ir
□ Tomó demasiado tiempo □ Avergonzado
□ Muy lejos □ No creí que ayudaría
□ Otros _____

SECCIÓN K: TABACO

K1. ¿Fuma cigarros? ***En caso afirmativo, pase a la siguiente K2, si no, vaya a la Sección L.*** □ Si □ No

K2. ¿Con qué frecuencia usted fuma cigarros?
□Todos los días □ Algunos días

K3. En promedio, ¿cuántos cigarros por día fuma usted actualmente?
□ 5 o menos □ 6-10 □ 11-19 □ 20 +

K4. En los últimos 12 meses, ¿tiene un médico, enfermera u otro profesional sanitario que le ha aconsejado dejar de fumar? □ Sí □ No

K5. Si durante los últimos 12 meses usted ha intentado dejar de fumar, ¿cuál es la parte más difícil de dejar de fumar? ***(Marque sólo una).***
□ Síntomas presentados al dejar de fumar
□ El miedo al fracaso
□ Deseo
□ El aumento de peso
□ Pérdida de como de manejar el estrés
□ El disfrute de fumar
□ El costo de productos que previenen fumar
□ Otro _____
□ No he intentado dejar de fumar

Sección L: ALCOHOL

L1. Durante el último mes, ¿ha tenido al menos un trago de cualquier bebida alcohólica, como cerveza, vino o licor?
□ Sí □ No

L2. Durante el último mes, ¿cuántos días a la semana tenía que tomar bebidas alcohólicas, en promedio?
□ 1-2 □ 3-4 □ 5-6 □ diario

L3. En los días que bebió, ¿aproximadamente cuántas bebidas ingirió en promedio?
□ 1-2 □ 3-4 □ 5 o más

L4. Teniendo en cuenta todo tipo de bebidas alcohólicas, ¿cuántos días durante los últimos 30 días tomó 5 o más tragos en una ocasión?
□ 0 □ 1-3 □ 4-6 □ 7-10 □ 11 o más

L5. Durante los últimos 30 días, ¿cuántas veces ha tomado manejado el mismo día?
□ 0 □ 1-3 □ 4-6 □ 7-10 □ 11 o más

L6. Durante los últimos 12 meses, ¿ha recibido tratamiento o asesoramiento para su uso del alcohol? □ Sí □ No

L7. **En caso afirmativo**, ¿de dónde ha recibido tratamiento durante los últimos 12 meses? ***(Marque todas las que apliquen)***
□ ER □ Terapia de Grupo □ Hospital – Hospitalaria □ Tratamiento Individual □ Tratamiento Residencial (desintoxicación) □ Tratamiento Residencial - con excepción de desintoxicación □ AA u otro grupo □ Otro _____

SECCIÓN M: LAS DROGAS
El siguiente grupo de preguntas se refiere a su opinión sobre la medida en que las drogas están disponibles en su vecindario.

M1. ¿Cuan fácil o difícil sería para usted obtener drogas si quiere un poco?

Marihuana	□No sabe □ Probablemente imposible □ Muy difícil □ Bastante difícil □ Bastante Fácil □ Muy Fácil
La Heroína	□No sabe □ Probablemente imposible □ Muy difícil □ Bastante difícil □ Bastante Fácil □ Muy Fácil
Analgésicos recetados (sin receta médica para usted)	□No sabe □ Probablemente imposible □ Muy difícil □ Bastante difícil □ Bastante Fácil □ Muy Fácil
La metanfetamina (metanfetamina, metanfetamina de cristal)	□No sabe □ Probablemente imposible □ Muy difícil □ Bastante difícil □ Bastante Fácil □ Muy Fácil
La cocaína, incluyendo polvo, cocaína cocinada, base libre y la pasta de coca	□No sabe □ Probablemente imposible □ Muy difícil □ Bastante difícil □ Bastante Fácil □ Muy Fácil
El éxtasis o MDMA	□No sabe □ Probablemente imposible □ Muy difícil □ Bastante difícil □ Bastante Fácil □ Muy Fácil
Sales de Baño	□No sabe □ Probablemente imposible □ Muy difícil □ Bastante difícil □ Bastante Fácil □ Muy Fácil

M2. Durante los últimos 12 meses, ¿ha recibido tratamiento o asesoramiento para su uso de cualquier droga?
□ Sí □ No

M2a. **En caso afirmativo**, ¿de dónde ha recibido tratamiento durante los últimos 12 meses? ***(Marque todas las que apliquen).***
□ ER □ Terapia de Grupo □ Hospital – Hospitalaria □ Tratamiento Individua □ Tratamiento Residencial (desintoxicación) □ Tratamiento Residencial - con excepción de desintoxicación □ AA u otro grupo □ Otro _____

M3. ¿Todavía está en el tratamiento o asesoramiento?
□ Sí □ No

M4. **Si no**, ¿por qué no está en tratamiento más?
□ Completa □ El uso de drogas nuevamente □ No lo podía pagar □ No útil □ Otro _____

SECCIÓN N: COBERTURA DE SEGURO MÉDICO
N1. ¿Tiene actualmente seguro de salud? □ Sí □ No

N2. ¿Tiene actualmente seguro médico que cubra al menos parte de la factura si tiene que permanecer en el hospital durante la noche? □ Sí □ No

N3. ¿Cual es que la cobertura?
□ Medicaid / Asistencia Médica □ Medicare □ Seguro que usted / su cónyuge consiguió a través de un empleador □ Seguro que usted compro por su cuenta □ Otro

N4. Durante los últimos 12 meses, ¿hubo algún momento que no tenía ningún seguro de salud o cobertura?
□ Sí □ No

N4a. **En caso afirmativo**, ¿cuál es la razón principal por la que están / estaban sin cobertura de salud?
□ Pérdida del trabajo o cambio de empleados
□ Cónyuge o padre perdió el trabajo o cambio de empleados
□ Se divorció o separó
□ Cónyuge o padre muerto
□ Se convirtió en inhabilitado por su edad / dejó la escuela
□ Empleador no ofrece o dejó de ofrecer cobertura
□ Comenzó a trabajar a tiempo parcial o se volvió empleado temporal
□ Beneficios del empleador / patrón anterior se terminaron
□ No pudo permitirse el lujo de pagar los pagos
□ Compañía de seguros le negó la cobertura
□ Elegibilidad perdida
□ Otro _____

N5. ¿Hubo algún momento durante los últimos 12 meses cuando fue necesario consultar a un médico, pero no pudo debido al costo? □ Sí □ No

N6. Durante los últimos 12 meses, ¿hubo veces que usted o alguien en su hogar no podían comprar los medicamentos recetados, ya que no podían darse el lujo de pagarlos?
□ Sí □ No

SECCIÓN O: COMUNIDAD

Las siguientes preguntas son acerca de las preocupaciones de salud y servicios de salud en su comunidad.

O1. ¿Cual cree que es el mayor problema de salud que enfrenta su comunidad? ***(Marque sólo una).***

□ El costo de la atención sanitaria	□ La falta de transporte
□ El acceso a los servicios de salud	□ Los problemas de salud mental
□ El abuso de alcohol / drogas	□ El embarazo en adolescentes
□ Cáncer	□ Suicidio
□ El envejecimiento de la población en la región	□ Personas sin Hogar
□ El costo del seguro	□ Otro

O2. ¿Cuáles opina sobre el número de servicios de salud y trabajadores de la salud en la región?

