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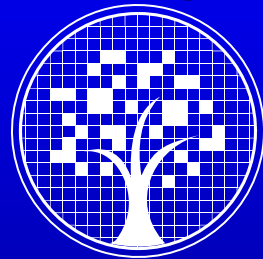
P. Hannah Davis

Manager, HCUP User Support

Agency for Healthcare Research and Quality

December 6, 2008

Healthcare Cost and Utilization Project (HCUP)



H·CUP

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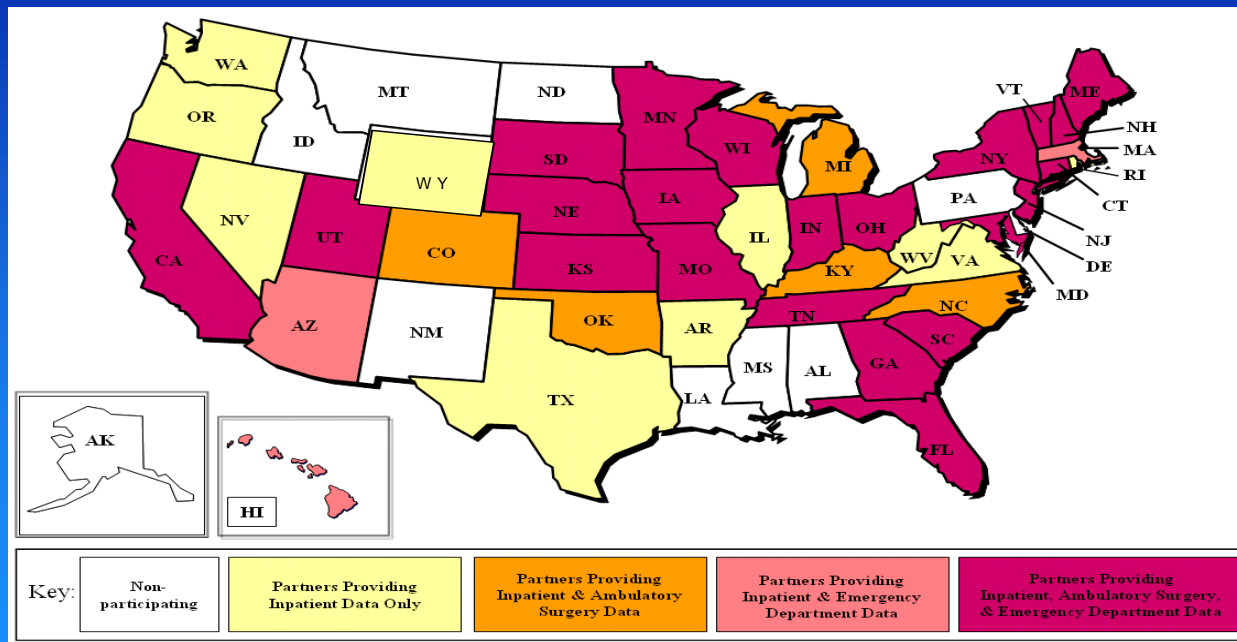


