Supplementary Online Content

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable. County-specific characteristics.

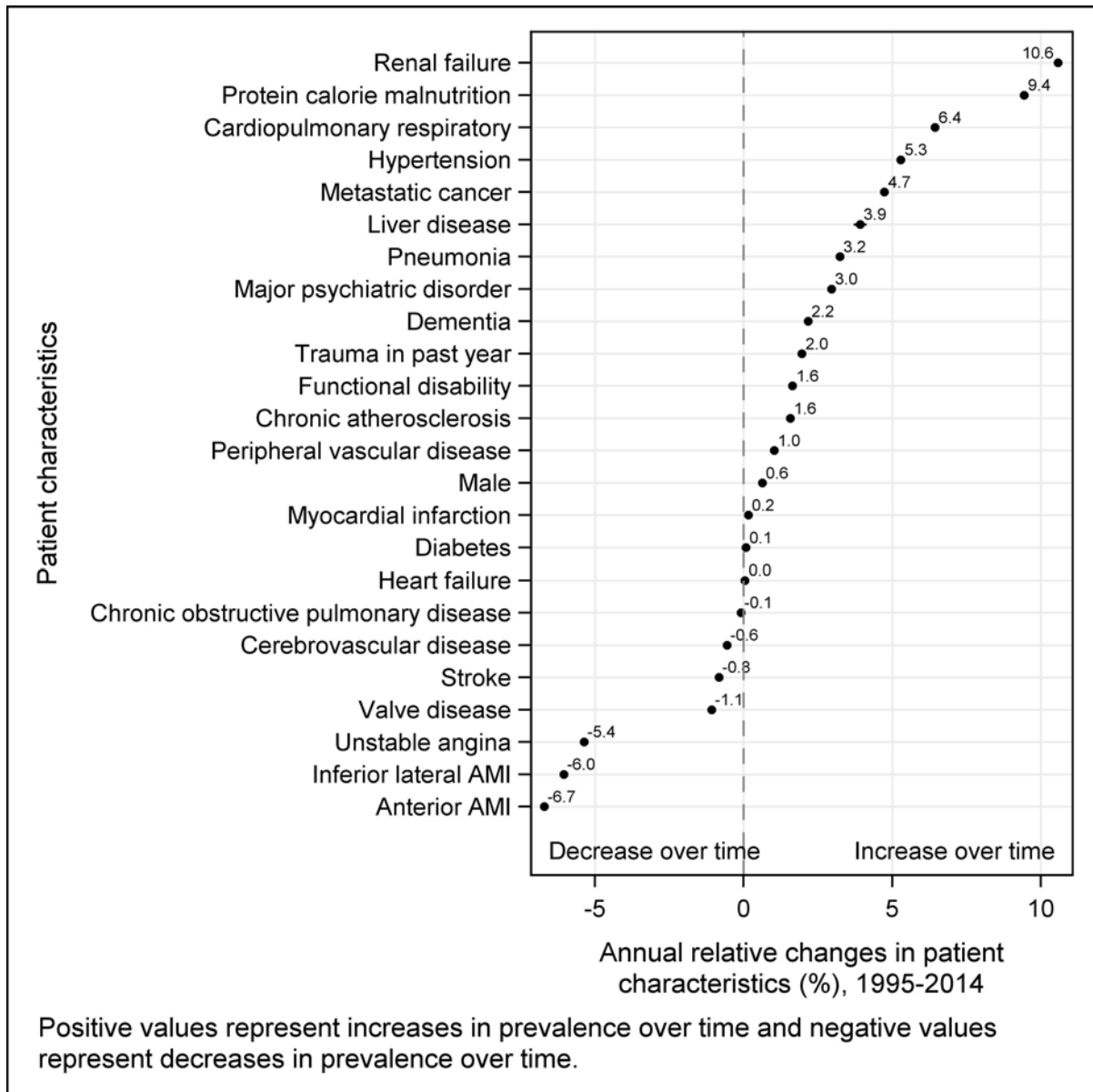| |
|---|
| Proportion of senior population (age ≥65) (%) |
| Divorced (%) |
| Residence one year ago (%) - Different house in the U.S. - different county |
| **Geography** |
| Rural area residents (%) |
| In health priority area (yes/no) |
| **Socioeconomic Status** |
| Bachelor or higher degree (%) |
| Consumer Price Index-adjusted median income ($10,000) |
| Proportion of population under the poverty level (%) |
| Eligible for both Medicare and Medicaid (dual-eligible) (%) |
| Gini coefficient, continuous (0 to 1) |
| Percent of unemployed in 2010 (%) |
| **General Health** |
| Age-adjusted prevalence of adult diabetes (%) |
| At least 1 ambulatory visit to a primary care clinician (%) |
| Years of potential life lost |
| Emergency department visit rate (%) |
| **Availability of Care** |
| Percent of diabetic Medicare beneficiaries receiving HbA1c test (%) |
| Percent of female Medicare beneficiaries having at least 1 mammogram in 2 yrs (age 67-69) (%) |
| Enrolled in Medicare Advantage for all 12 months (%) |
| Not enrolled in supplementary medical insurance (Medicare Part B) (%) |
| **Health Behaviors** |
| Age-adjusted rate of physical inactivity (%) |

eFigure 1. Change in number of initial AMI hospitalizations per 100,000 beneficiary-years, 1995-2014.