Servicios domicilios de enfermería	□ Necesitan más □ Adecuada □ Demasiado □ No se
Consejería / Salud Mental / Servicios Psiquiátricos	□ Necesitan más □ Adecuada □ Demasiado □ No se
Servicios para el tratamiento de abuso de alcohol y drogas	□ Necesitan más □ Adecuada □ Demasiado □ No se
Alternativas de Servicios Médicos (quiropráctica, masajes, acupuntura, hierbas o la homeopatía)	□ Necesitan más □ Adecuada □ Demasiado □ No se
Servicios de Intervención de crisis para jóvenes con problemas	□ Necesitan más □ Adecuada □ Demasiado □ No se
Servicios de atención primaria para adultos	□ Necesitan más □ Adecuada □ Demasiado □ No se
Servicios para víctimas de violencia doméstica	□ Necesitan más □ Adecuada □ Demasiado □ No se
Los servicios de las mujeres, tales como servicios de obstetricia y ginecología	□ Necesitan más □ Adecuada □ Demasiado □ No se
Servicios de pediatría (servicios de salud para los bebés y niños)	□ Necesitan más □ Adecuada □ Demasiado □ No se
El tratamiento y el cuidado del cáncer	□ Necesitan más □ Adecuada □ Demasiado □ No se
Los servicios de enfermedades del corazón, incluyendo los servicios de diagnóstico, cirugía cardíaca y los programas de rehabilitación cardíaca	□ Necesitan más □ Adecuada □ Demasiado □ No se
Tratamiento de la Diabetes	□ Necesitan más □ Adecuada □ Demasiado □ No se
Emergencia / Tratamiento de Trauma	□ Necesitan más □ Adecuada □ Demasiado □ No se
Servicios de Rehabilitación	□ Necesitan más □ Adecuada □ Demasiado □ No se
Servicios la educación de la salud	□ Necesitan más □ Adecuada □ Demasiado □ No se
Especialistas en cuidado de ancianos	□ Necesitan más □ Adecuada □ Demasiado □ No se

O3. ¿Qué tipos de servicios de educación para la salud que le gustaría ver siempre en su área? ***(Marque todas las que apliquen).***

□ Educación sexual para adolescentes	□ Enfermedades del Corazón
□ Alzheimer	□ VIH / SIDA
□ Asma	□ Salud Mental
□ Detección y tratamientos de cáncer	□ Las Enfermedades de Transmisión Sexual
□ Abuso Infantil / Violencia Familiar	□ Dejar de Fumar
□ Diabetes	□ Manejo del Estrés
□ La dieta y / o el ejercicio	□ Otro _____
□ Tratamiento de drogas / alcohol	□ Ninguno de estos

SECCIÓN P: Las percepciones del paciente

P1. Por favor, identifique los hospitales que ha visitado en los últimos 12 meses.

□ Geisinger Medical Center de la Comunidad

□ Hospital Regional de Scranton (anteriormente la Misericordia) □ Moses Taylor Hospital □ Mid Valley Hospital □ Marian Community Hospital

□ Wilkes-Barre General Hospital □ Geisinger

P2. ¿Cómo calificaría la situación general de los hospitales que ha visitado?

□ Excelente □ Buena □ Media □ Regular □ Mala

P3. ¿Qué piensa usted de la calidad de la atención en los hospitales en el condado de Lackawanna o el Condado de Luzerne?

□ Excelente □ Buena □ Media □ Regular □ Mala

P4. ¿Qué piensa usted de la calidad de los médicos en el condado de Lackawanna y / o el Condado de Luzerne?
□ Excelente □ Buena □ Media □ Regular □ Mala

P5. ¿Ha recibido servicios médicos fuera del condado de Lackawanna y / o el Condado de Luzerne, en los últimos 5 años? □ Sí □ No

P5a. **En caso afirmativo**, ¿de dónde recibió sus servicios de cuidado de salud?
□ Lehigh Valley Health System, Allentown, PA
□ Geisinger de Danville, PA
□ Rothman Institute, de Filadelfia
□ Thomas Jefferson, en Filadelfia
□ Universidad de Pennsylvania
□ Sloan Kettering Hospital de Nueva York
□ Otro _____

P5b. Por favor, identifique el tipo de servicios que recibió fuera del condado de Lackawanna y / o el Condado de Luzerne ***(Marque todas las que apliquen).***
□ Visita al Médico □ Hospitalización
□ Cirugía con ingreso □ Cirugía ambulatoria
□ Exámenes médicos □ Radioterapia
□ Quimioterapia □ Manejo del Dolor □ Otro

P6. ¿Cuál fue la especialidad de la atención que recibió?
□ Abuso de Alcohol y Sustancias □ Quemaduras
□ Cardiaca □ Oído □ Sistema endocrino
□ Ojos / Oftalmología □ Medicina general
□ Ginecología □ Enfermedades Infecciosas
□ Medicina Interna □ Enfermedad Mental
□ Neurología (cerebro o médula espinal) □ Obstetricia
□ Oncología □ Ortopedia □ Pediatría □ Trauma

Por favor, para las preguntas P7a P8 todas las que correspondan.

P7. Por favor seleccione sus razones para abandonar el área de los **servicios del médico**.
□ Servicio no dados en la comunidad
□ Servicio proporcionados en la comunidad, pero no pude acceder al servicio a tiempo
□ Servicio proporcionado en la comunidad, pero la calidad de la atención que he recibido fuera del área fue mejor de lo que podría haber recibido a nivel local.
□ Otro _____

P8. Por favor, seleccione sus razones para abandonar el área de los servicios **hospitalarios**.
□ Servicio no dados en la comunidad
□ Servicio proporcionados en la comunidad, pero no pude acceder al servicio a tiempo
□ Servicio proporcionado en la comunidad, pero la calidad de la atención que he recibido fuera del área fue mejor de lo que podría haber recibido a nivel local.
□ Otro _____

P9. Por favor, numere los recursos que se utilizan para determinar la calidad de los médicos. ***(1 más importante y 5 menos importante)***
___ Los amigos y familiares ___ Anuncios en los periódicos ___ Internet ___ Recomendación de un Médico ___ Otro _____

P10. Identifique los recursos que se utilizan para determinar la calidad de la asistencia prestada en un hospital? ***(Marque todas las que apliquen).***
□ Los amigos y la familia
□ Los anuncios en los periódicos
□ Las estadísticas en el Internet
□ Recomendación de un Médico
□ Otros _____

Por favor, continúa en la página ocho.

SECCIÓN Q: DEMOGRAFÍA

Estas últimas preguntas son sólo para propósitos de clasificación.

Q1. ¿Es usted ...? □ Hombre □ Mujer

Q2. ¿Cuál es el grado o año de escuela que usted terminó?
- □ Menos de la Escuela Secundaria
- □ Algo de Escuela Secundaria
- □ Graduado de escuela superior
- □ De 1 a 3 años o escuela técnica
- □ Universidad 4 años o más (Graduado)
- □ Graduado / Nivel Profesional

Q3. ¿Está usted ahora?:
- □ Casado □ Divorciado □ Viudo □ Separado
- □ Nunca ha estado casado □ Parte de una pareja que vive de hecho en la misma casa

Q4. ¿Está usted actualmente?:
- □ Empleado con salario
- □ Trabajador por cuenta propia
- □ Ha estado desempleado por más de 1 año
- □ Sin trabajo por menos de 1 año □ Ama de casa
- □ Estudiante □ Jubilado □ Incapacitado para trabajar

Q5. Los ingresos familiares anuales de todas las fuentes:
- □ Menos de $10,000 □ 10,000 – 14,999
- □ 15,000 - 24,999 □ 25,000 – 34,999
- □ 35,000 – 49,000 □ 50,000 – 74,999
- □ 75,000 – 99,999 □ 100,000 – 149,999
- □ 150,000 +

Q6. ¿Cuál o cuáles de las siguientes diría usted que es su raza? (***Marque todas las que apliquen***).
- □ Blanco
- □ Negro o afro-americano
- □ Hispano/Latino
- □ Asiático
- □ Nativo de Hawái u otra isla del Pacífico
- □ Indio Americano o Nativo de Alaska
- □ Otro

Q7. En total, ¿cuántos años ha vivido en Lackawanna y / o el Condado de Luzerne?
- □ 2 or menos
- □ 3-5
- □ 6-10
- □ 11-14
- □ 15 o más

Q8. ¿Cuántas personas viven en su hogar?
Adultos_____
Niños_____

Q9. ¿Tiene usted ....?
- □ Casa propia
- □ Alquiler
- □ Otro _____

Q10. ¿Es dueño de un coche? □ Sí □ No

Q11. ¿Diría usted que tiene buen acceso al transporte público? □ Sí □ No

Q12. ¿En qué país nació?
- □ Estados Unidos
- □ Otros _____

Q13. ¿Es usted un veterano de las Fuerzas Armadas de Estados Unidos? □ Sí □ No

_____CORTE FORMULARIO DE INSCRIPCIÓN AQUÍ_____

Participa y podrás ganar una de las cuatro tarjetas de regalo para comestibles de $ 100. Escriba su nombre y teléfono y selle el formulario en el sobre blanco pequeño y envíelo por correo con su encuesta completada en el sobre de respuesta con el sello pagado. Los documentos deben ser presentados con un análisis completo y devueltos en un período de 7 días desde los recibió para ser elegible para el sorteo. **Los que sean entregados en un periodo de 5 días serán elegibles para recibir una tarjeta adicional de regalo de $ 100**. Los ganadores serán notificados a más tardar el 01 de octubre 2012.

