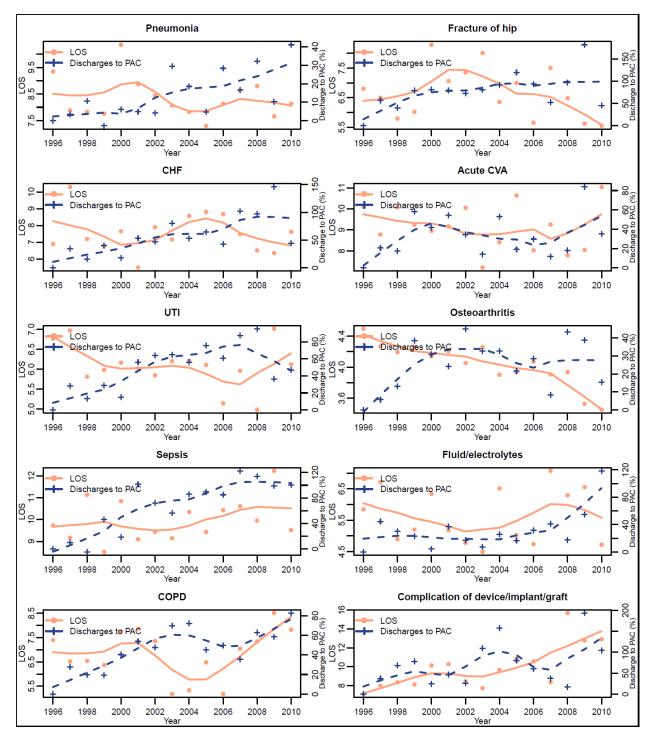
## $Supplemental\ Digital\ Content-2$

Table 1:
Slopes of trends across time of each level of age, payment and admission type

					% Discharge			
				Std				
Dataset	Group name	Discharge to	Estimate	Err	CI	Pvalue	Estimate	
age	18-64	Home	-0.176	0.016	(-0.210.14)	6.31E-08	-0.0082575	
age	65-79	Home	-0.451	0.044	(-0.540.37)	1.27E-07	-0.0677121	
age	>80	Home	-0.618	0.081	(-0.780.46)	3.66E-06	-0.0887429	
age	18-64	PAC	8.621	0.788	(7.08-10.17)	6.31E-08	-0.0232671	
age	65-79	PAC	2.994	0.291	(2.42-3.56)	1.27E-07	-0.0905536	
age	>80	PAC	1.269	0.166	(0.94-1.59)	3.66E-06	-0.0941929	
payment	Medicare	Home	-0.410	0.041	(-0.490.33)	1.60E-07	-0.0819821	
payment	Medicaid	Home	-0.143	0.022	(-0.190.1)	2.16E-05	-0.0233703	
payment	Private	Home	-0.098	0.021	(-0.140.06)	0.00039541	-0.0074978	
payment	Medicare	PAC	4.575	0.453	(3.69-5.46)	1.60E-07	-0.1071971	
payment	Medicaid	PAC	3.281	0.508	(2.28-4.28)	2.16E-05	-0.0101913	
payment	Private	PAC	3.875	0.820	(2.27-5.48)	0.00039541	0.02696255	
admission	Elective	Home	-0.216	0.035	(-0.280.15)	0.00024733	0.00666268	
admission	Non-elective	Home	-0.283	0.025	(-0.330.23)	3.57E-06	0.00278939	
admission	Elective	PAC	6.511	1.043	(4.47-8.55)	0.00024733	0.01701539	
admission	Non-elective	PAC	5.149	0.459	(4.25-6.05)	3.57E-06	0.0337207	