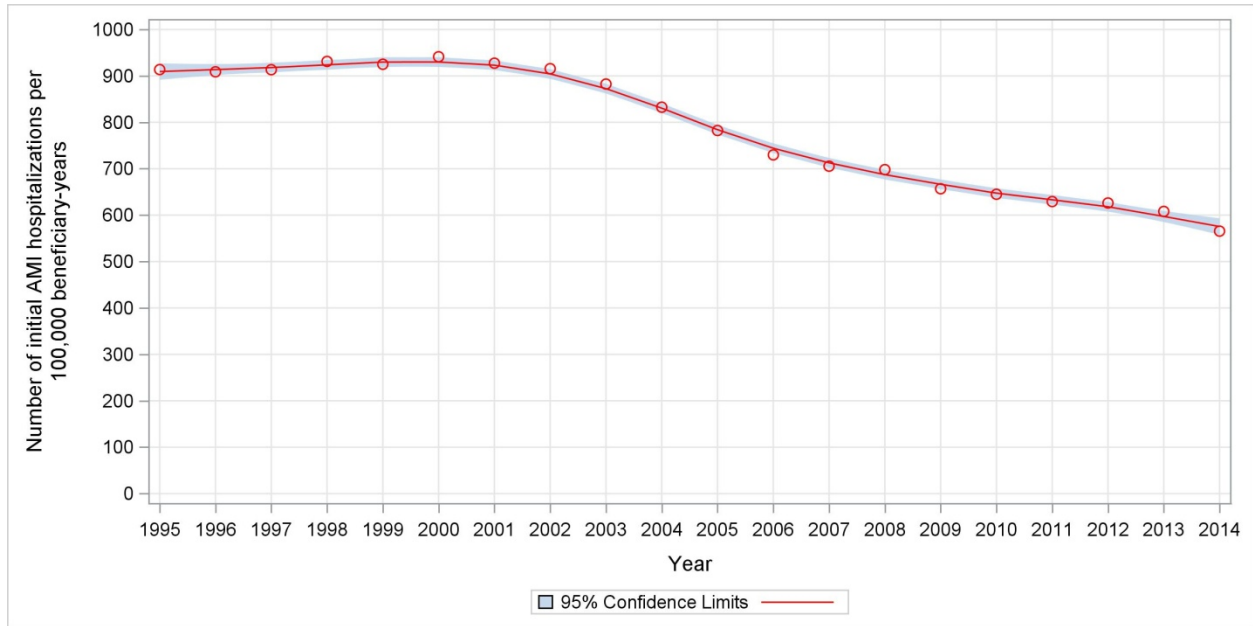
eFigure 2. Annual relative changes in patient characteristics.

Positive values represent increases in prevalence over time and negative values represent decreases in prevalence over time.

eFigure 3. Trend in observed mortality by year and sub-population.