Nombre _____ **Número de Teléfono** _____
(Letra de imprenta)

Interview Questions

1. How many individuals are covered/are seen by or organization?
2. Please describe the scope of your delivery system.
3. What is your vision for a healthy community?
4. What are some of the major health challenges faced in this community?
5. What are some of the most common illnesses you see?
6. To what extent do you think access to healthcare is a problem for some in the community?
7. To what extent do you think chronic disease/obesity is a problem in the community?
8. To what extent do mental health issues are a problem for some in the community?
9. To what extent do you think substance abuse is a problem in the community?
10. How has uncompensated care impacted your organization?
11. Do you have any special programs or centers of excellence?
12. What are some of your most significant upcoming plans?

Focus Group Questions

High Priority Groups

1. What is your vision for a healthy community?
2. What is your perception of the health programs and services in the region?
3. What should be done do to improve health and quality of life in the community?
4. Do you believe people in the community have adequate access to healthcare?
5. What should be done to improve access to healthcare?
6. How would you rate hospitals in the area?
7. How would you rate doctors in the area?
8. Have you or anyone you know left the area for medical treatment?
9. What programs or services would enhance good health and well-being in the region for families with children? Families with aging relatives? Area youth?
10. Do you think access to healthcare is a problem for some in the community?
11. Do you think chronic disease/obesity is a problem in the community?
12. Do you think mental health issues are a problem for some in the community?
13. Do you think substance abuse is a problem in the community?
14. Do you think there is a growing mental health issue in the community?

Focus Group – Public Health/Chronic Disease Organizations/HC Providers

1. What is your vision for a healthy community?
2. What are some of the major health challenges faced in this community?
3. What are some of the most common illnesses you see?
4. Do you think access to healthcare is a problem for some in the community?
5. Do you think chronic disease/obesity is a problem in the community?
6. Do you think mental health issues are a problem for some in the community?
7. Do you think substance abuse is a problem in the community?

NEPA-001844

Major Employers

1. How many employees do you have?
2. Do you offer them all health insurance?
3. Is there a waiting period for a new employee before they can get health insurance through your company?
4. How man uninsured employees do you currently have?
5. What makes a healthy employee?
6. Does your company have any programs that offer gym memberships or other health/fitness programs?
7. How has employee health changed over the past 5 years, 10 years?
8. To your knowledge, are chronic diseases, substance abuse or mental health issues a problem at your company?

Behavior Based

1. How much of a problem is substance abuse in the community?
2. What types of substance abuse are you seeing?
3. How has it changed over the past 5 year, 10 years?
4. Has the demographic of the clientele you see changed over the past 5 years, 10 years?
5. Is it combined with mental illness?
6. Is there a relationship with substance abuse and the recently paroled or those on probation?
7. Is there a relationship with unemployment or those living in poverty?

Patient Interviews

1. Please identify the hospitals that you have visited in the past 12 months. Check all that apply
    a. Geisinger - Community Medical Center
    b. Geisinger Wyoming Valley
    c. Regional Hospital of Scranton
    d. Moses Taylor Hospital
    e. Mid-Valley Hospital
    f. Wilkes-Barre General Hospital

2. How would you rate the hospital environment such as cleanliness, new technology?
    a. Excellent
    b. Good
    c. Fair
    d. Average
    e. Poor

3. What do you think of the quality of care delivered in the hospitals in Lackawanna and Luzerne Counties?
    a. Excellent
    b. Good
    c. Fair
    d. Average
    e. Poor

4. What do you think of the quality of the doctors in Lackawanna and Luzerne Counties?
    a. Excellent
    b. Good

c. Fair
d. Average
e. Poor

5. Have you received medical services out of Lackawanna and Luzerne Counties in the past 5 years?
   a. Y (If yes, go to Q6)
   b. N (If no, go to Q11)

6. If so, where did you receive your health care services?
   a. Lehigh Valley Health System, Allentown, PA
   b. Geisinger Danville, PA
   c. Rothman Institute, Philadelphia
   d. Thomas Jefferson, Philadelphia
   e. University of Pennsylvania
   f. Sloan Kettering Hospital, New York
   g. Other _____

7. Please identify the type of services you received outside of Lackawanna and Luzerne Counties? Check all that apply.
   a. Doctor visit
   b. Hospitalization
   c. In patient Surgery
   d. Outpatient surgery
   e. Medical Testing
   f. Radiation therapy
   g. Chemotherapy
   h. Other _____

8. What was the specialty of care you received?
   a. Alcohol & Substance Abuse
   b. Burns
   c. Cardiac
   d. Ear
   e. Endocrine System
   f. Eye/Ophthalmology
   g. General Medicine
   h. Gynecology
   i. Infectious Disease
   j. Internal Medicine
   k. Mental Illness
   l. Neurology (Brain or Spinal Cord)
   m. Obstetrics
   n. Oncology
   o. Orthopedic
   p. Trauma

9. Please select your reasons for leaving the area for **doctor** services. Please select all that apply.
    a. Service not provided in the community
    b. Service was provided in the community but I could not access the service in a timely manner
    c. Service is provided in the community but the quality of care that I received out of the area was better than I could have received locally.
    d. Other _____

10. Please select your reasons for leaving the area for **hospital** services. Please select all that apply.
    a. Service not provided in the community
    b. Service was provided in the community but I could not access the service in a timely manner
    c. Service is provided in the community but the quality of care that I received out of the area was better than I could have received locally.
    d. Other _____

11. Please rank the resources you use to determine quality of physicians. (1 most important – 4 least important)
    h. Friends and family
    i. Newspaper ads
    j. Quality data on the internet
    k. Physician recommendation
    l. Other _____

12. Please identify the resources you use to determine quality of care delivered in a hospital?

Check all that apply.

Friends and family

    a. Newspaper ads
    b. Quality data on the internet
    c. Physician recommendation
    d. Other _____

Provider Interviews

1. Have you or would recommend health services located outside the region to patients?

2. Under what circumstances?

3. Have you feedback from patients or other medical personnel regarding the quality of health care locally? What is the feedback?

4. What needs to happen to improve local health care resources and the delivery system?

Provider Survey

1. Have you referred your patients to doctors and hospitals outside of Lackawanna/Luzerne County?

   If yes, Why? _____

   If so, where did you receive your health care services?

   a. Lehigh Valley Health System, Allentown, PA
   b. Geisinger Danville, PA
   c. Rothman Institute, Philadelphia
   d. Thomas Jefferson, Philadelphia
   e. University of Pennsylvania
   f. Sloan Kettering Hospital, New York
   g. Other

   No _____ If no go to question 4.