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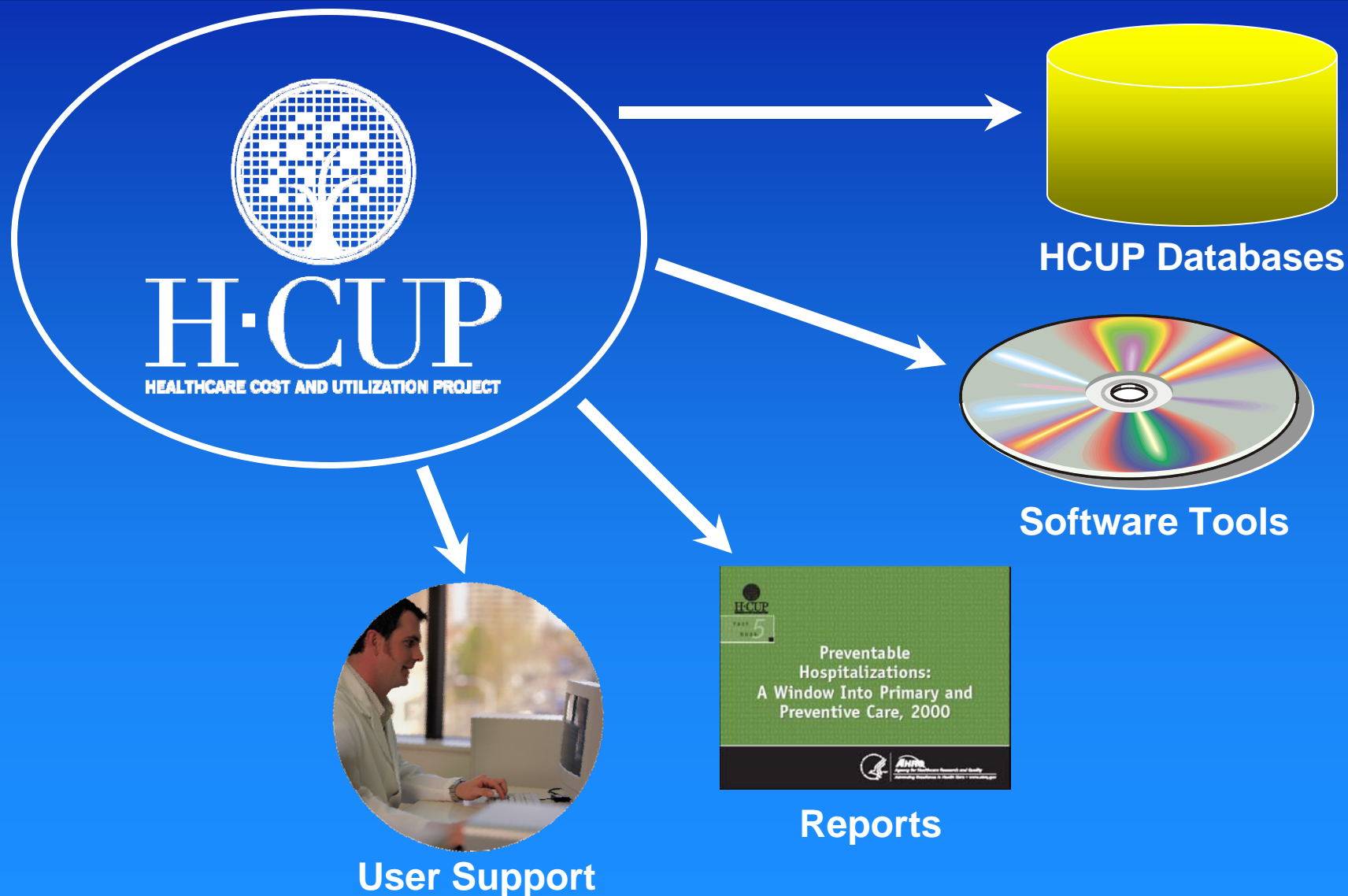