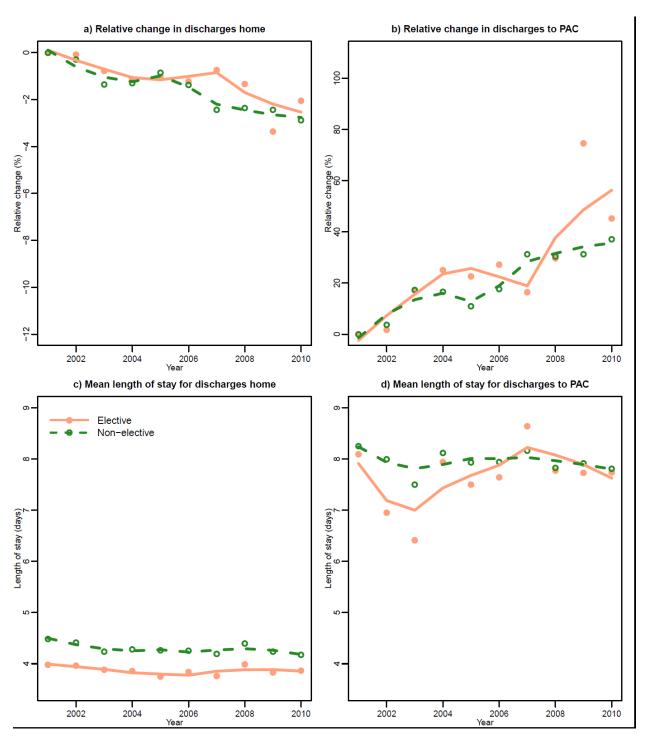
<u>Figure 1:</u> Trends in length of stay and discharges to post-acute care by diagnosis using alternative loess method



<u>Legend</u>: Trends in mean length of stay (left Y-axis, filled circles) and relative percent change in discharge to PAC compared to 1996 levels (right Y-axis, + signs) are displayed over time within each of the ten most common diagnoses associated with discharge to PAC; trend lines are fit

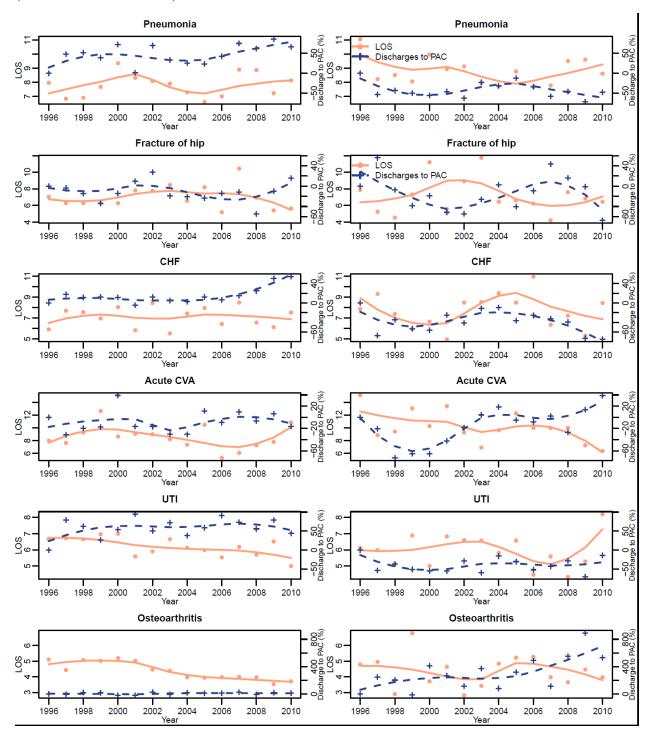
using loess smoothing with span of 0.5 and degree 1 . Trends are adjusted for age and for payor type.

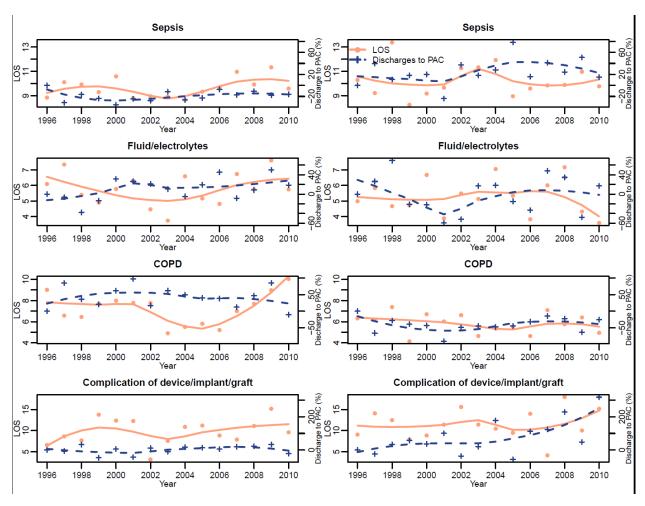
Figure 2: Trends in length of stay and discharges to post-acute care by urgency of admission



<u>Legend:</u> Trends in the percentage of patients discharge home or to post-acute care facilities (PAC) are shown stratified by urgency of admission (elective versus non-elective). Trends are calculated as relative percent change compared to 1996 levels, length of stay is reported as mean number of days. Graphs are smoothing using loess methods.