2. Please identify the type of services referred patients to outside of Lackawanna and Luzerne Counties? Check all that apply.
   a. Doctor visit
   b. Hospitalization
   c. In patient Surgery
   d. Outpatient surgery
   e. Medical Testing
   f. Radiation therapy
   g. Chemotherapy
   h. Other

3. What was the specialty of care they received? Check all that apply
   a. Alcohol & Substance Abuse
   b. Burns
   c. Cardiac
   d. Ear
   e. Endocrine System
   f. Eye/Ophthalmology
   g. General Medicine
   h. Gynecology
   i. Infectious Disease
   j. Internal Medicine
   k. Mental Illness
   l. Neurology (Brain or Spinal Cord)
   m. Obstetrics
   n. Oncology
   o. Orthopedic
   p. Trauma

4. Please select your reasons for referring patients out of the area for **doctor** services. Please select all that apply.
    a. Service not provided in the community
    b. Service was provided in the community but I could not access the service in a timely manner
    c. Service is provided in the community but the quality of care that I received out of the area was better than I could have received locally.
    d. Other – please explain.

5. Please select your reasons for referring patients out of the area for **hospital** services. Please select all that apply.
    a. Service not provided in the community
    b. Service was provided in the community but I could not access the service in a timely manner
    c. Service is provided in the community but the quality of care that I received out of the area was better than I could have received locally.
    d. Other – please explain

6. Please select the hospital or hospitals to which you have privileges.
    a. Geisinger - Community Medical Center
    b. Geisinger Wyoming Valley
    c. Regional Hospital of Scranton
    d. Moses Taylor Hospital
    e. Mid-Valley Hospital
    f. Wilkes-Barre General Hospital

7. Please select your area of specialty:
    a. Family or primary care doctor
    b. Cardiology
    c. Endocrinologist
    d. Gynecology
    e. Infectious Disease
    f. Internal Medicine
    g. Neurology (Brain or Spinal Cord)
    h. Obstetrics
    i. Oncology
    j. Orthopedic
    k. Trauma

Asset Matrix (Lackwanna County)

Category*	Name of Organization	Specialty(ies)	Number of Locations	Cities	Bi-county (X)	Corporate Status	Bilingual Y/N	Ave. Annual Patients	Number of Beds	Multiple Categories (X)	Website
Aging	Genesis Healthcare	Skilled Nursing, Rehabilitation, Assisted/Senior Living, Pulmonary Management Program, Short Stay Care	6	Carbondale, Clarks Summit, Scranton, Wilkes-Barre	X	Profit			337		http://www.genesishcc.com/
Aging	Allied Services	Skilled Nursing, Rehabilitation, Short Term Pulmonary Rehab, Repertory Unit, Recreational Rehab, Long-term Care, Alzheimer's Program, Social Services, Dietary Services	2	Scranton, Wilkes-Barre	X	Non-Profit			371		http://www.allied-services.org/our-services/skilled-nursing/
Aging	Laurel Hill, Inc.	None Listed	1	Dunmore		Profit			92		N/A
Aging	Golden Living Center	Nursing Care, Stroke Rehabilitation, Physical therapy, Diabetes Management, Pain Management, Hospice, Specialist Treatments	3	Scranton, Wilkes-Barre	X	Profit			139		http://www.goldenlivingcenters.com
Aging	Senior Healthcare Solutions	Occupational Therapy, Physical Therapy, Skilled Nursing, Social Services, Speech Pathology	2	Scranton		Profit			200		http://seniorhealthcaresolutions.org/
Aging	Jewish Home of Eastern PA	Primary care visits on site, Skilled Nursing, Rehabilitation, Portable x-ray, Alzheimer's Program	1	Scranton		Non-Profit			173		http://jhep.org/
Aging	Lackawanna Health and Rehab Center	Occupational Therapy, Physical Therapy, Social Services, Speech Therapy, Alzheimer's and Dementia Care	1	Olyphant		Profit			272		N/A
Aging	Mountain View Care Center	Skilled Nursing, Short Term Care, Rehabilitation, Long Term Care, Hospice, Alternative Medicine	1	Scranton		Non-Profit			180		http://www.mountainviewcarecenter.org
Aging	Osprey Ridge Healthcare and Rehabilitation Center	Occupational Therapy, Physical Therapy, Speech Therapy, Surgery Recovery, Oncology, Wound Management, Pulmonary Therapy, Alzheimer's Care, Respite Care, Hospice Care	1	Carbondale		Profit			81		http://www.reflectionlifecare.com/osprey.html
Aging	Regional Hospital Skilled Nursing	Short Term Care, Care after Surgery or Major Medical Event	1	Scranton		Profit			22		http://www.regionalhospitalofscranton.net/Services/Pages/Skilled%20Nursing%20Unit.aspx
Aging	Riverside Rehabilitation & Nursing Care	Occupational Therapy, Physical Therapy, Speech Therapy, Skilled Nursing, Alzheimer's and Dementia Care, Respite Care, Long Term Care, Short Term Rehabilitation	1	Taylor, Nanticoke	X	Profit			161		http://riversidernc.com/
Aging	Scranton Healthcare Center	None Listed	1	Scranton		Profit			45		N/A
Aging	Diocese of Scranton	Skilled Care, Occupational Therapy, Physical Therapy, Speech Therapy, Social Services	4	Scranton, Wilkes-Barre	X	Non-Profit			369		http://www.dioceseofscranton.org/diocesan-directory/miscellaneous-listings/
Aging	Advanced Home Healthcare Specialists	Home Health	1	Dunmore		Profit			N/A		N/A
Aging	Allcare Home Health Inc.	Home Health	2	Taylor, Hazleton	X	Profit			N/A		N/A
Aging	American Home Nursing	Home Health	1	Taylor		Profit			N/A		N/A
Aging	Aseracare	Home Health	1	Clarks Summit		Profit			N/A		http://www.aseracare.com/
Aging	At-Home Health Care	Home Health	1	Clarks Summit		Profit			N/A		http://www.at-homequalitycare.com/
Aging	Bayada Home Health Care, Inc.	Home Health	2	Clarks Summit, Pittston	X	Profit			N/A		http://www.bayada.com/
Aging	Caregivers America	Home Health	2	Clarks Summit, Pittston	X	Profit					http://www.caregiversamerica.com/our-services/hospice
Aging	Compassionate In-Home Personal Care Services	Home Health	2	Dunmore, Kingston	X	Profit			N/A		N/A
Aging	Home Instead Senior Care	Home Health	1	Clarks Summit		Profit			N/A		http://www.homeinstead.com/Pages/home.aspx
Aging	Revolutionary Home Care	Home Health	1	Olyphant		Profit			N/A		http://www.revolutionary.cc/
Aging	Lackawanna County Area Agency on Aging	Acts as an advocate for the aging and to serve, protect, enable and empower older adults and persons with disabilities through the provision and continuous improvement of home and community based services.	1	Scranton		Government			N/A	X	http://www.lackawannacounty.org/viewDepartment.aspx?DeptID=14
Behavioral	A Better Today	Drug and Alcohol Treatment Programs	2	Scranton, Hazleton	X	Profit				X	http://www.abettertoday.org/
Behavioral	Drug and Alcohol Treatment Service Inc	Outpatient Drug and Alcohol Rehabilitation	1	Scranton		Profit	Y		N/A	X	N/A
Behavioral	PA Treatment and Healing (PATH)	Outpatient Drug and Alcohol Rehabilitation, Treatments for Adolescents, Intensive Day Treatment	1	Scranton		Non-Profit			N/A	X	http://www.pathtochange.org/index.htm
Behavioral	New Hope Rehab Affiliates, LLC	Alcohol and Drug Addiction Programs	1	Scranton						X	http://www.cedarresidence.com/
Behavioral	Marworth (Geisinger Health System)	Alcohol and Chemical Dependency Treatment	1	Waverly		Non-Profit			91	X	http://www.marworth.org/index.html
Children	NHS of Northern PA	Addiction Treatment, Mental Health, Autism, Juvenile Justice, Treatment Foster Care	1	Carbondale		Non-Profit			N/A	X	http://www.nhsonline.org/organization/about-nhs.html
Children	Marley's Mission	Incorporation of horses to assist in therapy for traumatized children	1	Lake Ariel		Non-Profit			N/A	X	http://www.marleysmission.com/contact/