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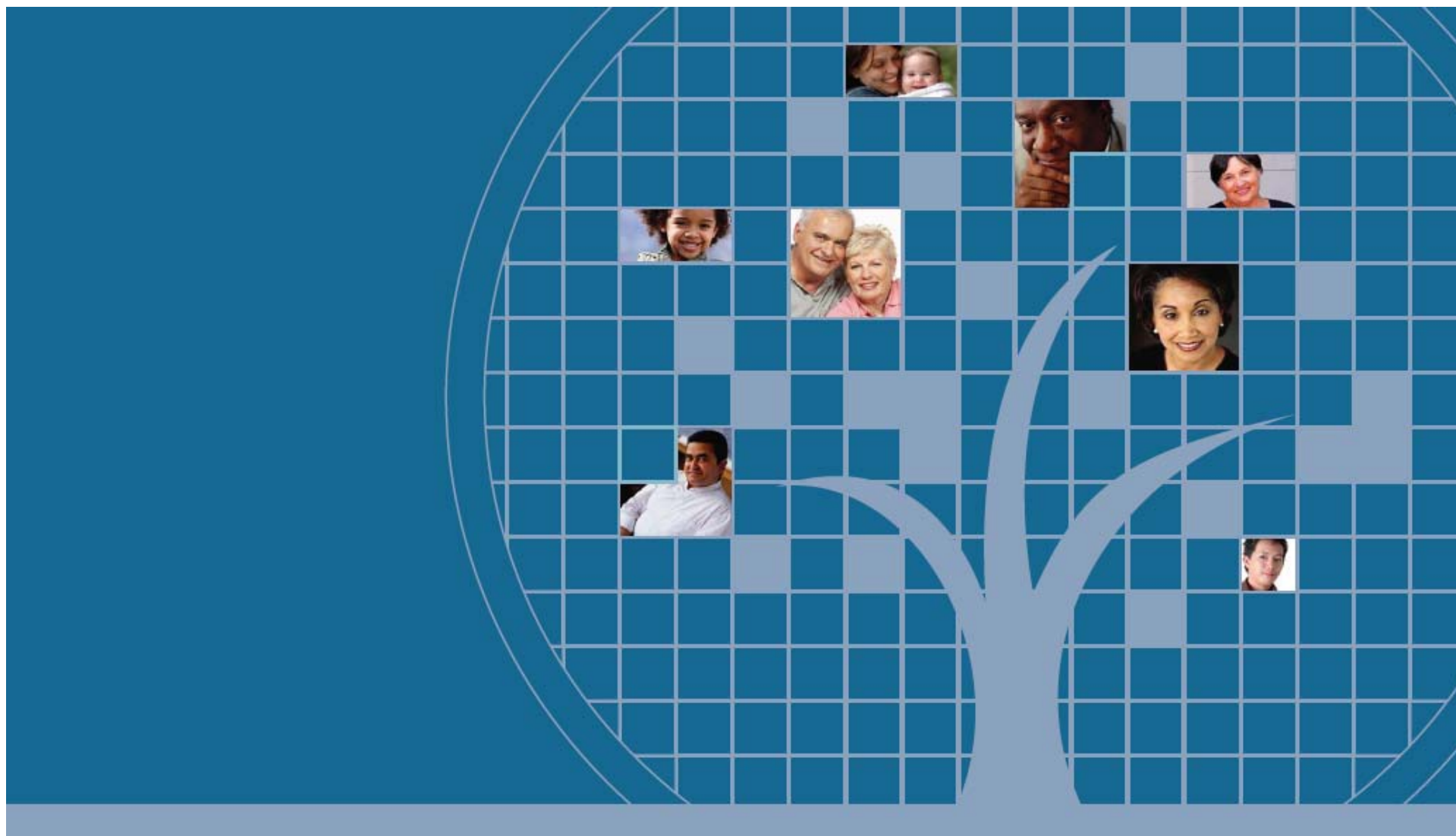
40 states
90% of all
discharges

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- **HCUP Fact Books** (*online and printed*)
 - Provides information about specific aspects of hospital care



HCUP FACTS AND FIGURES, 2006

STATISTICS ON HOSPITAL-BASED CARE
IN THE UNITED STATES



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HEALTHCARE COST AND UTILIZATION PROJECT

HCUP Facts and Figures

- An annual report, updated in August
- Contains statistics on hospital based care
 - Most common diagnoses, conditions, and procedures
 - Costs and charges associated with hospitalizations
 - Special topic – priority conditions in 2006
- Current report has 2006 data from HCUP Nationwide Inpatient Sample (NIS), and trends from 1997
- States can download software and run with own data
- Report available on HCUP-User Support website at www.hcup-us.ahrq.gov/reports

Overview of Hospital Utilization and Costs, 1997-2006

US. Community Hospitals	1997	2006
Total discharges (millions)	34.7	39.5
Discharges per 1,000 population	127.8	131.9
Total days of care (millions)	168.1	181.3
ALOS	4.8	4.6
Avg charge per stay*	\$13,800	\$24,000
Average costs per stay*	\$6,200	\$8,400

*inflation adjusted in 2006 dollars

Top 5 Most Frequent Principal Diagnoses, 1997-2006

Principal CCS Diagnosis	Discharges (in thousands)		% Change
	1997	2006	1997-2006
All discharges	34,679	39,450	14
Pregnancy, childbirth and newborn infants	8,236	9,252	12
Pneumonia	1,232	1,218	-1
Coronary atherosclerosis (coronary artery disease)	1,407	1,198	-15
Congestive heart failure	991	1,099	11
Non-specific chest pain	538	857	59

