

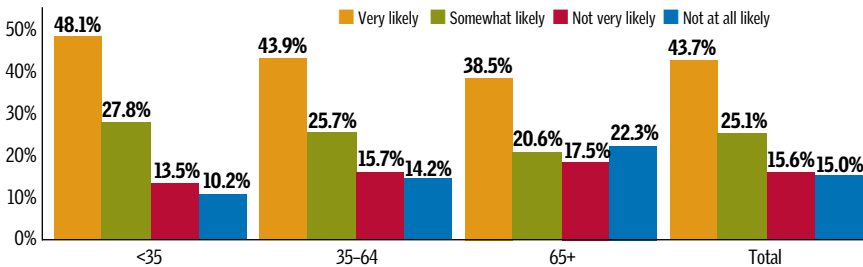
FACTFILE

Hospital Selection

Most Americans say they would look for a hospital rating, although less than half are "very likely" to do so. But if their hospital receives a bad rating, nearly 75% say they would change hospitals rather than stay put. If specialty care is needed, slightly more than half would seek out the best-rated facility rather than go to their community hospital. If a serious illness is involved, nearly 60% would rely on ratings rather than community location in seeking care.

WOULD LOOK FOR A RATING, BY AGE

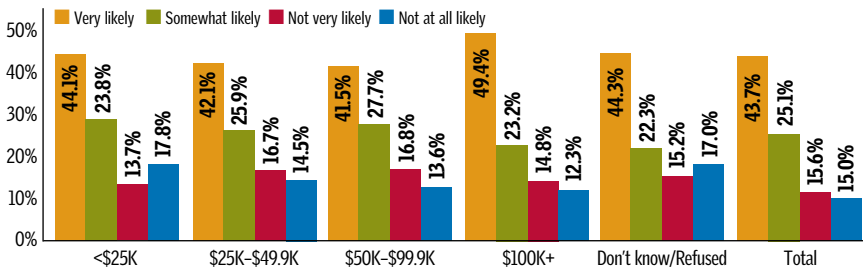
On average, less than half of those surveyed were "very likely" to look for a hospital rating. And a combined 31% say they are "not very likely" or "not at all likely" to look for ratings. The youngest age group was the most likely group to search out ratings.



SOURCE: Thomson Reuters 2010 PULSE™ Healthcare Survey.

WOULD LOOK FOR A RATING, BY INCOME

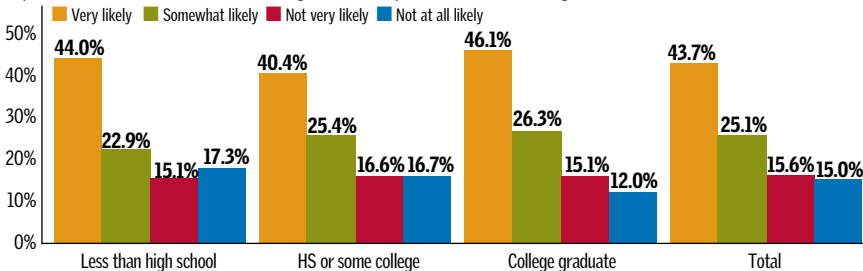
Those with the highest incomes have the highest interest in hospital ratings. In households earning more than \$100,000 a year, 49.4% say they are "very likely" to look for a hospital rating, followed by those earning less than \$25,000 (44.1%), then the \$25,000 to \$49,900 group (42.1%), and those in the \$50,000 to \$99,900 group (41.5%).



SOURCE: Thomson Reuters 2010 PULSE™ Healthcare Survey.

WOULD LOOK FOR A RATING, BY EDUCATION

Education level has only a slight effect on the likelihood someone will search for hospital ratings. For college graduates, 46.1% are "very likely" to seek ratings, followed by those without a high school diploma (44%) and those with a high school diploma or some college (40.4%).



SOURCE: Thomson Reuters 2010 PULSE™ Healthcare Survey.

ABOUT THIS DATA

The Thomson Reuters 2010 PULSE™ Healthcare Survey is based on more than 100,000 household interviews, drawing its data from a random sample stratified by geography. The survey is conducted via telephone in waves over a 10-month period to account for seasonality. In some cases, the data does not add up to 100% due to a combination of rounding and respondents who either refuse to answer or respond by saying they don't know.

Income Matters

The Thomson Reuters 2010 PULSE™ Healthcare Survey shows that those with incomes over \$100,000 are more likely than lower income households to be influenced by hospital ratings in each of the categories considered in this Fact File. Median household income varies considerably by state, according to this 2010 Census data.