Children	Lackawanna County Children & Youth Services	Assists the children of Lackawanna County through foster homes, mediation, intervention in truancy cases, etc.	1	Scranton		Government		N/A	X	http://www.lackawannacounty.org/viewDepartment.aspx?DeptID=17
Children	Lackawanna County Child Care Information Services	Provides child care information, safe/affordable child care, financial assistance with child care	1	Scranton		Government		N/A	X	http://ccis.lackawannacounty.org/
Community	American Lung Association	Smoking Cessation Programs	2	Scranton, Wilkes-Barre	X	Non-Profit		N/A		http://www.lung.org/stop-smoking/how-to-quit/freedom-from-smoking/
Community	Northeast Regional Cancer Institute	Cancer Research, Education and Support	2	Scranton, Wilkes-Barre	X	Non-Profit		N/A	X	http://www.cancernepa.org/default.asp
Community	Susan G. Komen Foundation	Breast Cancer Screenings, Education and Support	1	Scranton	X	Non-Profit		N/A	X	http://www.komennepa.org/
Community	Catholic Social Services	Senior Services, Counseling, Material Services, Youth Services, Hispanic Outreach, Drug and Alcohol Treatment	10	Scranton, Wilkes-Barre	X	Non-Profit	Y	N/A	X	http://cssdioceseofscranton.org/content/
Community	Family Service Association of Wyoming Valley	Helpline of NEPA, Counseling, Anger Management, Guardianship, Time Limited Family Reunification Program, High-Risk Youth Offender Reentry, Batterers Intervention, Outreach Prevention Program	1	Wilkes-Barre	X	Non-Profit		N/A	X	http://www.helpline-nepa.info/fsawv/index.htm
Community	Lackawanna County Human Services Development Fund	Provides funding for a variety of county programs, which service low income citizens, the elderly , and those with a mental, physical or emotional disability	1	Scranton		Government		N/A	X	http://www.dpw.state.pa.us/learnaboutdpw/humanservicesdevelopmentfund/index.htm
Community	Lackawanna County Office for the Physically Disabled	Provides case management, assists the physically disabled population to obtain needed services, provides Group Transportation, Homemaker and Personal Care, and Chore Service	1	Scranton		Government		N/A	X	http://www.lackawannainfo.org/asp/displayAgency.asp?agencyID=99
Community	PA Department of Health - Health Center	Participates in communicable disease reporting and investigation; epidemiology, informational and referral; chronic disease prevention and intervention programs (including cardiovascular risk reduction, cancer, diabetes, and injury prevention); communicable disease clinical services (including sexually-transmitted disease and tuberculosis diagnosis and treatment, immunization, and HIV testing, counseling and education) and family health programs and environmental health services.	2	Scranton, Wilkes-Barre	X	Government		N/A	X	http://www.portal.health.state.pa.us/portal/server.pt/community/communities/14133
Dental	Jewish Family Services - Free Dental Clinic	Dental Services	1	Scranton		Free Clinic		N/A		https://sites.google.com/site/healthinfonepa/local-health-organizations/lackawanna-county
Dental	Scranton Primary Care - Dental Services	Dental Services with low income assistance available	1	Scranton		Free Clinic		N/A	X	https://sites.google.com/site/healthinfonepa/local-health-organizations/lackawanna-county
Disease Based	American Lung Association	Smoking Cessation Programs	2	Scranton, Wilkes-Barre	X	Non-Profit		N/A		http://www.lung.org/stop-smoking/how-to-quit/freedom-from-smoking/
Disease Based	Northeast Regional Cancer Institute	Cancer Research, Education and Support. Navigation program · assists in getting patient cancer screenings, completion of insurance forms, may be able to provide payment assistance, referrals to other health care services, local resources, and providers	2	Scranton, Wilkes-Barre	X	Non-Profit		N/A		http://www.cancernepa.org/default.asp
Disease Based	Susan G. Komen Foundation	Breast Cancer Screenings, Education and Support	1	Scranton	X	Non-Profit		N/A		http://www.komennepa.org/
Disease Based	Commonwealth Dialysis	Dialysis	1	Scranton		Profit		N/A		N/A
Disease Based	FMC Dialysis Services	Dialysis	2	Dunmore, Nanticoke	X	Profit		N/A		N/A
Disease Based	Scranton Dialysis	Dialysis	1	Scranton		Profit		N/A		http://www.davita.com/find-a-dialysis-center/
Disease Based	St. Joseph's Center	Intellectual Disability/Developmental Delay	1	Scranton		Non-Profit				http://www.stjosephscenter.org/
Disease Based	A Better Today	Drug and Alcohol Treatment Programs	2	Scranton, Hazleton	X	Profit				http://www.abettertoday.org/
Disease Based	Drug and Alcohol Treatment Service Inc	Outpatient Drug and Alcohol Rehabilitation	1	Scranton		Profit	Y	N/A		N/A
Disease Based	PA Treatment and Healing (PATH)	Outpatient Drug and Alcohol Rehabilitation, Treatments for Adolescents, Intensive Day Treatment	1	Scranton		Non-Profit		N/A		http://www.pathtochange.org/index.htm
Disease Based	New Hope Rehab Affiliates, LLC	Alcohol and Drug Addiction Programs	1	Scranton						http://www.cedarresidence.com/
Disease Based	Marworth (Geisinger Health System)	Alcohol and Chemical Dependency Treatment	1	Waverly		Non-Profit		91		http://www.marworth.org/index.html
Disease Based	Lackawanna County Commission on Drug & Alcohol Abuse	High quality and cost effective alcohol, tobacco, and other drug prevention, intervention, and treatment services, case management	1	Scranton		Government		N/A	X	http://www.lackawannacounty.org/viewdepartment.aspx?deptid=16
Female and Maternal Health	Planned Parenthood	Abortion Referral, Birth Control, Morning-After Pill (Emergency Contraception), Pregnancy Testing & Services, Women's Health Care	1	Scranton	X	Non-Profit	Y		X	http://www.plannedparenthood.org/health-center/centerDetails.asp?f=2765&a=91410&v=details
Low Income	Northeast Regional Cancer Institute	Cancer Screenings for those without insurance	2	Scranton, Wilkes-Barre	X	Non-Profit		N/A	X	http://www.cancernepa.org/default.asp