Most Frequent Principal Diagnoses with Largest Changes, 1997-2006

Principal CCS Diagnosis	Discharges (in thousands)		% Change 1997-2006
	1997	2006	
All discharges	34,679	39,450	14
Skin and subcutaneous tissue infections	330	597	81
Osteoarthritis	418	735	76
Non-specific chest pain	538	857	59
Septicemia (blood infection)	413	611	48
Cardiac dysrhythmias (irregular heart beat)	572	749	31

Top 5 Most Frequent Procedures, 1997-2006

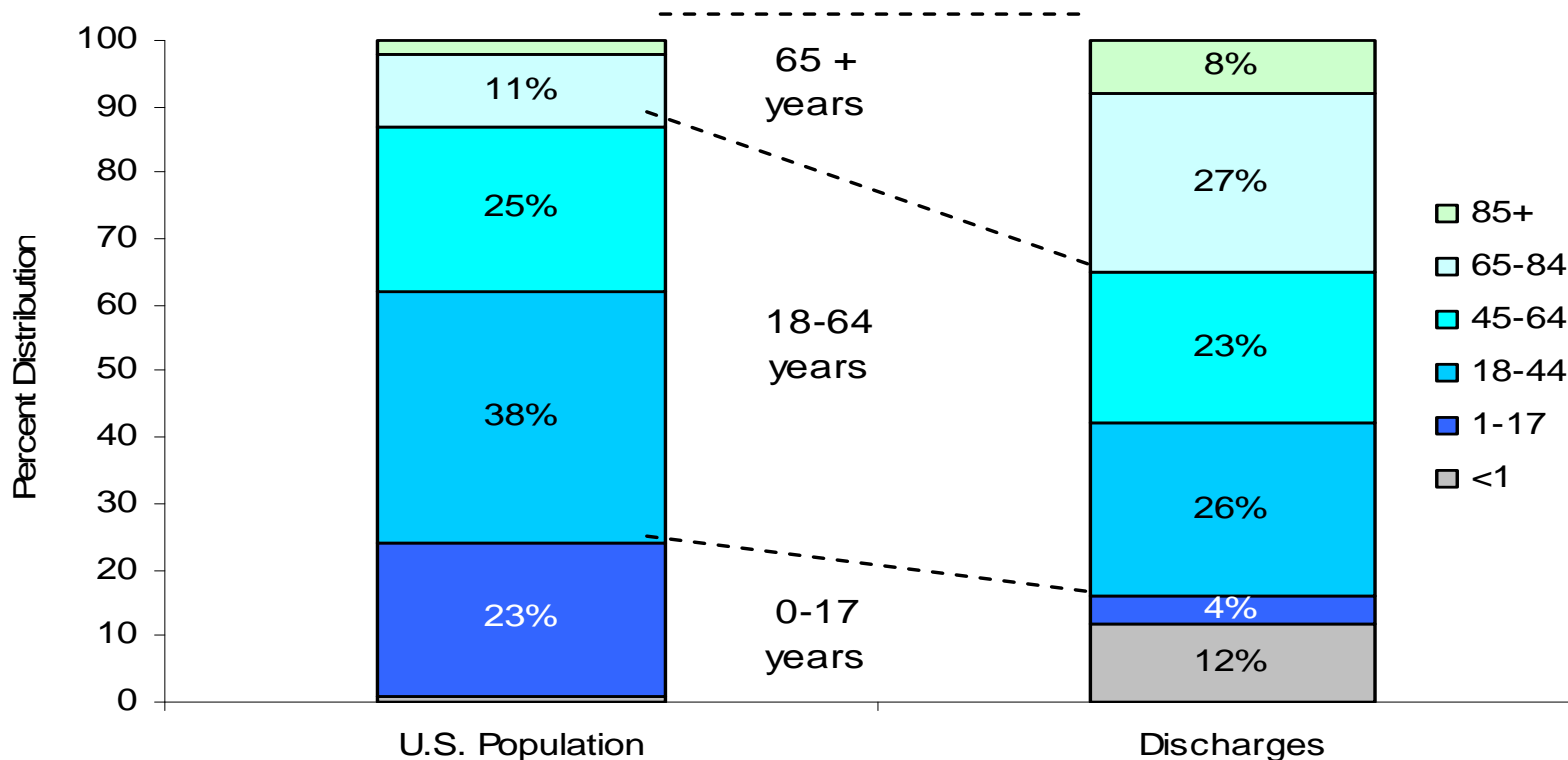
All-Listed CCS Procedures	Discharges (in thousands)		% Change 1997-2006
	1997	2006	
All discharges w/ any procedure	21,257	24,445	15
Blood transfusion	1,097	2,382	117
Diagnostic cardiac catheterization, coronary arteriography	1,461	1,671	14
Repair of obstetric laceration	1,137	1,373	21
C-section	800	1,346	68
Respiratory intubation and mechanical ventilation	919	1,294	41