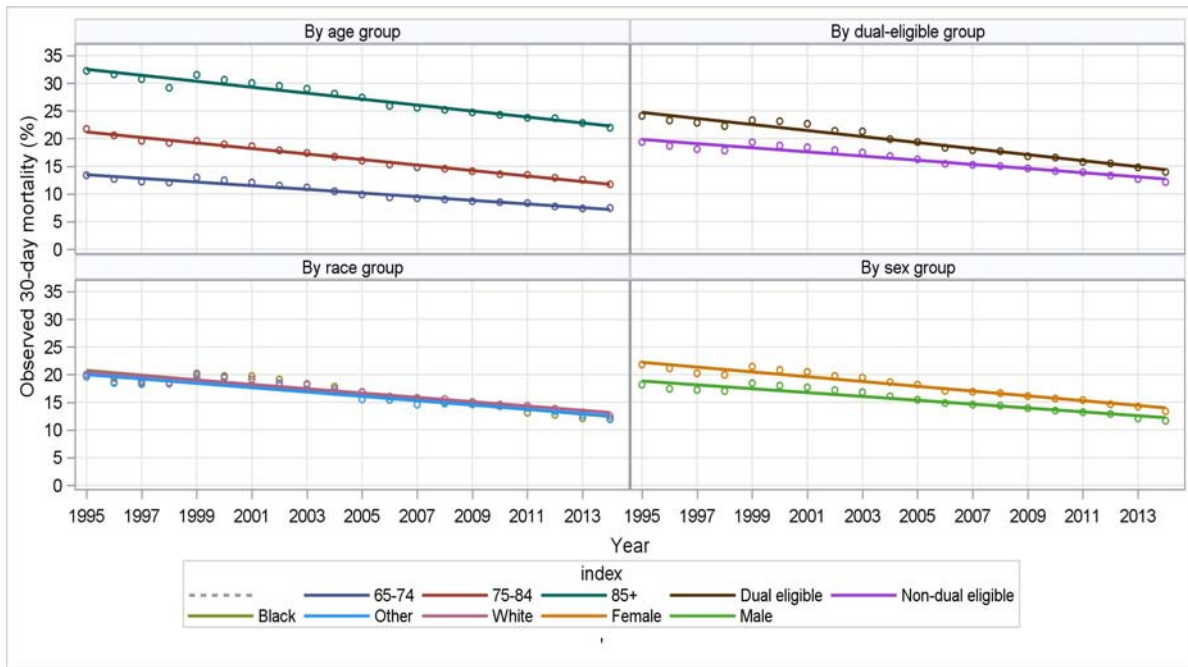
eFigure 4. Changes in patient risk of 30-day mortality between 2014 and 1995 by sub-population.
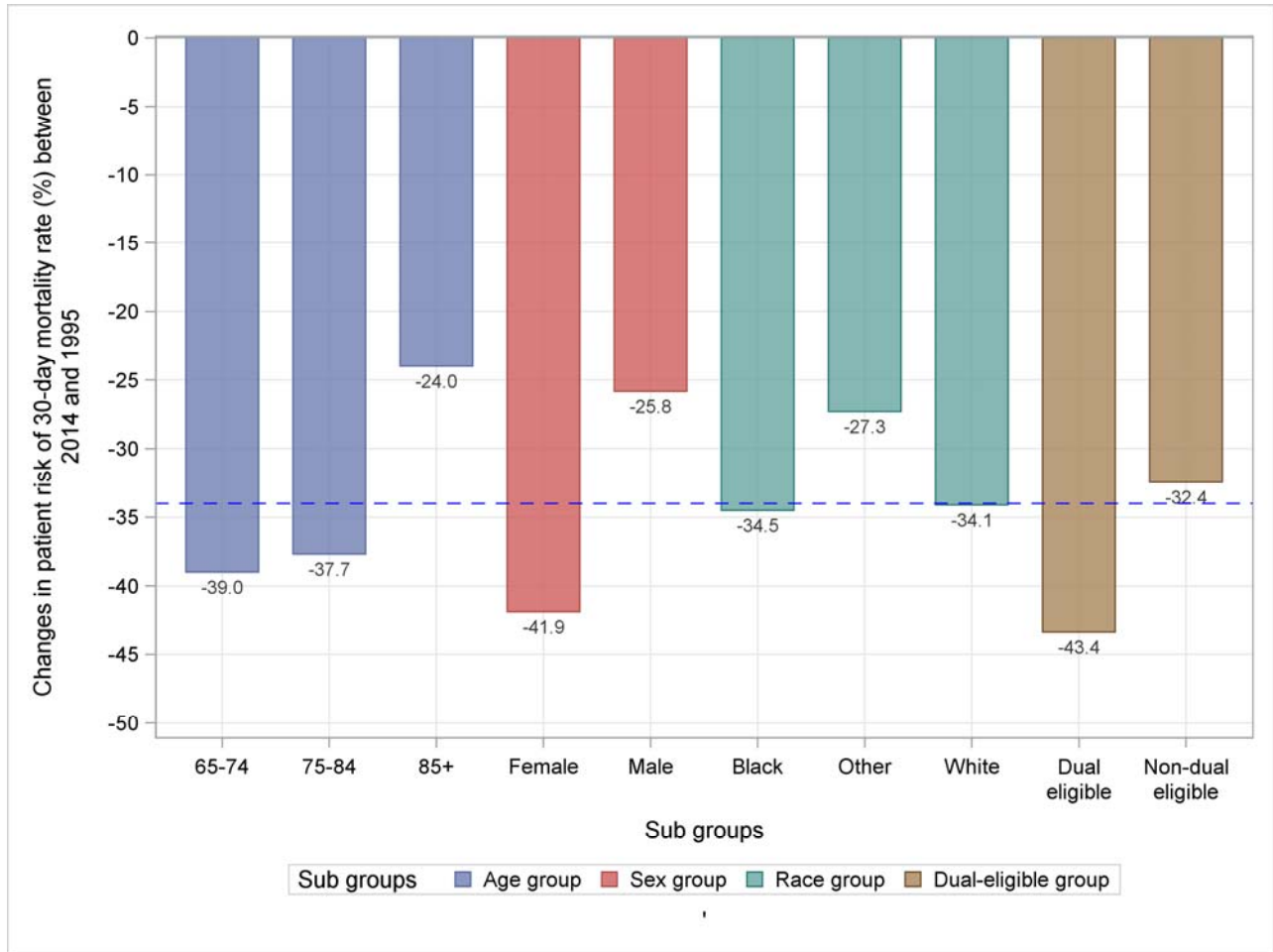