Low Income	Scranton Primary Care Health Center	Primary Care with low income assistance available	1	Scranton		Free Clinic		N/A	X	http://findahealthcenter.hrsa.gov/Search_HCC.aspx?byCounty=1
Low Income	The Edward R. Leahy Jr. Center Clinic for the Uninsured	Free primary care for the uninsured, Physical Therapy, Counseling	1	Scranton		Free Clinic		N/A		http://matrix.scranton.edu/academics/pcps/leahy/clinic.shtml
Low Income	The Wright Center for Primary Care	Low Cost Primary Care	1	Scranton		Low Cost Clinic		N/A		http://www.thewrightcenter.org/patient-care/
Low Income	Maternal and Family Health Services	Family Planning, Farmer's Market Nutrition Program, Breastfeeding Support, Prenatal Care, Women's Health Screenings	16	Scranton, Wilkes-Barre	X	Free Clinic		N/A		http://www.mfhs.org/
Low Income	Healthy Woman	Women's Health Screenings, Treatment	2	Scranton, Wilkes-Barre	X	State		N/A		http://www.portal.state.pa.us/portal/server.pt/community/healthy_women/14172/healthywoman_program_home/557855
Low Income	Scranton-Lackawanna Health and Welfare Authority	The Scranton-Lackawanna Health and Welfare Authority serves as a vehicle to provide tax-free financing for non-profit health care, health care related and educational facilities.	1	Scranton		Government		N/A	X	http://www.lackawannacounty.org/viewDepartment.aspx?DeptID=57
Low Income	Northeast Regional Cancer Institute	Cancer Research, Education and Support. Navigation program · assists in getting patient cancer screenings, completion of insurance forms, may be able to provide payment assistance, referrals to other health care services, local resources, and providers	2	Scranton, Wilkes-Barre	X	Non-Profit		N/A	X	http://www.cancernepa.org/default.asp
Mental Health	Clarks Summit State Hospital	individual and group therapies, medication education, symptom management, anger management, occupational therapy, therapeutic recreation, discharge planning group, money management, nutritional planning, co-occurring disorders evaluation and groups	1	Clarks Summit		State				http://www.dpw.state.pa.us/foradults/statehospitals/clarkssummitstatehospital/index.htm
Mental Health	NHS of Northern PA	Addiction Treatment, Mental Health, Autism, Juvenile Justice, Treatment Foster Care	1	Carbondale		Non-Profit		N/A	X	http://www.nhsonline.org/organization/about-nhs.html
Mental Health	Friendship House	Autism Services, Foster Care and Adoption, Group Homes, Outpatient Services, Trauma and Loss Program, Parent-Child, Partial Hospitalization	1	Scranton		Non-Profit				http://www.friendshiphousepa.org/
Mental Health	Marley's Mission	Incorporation of horses to assist in therapy for traumatized children	1	Lake Ariel		Non-Profit		N/A	X	http://www.marleysmission.com/contact/
Mental Health	Scranton Counseling Center	Emotional, Developmental and Addiction Assistance	1	Scranton		Non-Profit		N/A		http://scrantonscc.org/
Mental Health	Lourdesmont	School Based Behavioral Health, Partial Hospitalization, Family Based Mental Health, Multisystem Therapy, Substance Abuse Programs	1	Scranton		Non-Profit		N/A		http://lourdesmont.org/
Mental Health	CMC Behavioral Health	Individualized Treatment, Group Therapy, Pet Therapy, Occupational Therapy, Electroconvulsive Therapy, Activity Therapy	1	Scranton		Profit		24		http://cmccare.org/services/clinical-care-services/behavioral-health/
Mental Health	Advocacy Alliance	Early Intervention Evaluation, Crisis support via telephone, Community Mental Health Services	3	Scranton, Pottsville, Wilkes-Barre	X	Non-Profit		N/A	X	http://theadvocacyalliance.org/
Mental Health	Lackawanna-Susquehanna Mental Health/Mental Retardation Program	Provides support services to enable individuals with mental disabilities to engage with the community	1	Scranton		Government		N/A	X	http://www.lackawannacounty.org/viewDepartment.aspx?DeptID=18
Mental Health	NAMI Pennsylvania	Provides self-help, support and advocacy for consumers, families, and friends of people with severe mental illnesses, such as schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, obsessive-compulsive disorder, panic and other severe anxiety disorders, autism and pervasive developmental disorders, attention deficit/hyperactivity disorder, and other severe and persistent mental illnesses that affect the brain.	2	Scranton, Wilkes-Barre	X	Non-Profit		N/A		http://www.namipascranton.org/aboutnps.html
Rehabilitation	Sprint, Inc	Physical Therapy	1	Scranton		Profit		N/A		N/A
Rehabilitation	Cawley Physical Therapy and Rehabilitation	Physical Therapy	1	Dunmore		Profit		N/A		http://cawleyphysicaltherapy.com/
Suicide	National Suicide Hotlines	12 national suicide hotline numbers for teens, new mothers, veterans, gay/lesbians, college students, graduate students, speech and hearing impaired and all others	N/A	national		non-profit	U			http://www.suicidehotlines.com/pennsylvania.html
Teen Pregnancy	Planned Parenthood	Abortion Referral, Birth Control, Morning-After Pill (Emergency Contraception), Pregnancy Testing & Services, Women's Health Care	1	Scranton	X	Non-Profit	Y		X	http://www.plannedparenthood.org/health-center/centerDetails.asp?f=2765&a=91410&v=details
Veterans	Gino J. Merli Veterans Center	Nursing Care, Dementia, Personal Care	1	Scranton		State		200		http://www.portal.state.pa.us/portal/server.pt/community/gino_j__merli_veterans%27_center/11381/gmvc_description/576514

Asset Matrix (Luzerne County)

Category*	Name of Organization	Specialty(ies)	Number of Locations	Cities	Bi-county (X)	Corporate Status	Bilingual	Ave. Annual Patients	Number of Beds	Multiple Categories (X)	Website
Aging	Golden Living Center	Nursing Care, Stroke Rehabilitation, Physical therapy, Diabetes Management, Pain Management, Hospice, Specialist Treatments	3	Scranton, Wilkes-Barre	X	Profit			139		http://www.goldenlivingcenters.com
Aging	Genesis Healthcare	Skilled Nursing, Rehabilitation, Assisted/Senior Living, Pulmonary Management Program, Short Stay Care	6	Carbondale, Clarks Summit, Scranton, Wilkes-Barre	X	Profit			337		http://www.genesishcc.com/
Aging	Riverside Rehabilitation & Nursing Care	Occupational Therapy, Physical Therapy, Speech Therapy, Skilled Nursing, Alzheimer's and Dementia Care, Respite Care, Long Term Care, Short Term Rehabilitation	2	Taylor, Nanticoke	X	Profit			161		http://riversidernc.com/
Aging	Bonham Nursing Center	Occupational Therapy, Physical Therapy, Speech Therapy, Skilled Nursing, Inpatient and Outpatient Therapy	1	Stillwater		Profit			77		http://www.bonhamnursingcenter.com/
Aging	PennMed Consultants/Reliant Senior Care	Skilled Nursing, Continence Management, Bariatric Care	2	Drums, Dallas		Profit			68		http://www.pennmed.com/shared/index.asp
Aging	Guardian Elder Care	Long Term Care, Short Term Care, Rehabilitation	2	Nanticoke, Mountain Top		Profit			407		http://www.guardianeldercare.com/index.php
Aging	Heartland Manor Care	Post Hospital Care, Home Care, I.V. Care, Outpatient Rehab, Independent Living, Assisted Living, Alzheimer's Care	2	Kingston, Wilkes-Barre		Profit			280		http://www.hcr-manorcare.com/
Aging	Seniors Management North	Skilled Nursing, Rehabilitation	1	Exeter		Profit			120		http://www.seniorsnorth.com/exeter.php?lang=en&size=0&sctn=home
Aging	Allied Services	Skilled Nursing, Rehabilitation, Short Term Pulmonary Rehab, Repertory Unit, Recreational Rehab, Long-term Care, Alzheimer's Program, Social Services, Dietary Services	2	Scranton, Wilkes-Barre	X	Non-Profit			392		http://www.allied-services.org/our-services/skilled-nursing/
Aging	Kingston Commons	Post Acute Services, Skilled Nursing, Rehabilitation, Long Term Care, Respite Care	1	Kingston		Non-Profit			145		http://kingstoncommons.com/
Aging	The Laurels	Alzheimer's and Dementia Care, Independent Living, Hospice, Skilled Nursing, Short Term Care	4	Kingston, Wyoming, Old Forge, Mid Valley	X	Profit			270		http://www.thelaurelspa.com/facilities.html
Aging	Diocese of Scranton	Skilled Care, Occupational Therapy, Physical Therapy, Speech Therapy, Social Services	4	Scranton, Wilkes-Barre	X	Non-Profit			183		http://www.dioceseofscranton.org/diocesan-directory/miscellaneous-listings/
Aging	Consulate Healthcare	Skilled Care, Occupational Therapy, Physical Therapy, Speech Therapy, Joint Replacement Care, Post-Op Care, Short Term and Extended Stay	2	Hazleton		Profit			224		http://www.consulatehealthcare.com/facilitybystate.aspx?locid=177
Aging	Meadows Nursing and Rehabilitation Center	Skilled Nursing, Personal Care, Therapy Services	1	Dallas		Non-Profit			130		http://www.themeadowsnursingcenter.com/
Aging	Mercy Center Nursing Unit	Skilled Care, Occupational Therapy, Physical Therapy, Speech Therapy, Social Services	1	Dallas		Non-Profit			59		http://www.mcnu.org/
Aging	Mountain City Nursing and Rehabilitation	Short-Term Care, Long-Term Care, Post-Op Care, Respiratory Services, Cancer Recovery Services	1	Hazleton		Profit			297		http://www.extendicareus.com/mountaincity/index.aspx
Aging	Smith Healthcare, LTD.	Skilled Care, Occupational Therapy, Physical Therapy, Speech Therapy, Social Services, Alzheimer's and Dementia Care	1	Mountain Top		Profit			37		N/A
Aging	Timber Ridge Health Center	Skilled Care, Occupational Therapy, Physical Therapy, Speech Therapy, Specialized Medical Services	1	Wilkes-Barre		Profit			180		http://www.timberridgehealth.com/
Aging	Wesley Village	Short-Term Care, Respite Care, Dementia Care	1	Pittston		Non-Profit			183		http://www.unitedmethodisthomes.org/locations/wesley_village_campus.asp
Aging	Allcare Home Health Inc.	Home Health	2	Taylor, Hazleton	X	Profit			N/A		N/A
Aging	Amedysis	Home Health	1	Wilkes-Barre		Profit			N/A		http://www.amedisys.com/
Aging	Angel's Touch Home Care	Home Health	1	West Pittston		Profit			N/A		N/A
Aging	Bayada Home Health Care, Inc.	Home Health	2	Clarks Summit, Pittston	X	Profit			N/A		http://www.bayada.com/
Aging	Caregivers America	Home Health	2	Clarks Summit, Pittston	X	Profit					http://www.caregiversamerica.com/our-services/hospice