Most Frequent Procedures with Largest Changes, 1997-2006

	Discharges (in thousands)		% Change 1997-2006
	1997	2006	
All-listed CCS Procedures			
All discharges w/ any procedure	21,257	24,445	15
Blood transfusion	1,097	2,382	117
C-section	800	1,346	68
Prophylactic vaccinations and inoculations	567	945	67
Episiotomy	866	393	-55
Respiratory intubation and mechanical ventilation	919	1,294	41

Infants and the Elderly Disproportionally Use the Hospital

Distribution of U.S. Population and Hospital Discharges by Age, 2006



Note: Bar segments representing 2 percent or less have not been labeled.

Top 5 Most Expensive Principal Diagnoses and Average Annual Percent Growth in Costs, 1997-2006

Principal CCS Diagnosis	Total Hospital Costs* (in billions)		% Annual Change
	1997	2006	1997-2006
All diagnoses	\$216.3	\$329.2	4.8
Coronary atherosclerosis	14.5	17.5	2.1
Acute myocardial infarction	9.0	11.8	3.0
Congestive heart failure	6.6	11.2	6.1
Liveborn	7.8	10.8	3.6
Osteoarthritis	4.6	10.3	9.3

*inflation adjusted in 2006 dollars

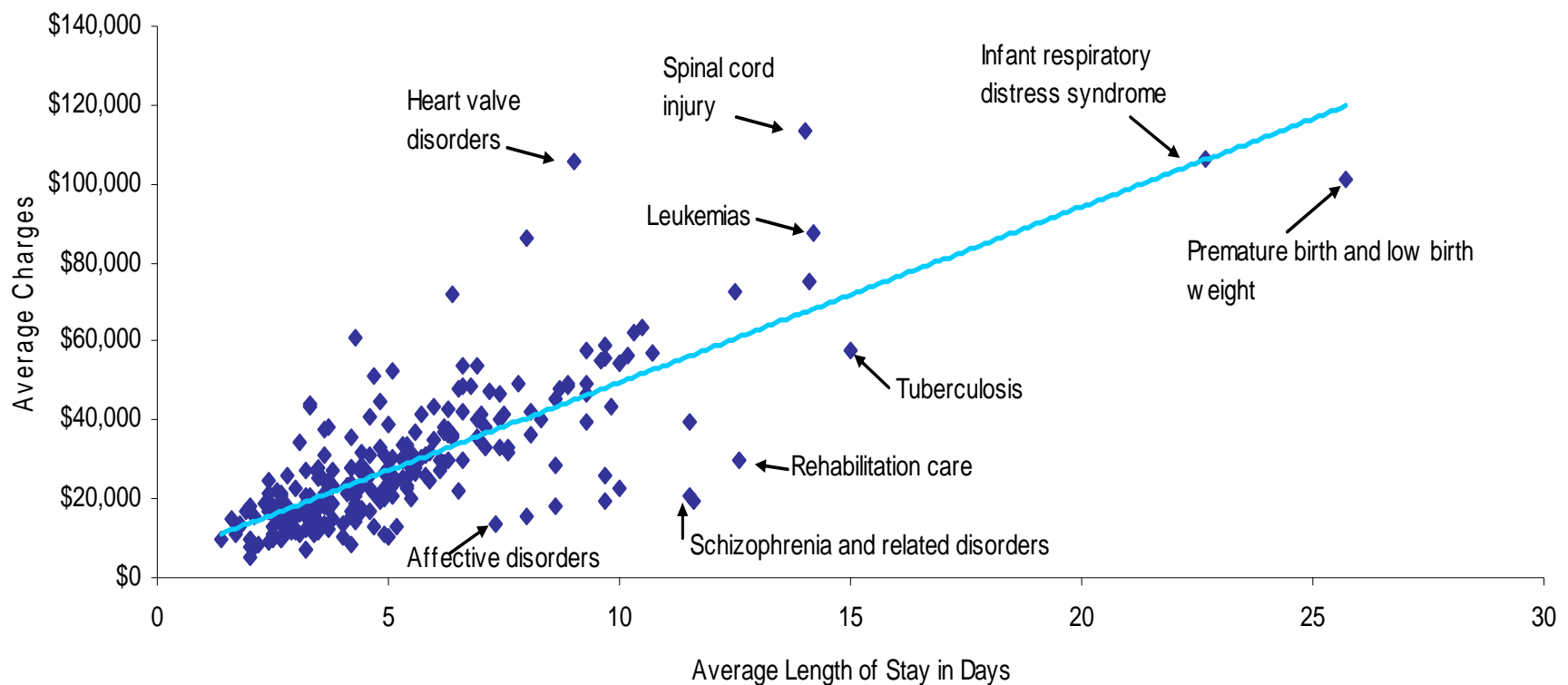
Most Frequent Principal Diagnoses with Largest Average Annual Percent Growth in Costs, 1997-2006