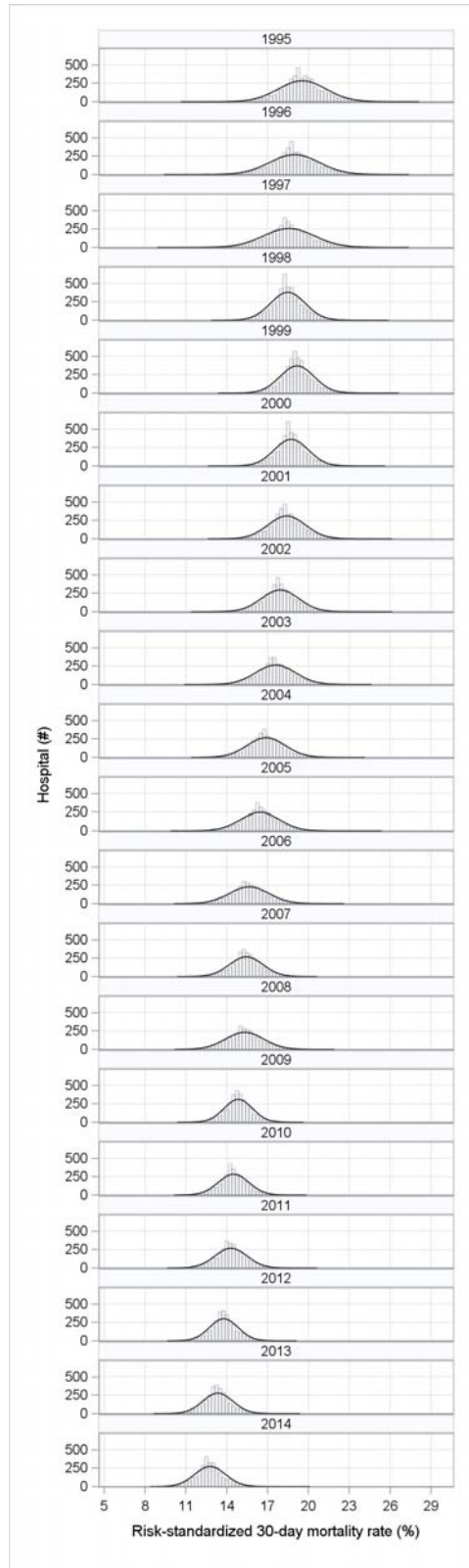# eFigure 5. Nationwide change in hospital-specific 30-day risk-standardized mortality rate by selected years.