United States	\$49,445
Alabama	\$40,976
Alaska	\$58,198
Arizona	\$47,279
Arkansas	\$38,571
California	\$54,459
Colorado	\$60,442
Connecticut	\$66,452
Delaware	\$55,269
District of Columbia	\$55,528
Florida	\$44,243
Georgia	\$44,108
Hawaii	\$58,507
Idaho	\$47,014
Illinois	\$50,761
Indiana	\$46,322
Iowa	\$49,177
Kansas	\$46,229
Kentucky	\$41,236
Louisiana	\$39,443
Maine	\$48,133
Maryland	\$64,025
Massachusetts	\$61,333
Michigan	\$46,441
Minnesota	\$52,554
Mississippi	\$37,985
Missouri	\$46,184
Montana	\$41,467
Nebraska	\$52,728
Nevada	\$51,525
New Hampshire	\$66,707
New Jersey	\$63,540
New Mexico	\$45,098
New York	\$49,826
North Carolina	\$43,753
North Dakota	\$51,380
Ohio	\$46,093
Oklahoma	\$43,400
Oregon	\$50,526
Pennsylvania	\$48,460
Rhode Island	\$51,914
South Carolina	\$41,709
South Dakota	\$45,669
Tennessee	\$38,686
Texas	\$47,464
Utah	\$56,787
Vermont	\$55,942
Virginia	\$60,363
Washington	\$56,253
West Virginia	\$42,839
Wisconsin	\$50,522
Wyoming	\$52,359

SOURCES: Thomson Reuters 2010 PULSE™ Healthcare Survey and United States Census Bureau, State Median Income; Table H-8. Median Household Income by State: 1984 to 2010. (Households as of March of the following year; income in current and 2010 CPI-U-RS adjusted dollars28/.)

www.census.gov/hhes/www/income/data/statemedian/index.html

Upcoming Topic:

> Preventive Care

FACT FILE PARTNER:



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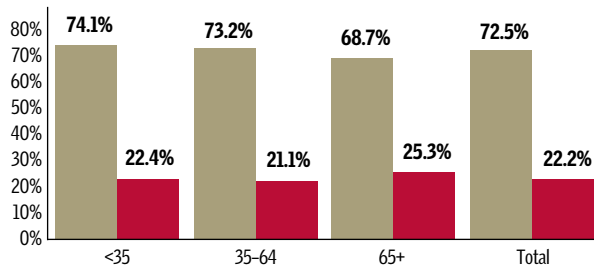
healthcare.thomsonreuters.com

FACTFILE



IMPACT OF BELOW AVERAGE RATING, BY AGE

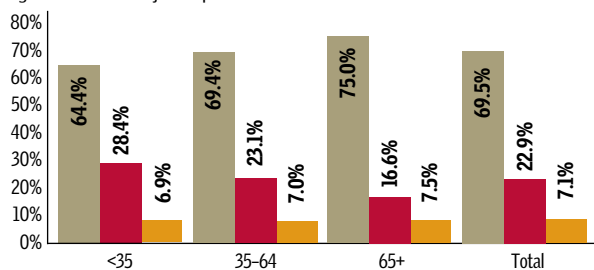
What happens when a patient's preferred hospital receives a below average rating? On average, 72.5% of those surveyed across all ages reported that they would change hospitals rather than stay with a low-ranked hospital. Even in the age group least likely to switch, those over age 65, a majority (68.7%) said they would change.



Change hospital Stay with preferred hospital
SOURCE: Thomson Reuters 2010 PULSE™ Healthcare Survey.

IMPACT OF TOP RATING, BY AGE

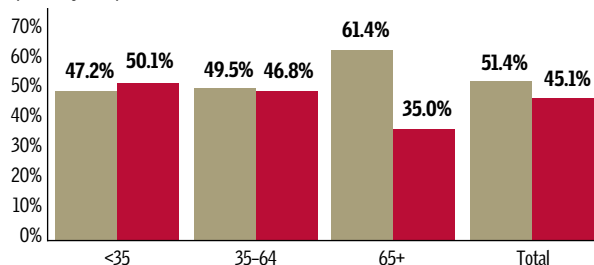
Only about 7% of respondents say a top rating would have no impact on their selection of a hospital. Those 65 and older are most impressed, with 75% saying it would have a "major impact" on their decision, while 69.4% of those 35 to 64, and 64.4% of those under age 35 cite a "major impact."



Major impact Minor impact No impact
SOURCE: Thomson Reuters 2010 PULSE™ Healthcare Survey.

IMPACT OF TOP-RATED SPECIALTY CARE HOSPITALS, BY AGE

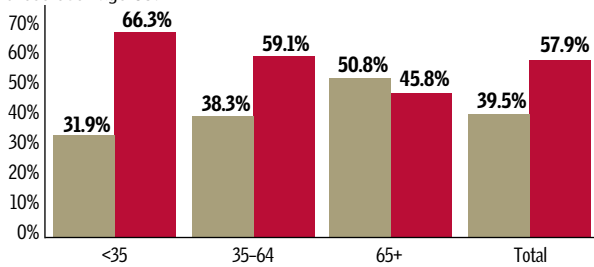
Respondents, overall, reported that they were more likely to choose their own community hospital (51.4%) over a hospital best rated for specialty care (45.1%). That was especially true for the 65-plus age group, with 61.4% reporting that they'd choose their own community hospital. Those under age 35 are more likely to choose the top-rated specialty hospital (50.1%).