Principal CCS Diagnosis	Total Hospital Costs* (in billions)		% Annual Change
	1997	2006	1997-2006
All diagnoses	\$216.3	\$329.2	4.8
Septicemia (blood infection)	4.0	10.2	10.9
Adult respiratory failure, insufficiency or arrest	3.3	8.1	10.7
Non-specific chest pain	1.6	3.9	10.0
Disorders of intervertebral discs and bones in spinal column (back problems)	3.4	7.6	9.4
Osteoarthritis	4.6	10.3	9.3

*inflation adjusted in 2006 dollars

Some Conditions Were More Expensive Than Expected Due to Costly Technology or Intensive Care, 2006

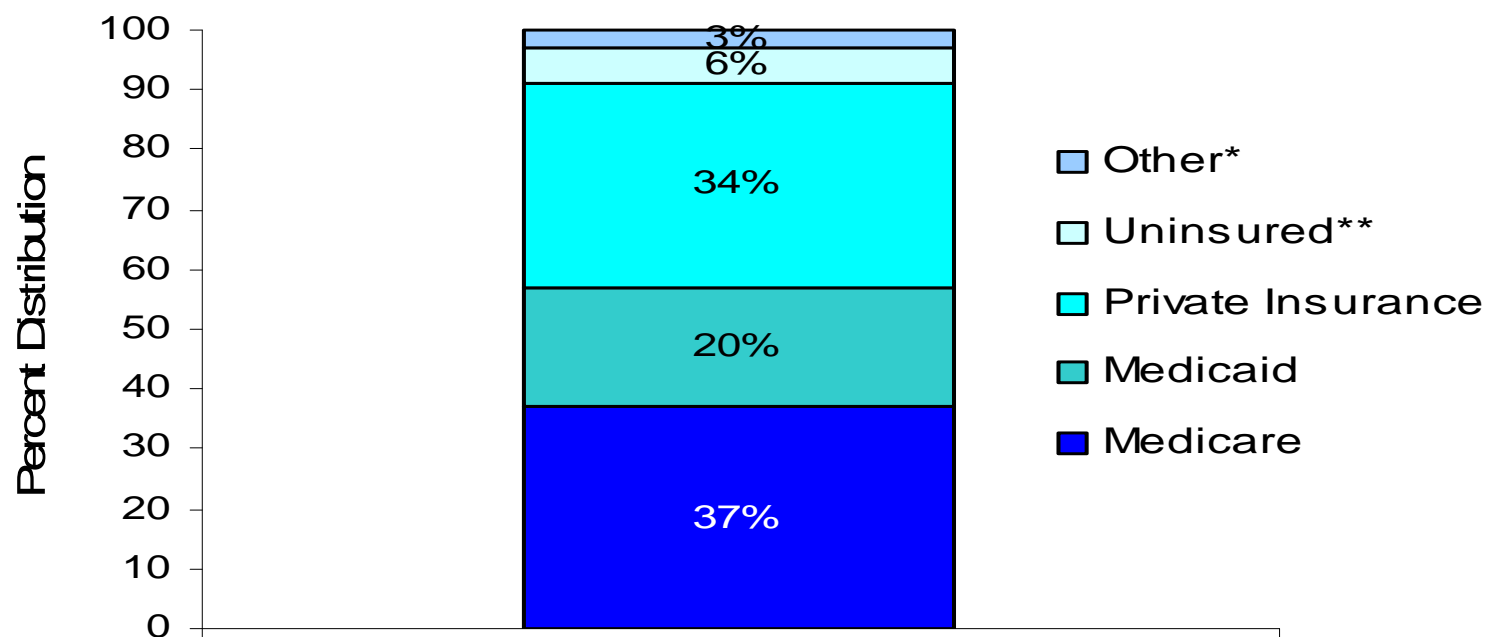
Inpatient Hospital Stays for Principal Diagnosis*: Average Length of Stay and Average Charges, 2006