eFigure 6. Hospital characteristics associated with change in difference in hospital-specific risk-standardized 30-day mortality rates between 1995 and 2014.

The difference was calculated as the 2014 risk-standardized rate minus the 1995 risk-standardized rate
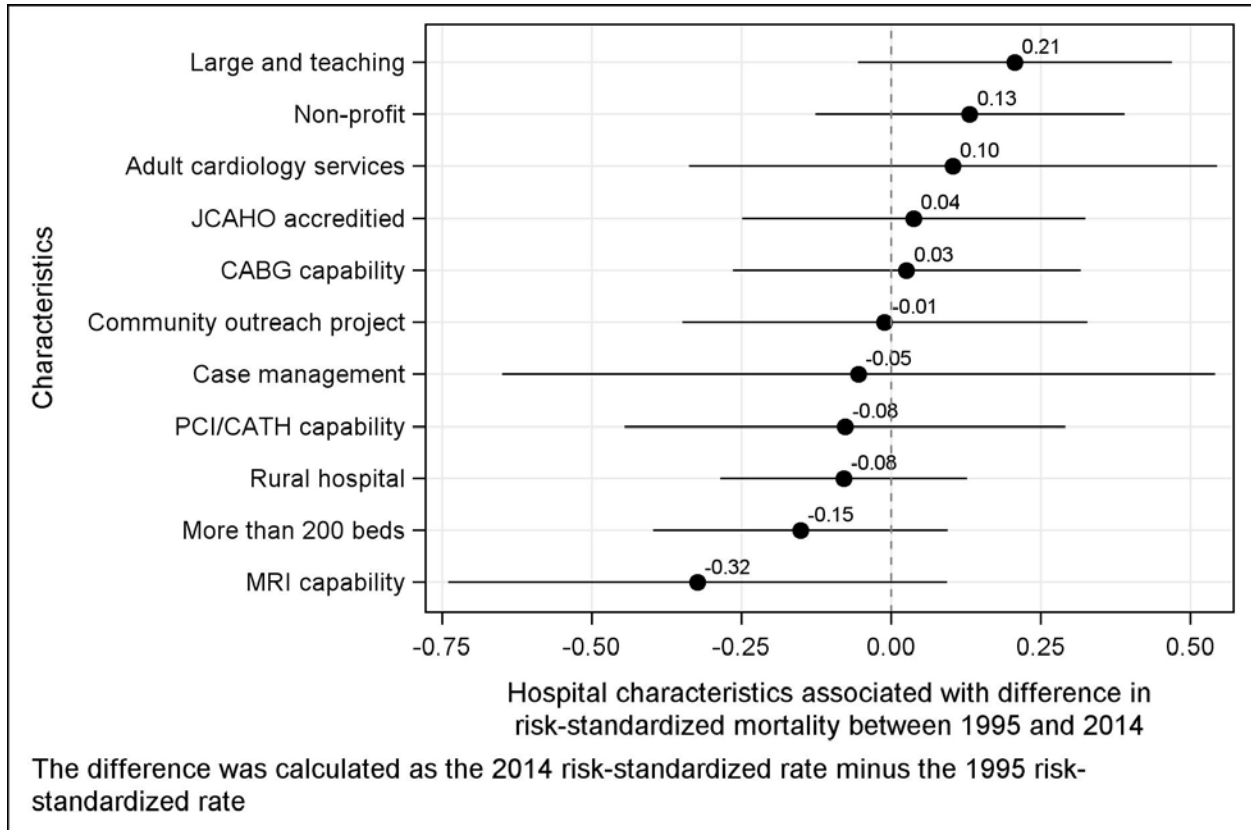
eFigure 7. Change in county-specific risk-standardized 30-day mortality in 1995-1998 (top panel) and in 2011-2014 (bottom panel).