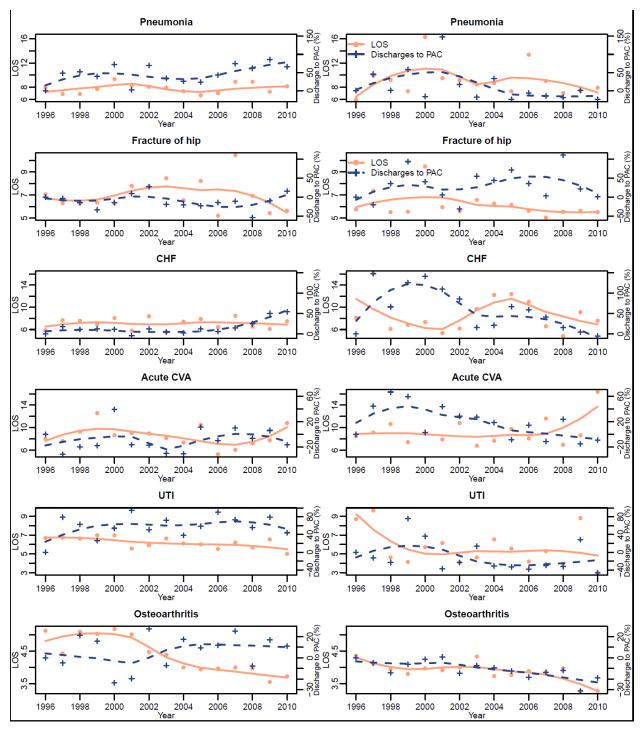
Figure 3a: Trends in LOS and discharges to PAC within each diagnosis, stratified by payor (Medicare and Medicaid)

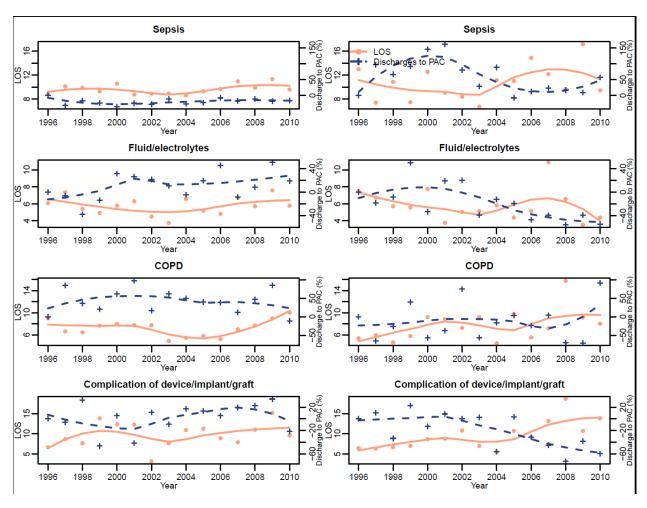




<u>Legend:</u> Trends in mean length of stay (left Y-axis, filled circles) and relative percent change in discharge to PAC compared to 1996 levels (right Y-axis, + signs) are displayed over time within each of the ten most common diagnoses associated with discharge to PAC. **Trends for Medicare (on the left) and Medicaid (on the right) are compared above within each diagnosis group.** Trend lines are fit using loess smoothing with span of 0.75 and degree 2. Trends are adjusted for age.

Figure 3b: Trends in LOS and discharges to PAC within each diagnosis, stratified by payor (Medicaid and private payor)





<u>Legend:</u> Trends in mean length of stay (left Y-axis, filled circles) and relative percent change in discharge to PAC compared to 1996 levels (right Y-axis, + signs) are displayed over time within each of the ten most common diagnoses associated with discharge to PAC. **Trends for**Medicaid (on the left) and private payors (on the right) are compared above within each diagnosis group. Trend lines are fit using loess smoothing with span of 0.75 and degree 2.

Trends are adjusted for age.