* Based on CCS principal diagnosis.

Public Insurance Assumed Financial Responsibility for Most Hospitalizations, 2006

**Percent Distribution of Discharges by Expected
Primary Payer, 2006**

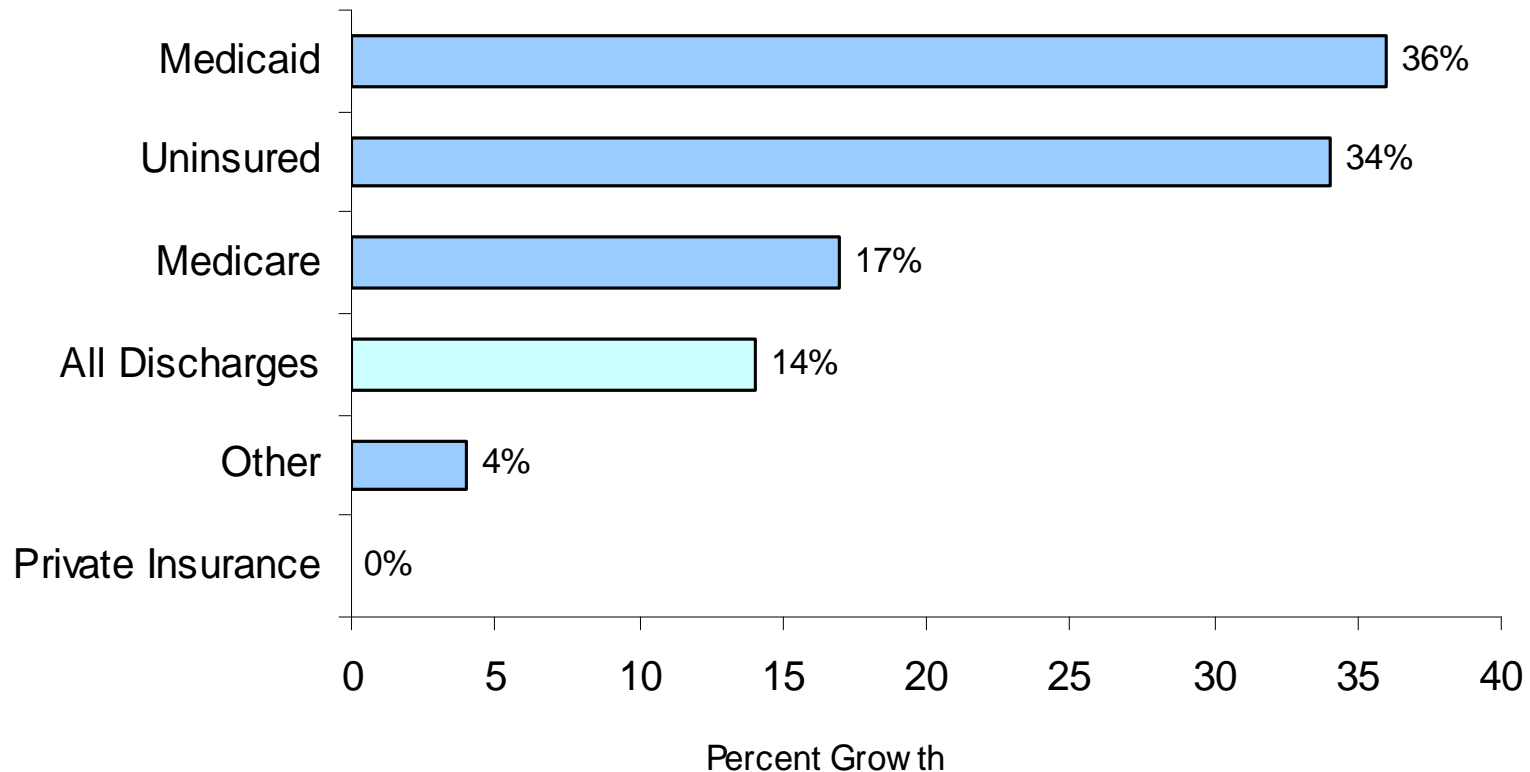


*Includes other payers such as Workers' Compensation, TRICARE, CHAMPUS, CHAMPVA, Title