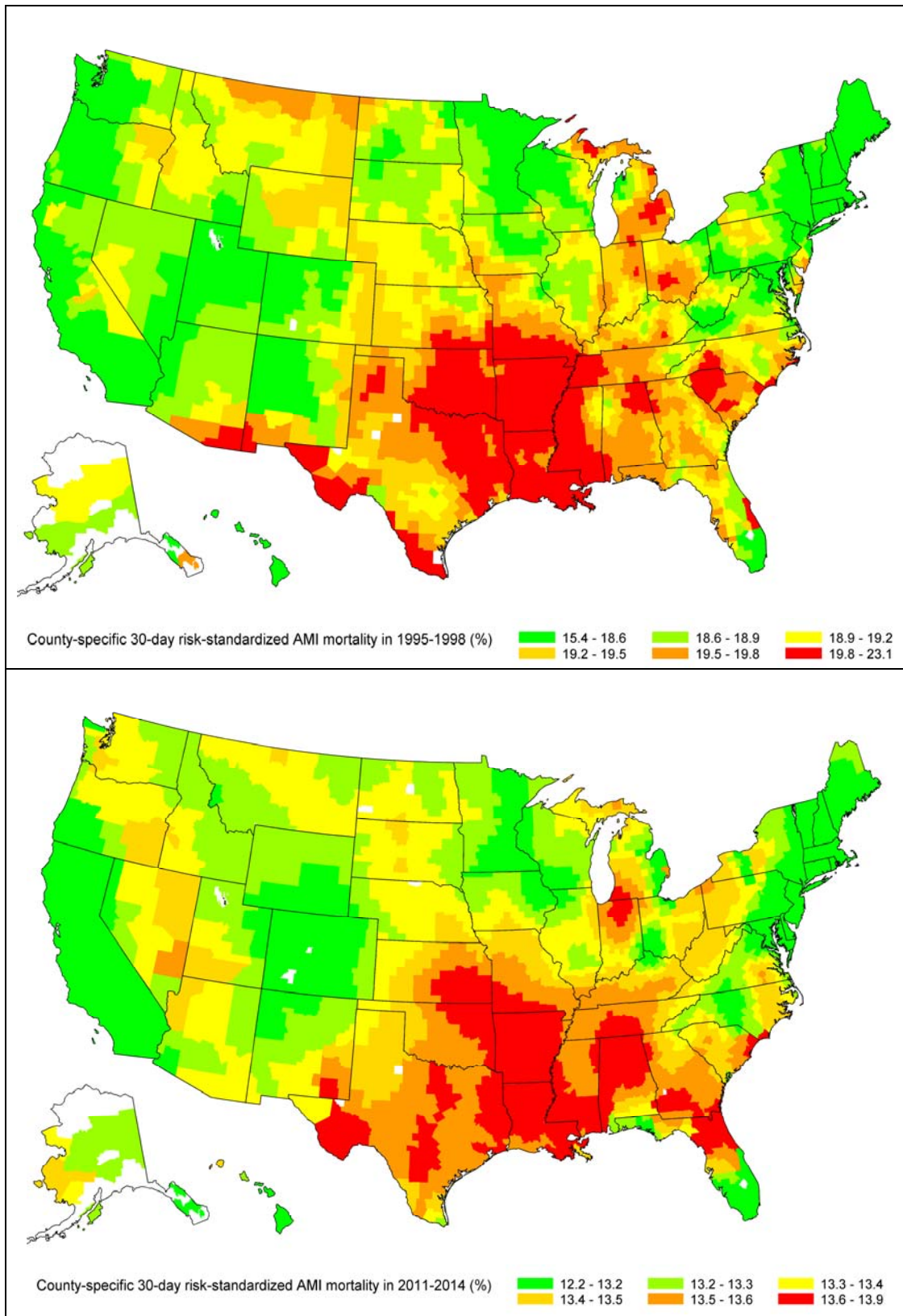**Note: The mortality rate in the highest regions in 2011-2014 was lower than the mortality rate in the lowest regions in 1995-1998.**

County-specific 30-day risk-standardized AMI mortality in 1995-1998 (%)
15.4 - 18.6	18.6 - 18.9	18.9 - 19.2
19.2 - 19.5	19.5 - 19.8	19.8 - 23.1

County-specific 30-day risk-standardized AMI mortality in 2011-2014 (%)
12.2 - 13.2	13.2 - 13.3	13.3 - 13.4
13.4 - 13.5	13.5 - 13.6	13.6 - 13.9

eFigure 8. County-specific characteristics associated with difference in county-specific risk-standardized 30-day mortality between 1995-1998 and 2011-2014.