Aging	Compassionate In-Home Personal Care Services	Home Health	2	Dunmore, Kingston	X	Profit			N/A			N/A
Aging	Comprehensive Medical Home Care	Home Health	1	Pittston Township		Profit			N/A			N/A
Aging	Diakon	Home Health, Hospice	1	Hazle Township		Non-Profit			N/A			http://www.diakon.org/senior-lifestyle-and-health-services/lutheran-home-care-hospice.aspx
Aging	Erwine's Health Care	Home Health	1	Kingston		Profit			N/A			http://erwinehomehealth.com/
Aging	Gentiva Home Health	Home Health	1	Wilkes-Barre		Profit			N/A			http://www.gentiva.com/
Aging	Maxim Health Care	Home Health	1	Plains		Profit			N/A			http://www.maximhealthcare.com/
Aging	Seniors Helping Seniors	Home Health	1	Bear Creek		Non-Profit			N/A			http://www.seniorshelpingseniors.com/Index.aspx
Aging	Area Agency on Aging for Luzerne-Wyoming Counties	Acts as an advocate for the aging and to serve, protect, enable and empower older adults and persons with disabilities through the provision and continuous improvement of home and community based services.	1	Wilkes-Barre		Government			N/A		X	http://www.aginglw.org/AAA/About.php
Behavioral	Clearbrook	Detoxification, Rehabilitation Management, Addiction Counseling	2	Shickshinny, Laurel Run		Non-Profit		X	21		X	http://www.clearbrookinc.com/index.php
Behavioral	The Clem Mar House	Inpatient Chemical Dependency Rehabilitation for Adults, Separate Male and Female Facilities	2	Edwardsville, Dallas		Non-Profit		X			X	http://www.clemmarhouse.org/
Behavioral	Minsec	Drug and Alcohol Treatment Programs	1	Hazleton		Profit		x			X	http://www.minsec.com/
Behavioral	Serento Gardens	Smoking Cessation Programs, DUI Program, Individual and Group Counseling, Evaluation and Prevention Services	1	Hazleton		Non-Profit		X			X	http://www.serentogardens.org/
Child Health	Planned Parenthood	Abortion Referral, Birth Control, Morning-After Pill (Emergency Contraception), Pregnancy Testing & Services, Women's Health Care	1	Wilkes-Barre		Profit					X	http://www.plannedparenthood.org/health-center/centerDetails.asp?f=2761&a=91410&v=details
Children	Luzerne County Children & Youth Services	Assures that children are protected, live free from abuse and neglect and are given the opportunity to grow and develop to their fullest potential	1	Wilkes-Barre		Government			N/A		X	http://www.cysluzerne.org/about.html
Community	American Lung Association	Smoking Cessation Programs	2	Scranton, Wilkes-Barre	X	Non-Profit		X	N/A		X	http://www.lung.org/stop-smoking/how-to-quit/freedom-from-smoking/
Community	Northeast Regional Cancer Institute	Cancer Research, Education and Support. Some screening financial support	2	Scranton, Wilkes-Barre	X	Non-Profit		X	N/A		X	http://www.cancernepa.org/default.asp
Community	Susan G. Komen Foundation	Breast Cancer Screenings, Education and Support	1	Scranton	X	Non-Profit		X	N/A		X	http://www.komennepa.org/
Community	Catholic Social Services	Senior Services, Counseling, Material Services, Youth Services, Hispanic Outreach, Drug and Alcohol Treatment	10	Scranton, Wilkes-Barre	X	Non-Profit	Y	X	N/A		X	http://cssdioceseofscranton.org/content/
Community	The Wilkes-Barre City Health Department	The Wilkes-Barre City Health Department is organized in 4 bureaus: Administration, Personal Health, Environmental Health, Preventive Health Services.	1	Wilkes-Barre		Government			N/A		X	http://www.wilkes-barre.pa.us/publichealthdepartment.php
Community	Family Service Association of Wyoming Valley	Helpline of NEPA, Counseling, Anger Management, Guardianship, Time Limited Family Reunification Program, High-Risk Youth Offender Reentry, Batterers Intervention, Outreach Prevention Program	1	Wilkes-Barre	X	Non-Profit			N/A		X	http://www.helpline-nepa.info/fsawv/index.htm
Community	PA Department of Health - Health Center	Participates in communicable disease reporting and investigation; epidemiology, informational and referral; chronic disease prevention and intervention programs (including cardiovascular risk reduction, cancer, diabetes, and injury prevention); communicable disease clinical services (including sexually-transmitted disease and tuberculosis diagnosis and treatment, immunization, and HIV testing, counseling and education) and family health programs and environmental health services.	2	Scranton, Wilkes-Barre	X	Government			N/A		X	http://www.portal.health.state.pa.us/portal/server.pt/community/communities/14133
Disease Based	American Lung Association	Smoking Cessation Programs	2	Scranton, Wilkes-Barre	X	Non-Profit		X	N/A		X	http://www.lung.org/stop-smoking/how-to-quit/freedom-from-smoking/
Disease Based	Northeast Regional Cancer Institute	Cancer Research, Education and Support. Navigation program - assists in getting patient cancer screenings, completion of insurance forms, may be able to provide payment assistance, referrals to other health care services, local resources, and providers	2	Scranton, Wilkes-Barre	X	Non-Profit		X	N/A		X	http://www.cancernepa.org/default.asp
Disease Based	Susan G. Komen Foundation	Breast Cancer Screenings, Education and Support	1	Scranton	X	Non-Profit		X	N/A		X	http://www.komennepa.org/