Own community Best-rated
SOURCE: Thomson Reuters 2010 PULSE™ Healthcare Survey.

IMPACT OF CHOICE FOR SERIOUS ILLNESS, BY AGE

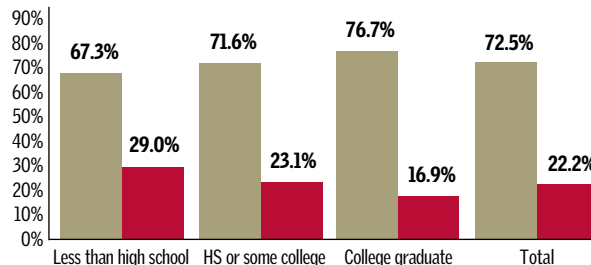
When facing a serious illness, Americans are more likely to choose the best-rated hospital (57.9%) over their community hospital (39.5%). The only age group that would opt to stick with its local hospital is those over age 65.



Own community Best-rated
SOURCE: Thomson Reuters 2010 PULSE™ Healthcare Survey.

IMPACT OF BELOW AVERAGE RATING, BY EDUCATION

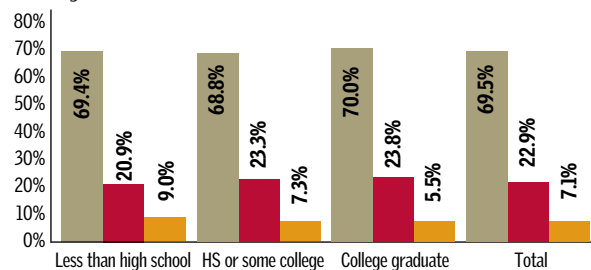
College graduates are more likely to switch facilities if their preferred hospital receives a below average rating: 76.7% say they'd make the change. The majority of those with less than a high school education, too, would look elsewhere, with just 29% saying they'd stick with the original preferred hospital.



Change hospital Stay with preferred hospital
SOURCE: Thomson Reuters 2010 PULSE™ Healthcare Survey.

IMPACT OF TOP RATING, BY EDUCATION

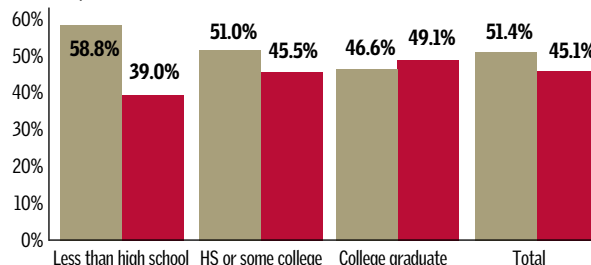
Education level has almost no impact on whether a hospital's top rating would influence a person's selection. Across the board, about 70% say such a rating would have a "major impact" on the decision. The "no impact" responses ranged from 5.5% (college grad) to 9.0% (less than high school).



Major impact Minor impact No impact
SOURCE: Thomson Reuters 2010 PULSE™ Healthcare Survey.

IMPACT OF TOP-RATED SPECIALTY CARE HOSPITALS, BY EDUCATION

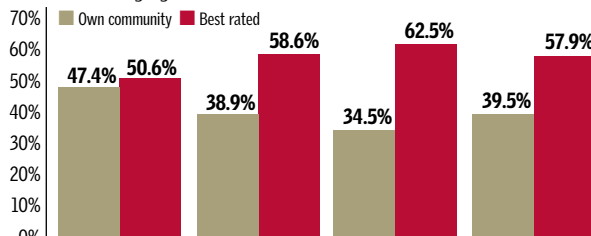
Education also plays a role in specialty care selection, with college graduates preferring best-rated specialty care hospitals (49.1%) over their own community hospital (46.6%). Those most likely to seek care at their own community hospital (58.8%) are those without a high school diploma; just 39% of that group would choose the top-rated specialty care hospital for care.



Own community Best-rated
SOURCE: Thomson Reuters 2010 PULSE™ Healthcare Survey.

IMPACT OF CHOICE FOR SERIOUS ILLNESS, BY EDUCATION

As education level increases, Americans are more likely to choose the best-rated hospital when dealing with a serious illness: 50.6% for those without a high school diploma, 58.6% for those with some college, and 62.5% for college graduates.



Own community Best-rated
SOURCE: Thomson Reuters 2010 PULSE™ Healthcare Survey.