The difference was calculated as the 1995-1998 risk-standardized rate minus the 2011-2014 risk-standardized rate
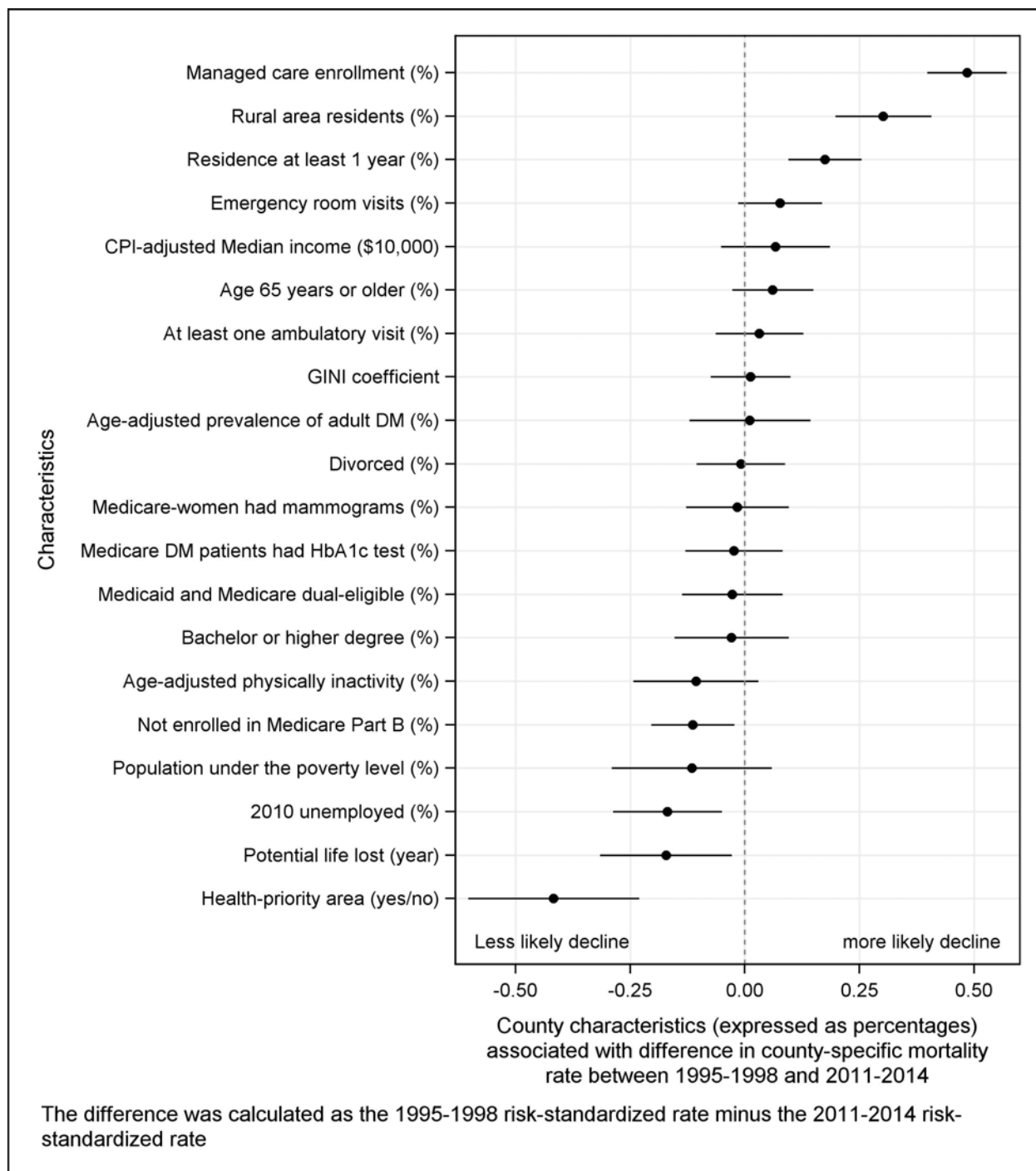
eFigure 9. Association between Medicare inpatient payment and 30-day risk-standardized mortality at the hospital level.