Disease Based	BMA	Dialysis	3	Hazleton, Pittston, Wilkes-Barre		Profit		N/A		N/A
Disease Based	FMC Dialysis Services	Dialysis	2	Dunmore, Nanticoke	X	Profit		N/A		N/A
Disease Based	Kidney Center of Greater Hazleton	Dialysis	1	Hazleton		Profit		N/A		http://www.ghha.org/index.php?idn=8&physsearch=1&section=topmenu&specialtyidn=87
Disease Based	A Better Today	Drug and Alcohol Treatment Programs	2	Scranton, Hazleton	X	Profit				http://www.abettertoday.org/
Disease Based	The Center for Cancer Wellness (Candy's Place)	Cancer Education, Wellness Programs and Support	1	Forty Fort		Non-Profit		N/A		http://www.cancerwellnessnepa.org/
Disease Based	Clearbrook	Detoxification, Rehabilitation Management, Addiction Counseling	2	Shickshinny, Laurel Run		Non-Profit	X	21		http://www.clearbrookinc.com/index.php
Disease Based	The Clem Mar House	Inpatient Chemical Dependency Rehabilitation for Adults, Separate Male and Female Facilities	2	Edwardsville, Dallas		Non-Profit	X			http://www.clemmarhouse.org/
Disease Based	Minsec	Drug and Alcohol Treatment Programs	1	Hazleton		Profit	x			http://www.minsec.com/
Disease Based	Serento Gardens	Smoking Cessation Programs, DUI Program, Individual and Group Counseling, Evaluation and Prevention Services	1	Hazleton		Non-Profit	X			http://www.serentogardens.org/
Disease Based	Wyoming Valley Alcohol and Drug Services, Inc.	Outpatient Counseling Services, Adolescent Intensive Outpatient Services, Family Program, Outreach	2	Wilkes-Barre, Pittston		Non-Profit				http://www.wvadsinc.com/
Disease Based	Luzerne-Wyoming Counties Drug & Alcohol Program	Alcohol, tobacco, and other drug prevention, intervention, and treatment services, case management	1	Wilkes-Barre		Government		N/A	X	http://www.luzernecounty.org/county/departments_agencies/human_services/drug-and-alcohol-program
Female and Maternal Health	Planned Parenthood	Abortion Referral, Birth Control, Morning-After Pill (Emergency Contraception), Pregnancy Testing & Services, Women's Health Care	1	Wilkes-Barre		Profit				http://www.plannedparenthood.org/health-center/centerDetails.asp?f=2761&a=91410&v=details
Low Income	Rural Health Corporation of NEPA	Sliding payment scale for uninsured patients, Primary Care	6	Edwardsville, Freeland, Falls		Low Cost Clinic		N/A		http://www.rhcnepa.com/
Low Income	Kirby Memorial Health Center	Free Dental Care for low income children	1	Wilkes-Barre		Free Clinic		N/A		http://kirbyhealthcenter.org/services/dental
Low Income	Back Mountain Free Medical/Legal Clinic	Primary Care, Legal Services	1	Shavertown		Free Clinic		N/A		N/A
Low Income	BMW Free Community Health Clinic	Primary Care	1	Wilkes-Barre		Free Clinic		N/A		N/A
Low Income	Care and Concern Free Health Clinic/Pediatric	Primary Care, Pediatric Service	1	Pittston		Free Clinic		N/A		http://www.parishcommunity.com/page27.html
Low Income	The Hope Center	Medical, Chiropractic, Vision and Dental Care	1	Trucksville		Free Clinic		N/A		http://www.bmha.org/hopehome.html
Low Income	McAuley Clinic	Primary Care	1	Wilkes-Barre		Free Clinic		N/A		N/A
Low Income	Mountaintop Free Medical Clinic	Acute Care, Financial Assistance with Medical Testing	1	Mountain Top		Free Clinic		N/A		http://stpaulsmttop.com/
Low Income	Volunteers in Medicine	Primary Care	1	Wilkes-Barre		Free Clinic		N/A		http://www.volunteersinmedicine.org/index.shtml
Low Income	Wilkes-Barre Free Clinic	Primary Care, Dental Care	1	Wilkes-Barre		Free Clinic		N/A		N/A
Low Income	Maternal and Family Health Services	Family Planning, Farmer's Market Nutrition Program, Breastfeeding Support, Prenatal Care, Women's Health Screenings	16	Scranton, Wilkes-Barre	X	Free Clinic		N/A		http://www.mfhs.org/
Low Income	Healthy Woman	Women's Health Screenings, Treatment	2	Scranton, Wilkes-Barre	X	State		N/A		http://www.portal.state.pa.us/portal/server.pt/community/healthy_women/14172/healthywoman_program_home/557855
Low Income	Freeland Health Center	Primary Care with low income assistance available	1	Freeland		Non-Profit		N/A		http://findahealthcenter.hrsa.gov/Search_HCC.aspx?byCounty=1
Low Income	McKinney Clinic	Primary Care with low income assistance available	1	Wilkes-Barre		Non-Profit		N/A		http://findahealthcenter.hrsa.gov/Search_HCC.aspx?byCounty=1
Low Income	Shickshinny Health Center	Primary Care with low income assistance available	1	Shickshinny		Non-Profit		N/A		http://findahealthcenter.hrsa.gov/Search_HCC.aspx?byCounty=1
Low Income	Valley Pediatrics	Primary Care with low income assistance available	1	Wilkes-Barre		Non-Profit		N/A	X	http://findahealthcenter.hrsa.gov/Search_HCC.aspx?byCounty=1
Low Income	Northeast Regional Cancer Institute	Cancer Research, Education and Support. Navigation program - assists in getting patient cancer screenings, completion of insurance forms, may be able to provide payment assistance, referrals to other health care services, local resources, and providers	2	Scranton, Wilkes-Barre	X	Non-Profit		N/A	X	http://www.cancernepa.org/default.asp

Mental Health	Step by Step, Inc	mental illness, intellectual disabilities and autism	3	Wilkes-Barre, Kingston, Hazleton		Non-Profit				http://www.stepbystepusa.com/
Mental Health	Children's Service Center	Emotional, Developmental and Mental Health Assistance, Residential Support, Telepsychiatry, Crisis Services, Functional Family Therapy, Juvenile Firesetter Program, Juvenile Sex Offender Program, Autism	4	Wilkes-Barre, Nanticoke		Non-Profit				http://cscwv.org/csc/
Mental Health	Behavioral Health Services of the Wyoming Valley	Psychological, Marital and family counseling, Inpatient/Outpatient Chemical Dependency Treatments for Adults, Adolescent Programs in Schools, Medical-Based Detoxification, Family Education and Therapy	2	Kingston		Non-Profit				http://www.bhswv.org/choices.html
Mental Health	Northeast Counseling Services	Assessment, Referral, Case Management, Outpatient, Psychiatric Rehab, Mobile Therapy, 24 Hour Crisis Intervention, Student Assistance Program	2	Nanticoke, Hazleton		Non-Profit				http://www.northeastcounseling.org/
Mental Health	Advocacy Alliance	Early Intervention Evaluation, Crisis support via telephone, Community Mental Health Services	3	Scranton, Pottsville, Wilkes-Barre	X	Non-Profit		N/A	X	http://theadvocacyalliance.org/
Mental Health	Community Counseling Services	Outpatient Mental Health Services, In-Patient Services, 24-Hour Mobile Crisis Intervention, Programs for Seniors and Residential Facilities	2	Wilkes-Barre, Tunkhannock	X	Profit		N/A	X	http://www.bhswv.org/community_counseling.html
Mental Health	Luzerne-Wyoming Counties Mental Health and Developmental Services Program	Ensures the availability of mental health and mental retardation services to all county residents.	1	Wilkes-Barre		Government		N/A		http://www.mhmr.luzerne.pa.us/role.htm
Mental Health	NAMI Pennsylvania	Provides self-help, support and advocacy for consumers, families, and friends of people with severe mental illnesses, such as schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, obsessive-compulsive disorder, panic and other severe anxiety disorders, autism and pervasive developmental disorders, attention deficit/hyperactivity disorder, and other severe and persistent mental illnesses that affect the brain.	2	Scranton, Wilkes-Barre	X	Non-Profit		N/A		http://namipawilkes-barre.tripod.com/
Rehabilitation	Pro Rehabilitation Services	Physical and Speech Therapy	1	Plains		Profit		N/A		http://www.prorehab.org/
Suicide	Helpline of PA	Suicide prevention hotline number - information and referrals		Luzerne & Wyoming Counties		Non -profit	U			http://www.suicidehotlines.com/pennsylvania.html
Suicide	National Suicide Hotlines	12 national suicide hotline numbers for teens, new mothers, veterans, gay/lesbians, college students, graduate students, speech and hearing impaired and all others	N/A	national		non-profit	U			http://www.suicidehotlines.com/pennsylvania.html
Youth	Pediatria Healthcare for Kids	Home Health	1	Wilkes-Barre		Profit		N/A		http://www.pediatriakids.com/locations.aspx