Dots denote individual hospitals with at-least 25 patients
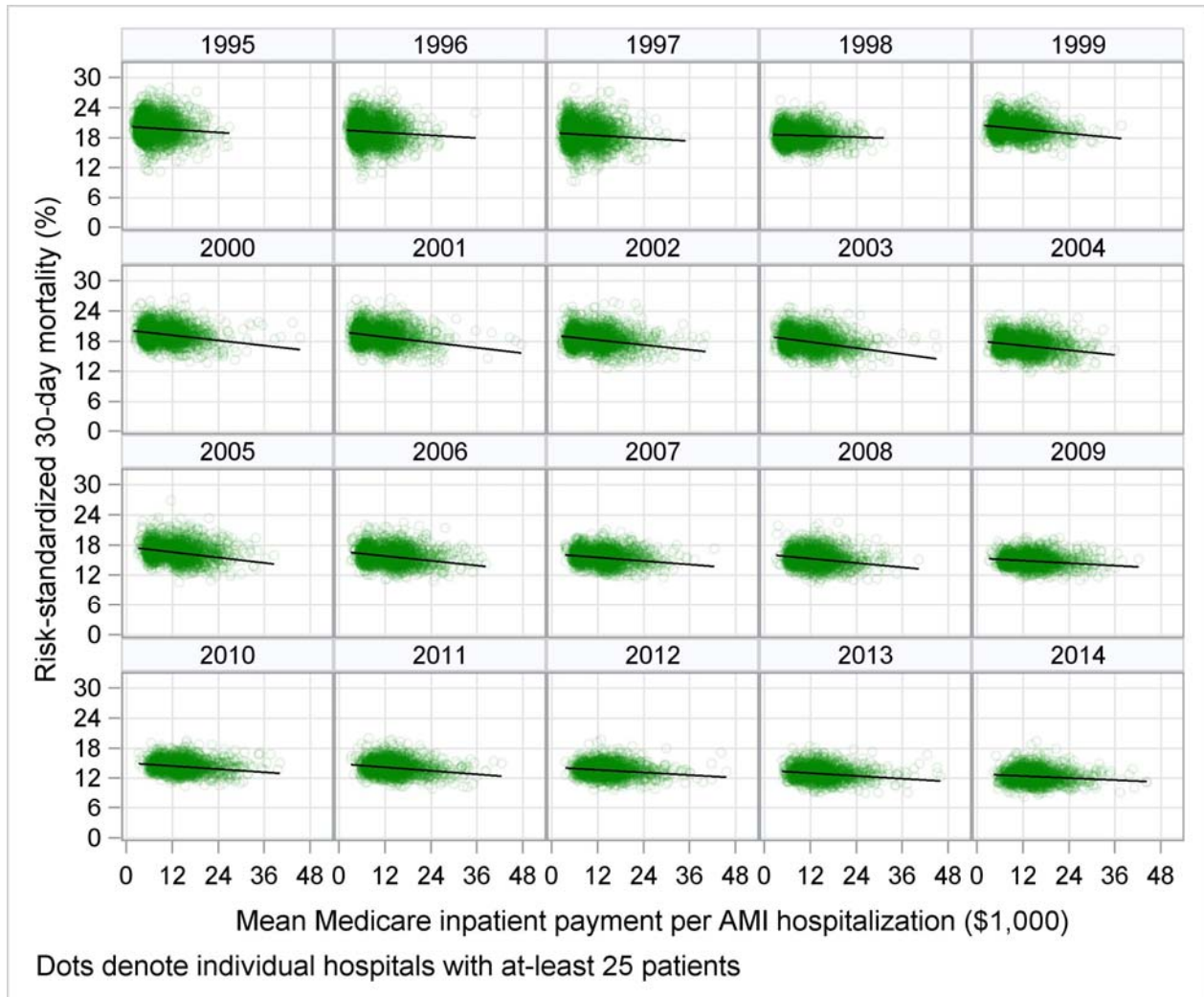
eFigure 10. Annual changes in the 30-day rates of three common AMI-specific procedures (catheterization, CABG, and PCI).