V, and other government programs.

**Includes discharges classified as self-pay or no charge.

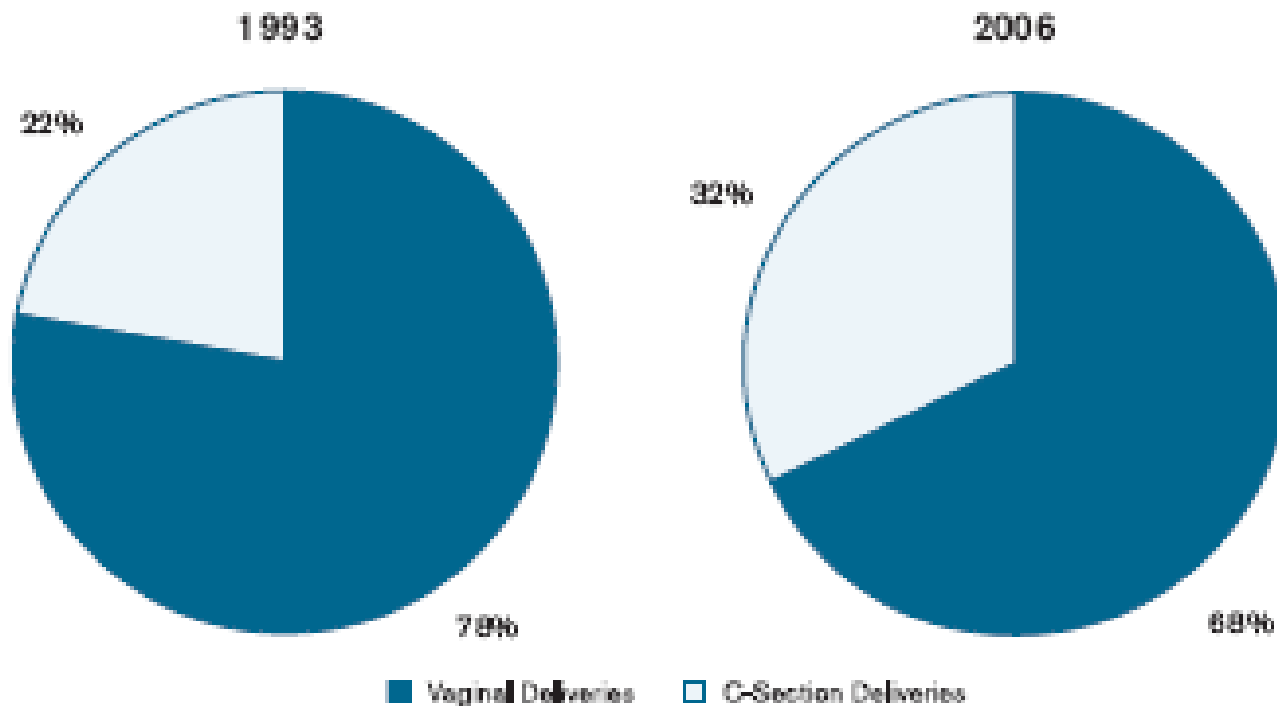
Public Insurance and Uninsured Grew at Highest Rates, 1997-2006

**Growth in Number of Discharges by Expected Primary Payer,
1997-2006**



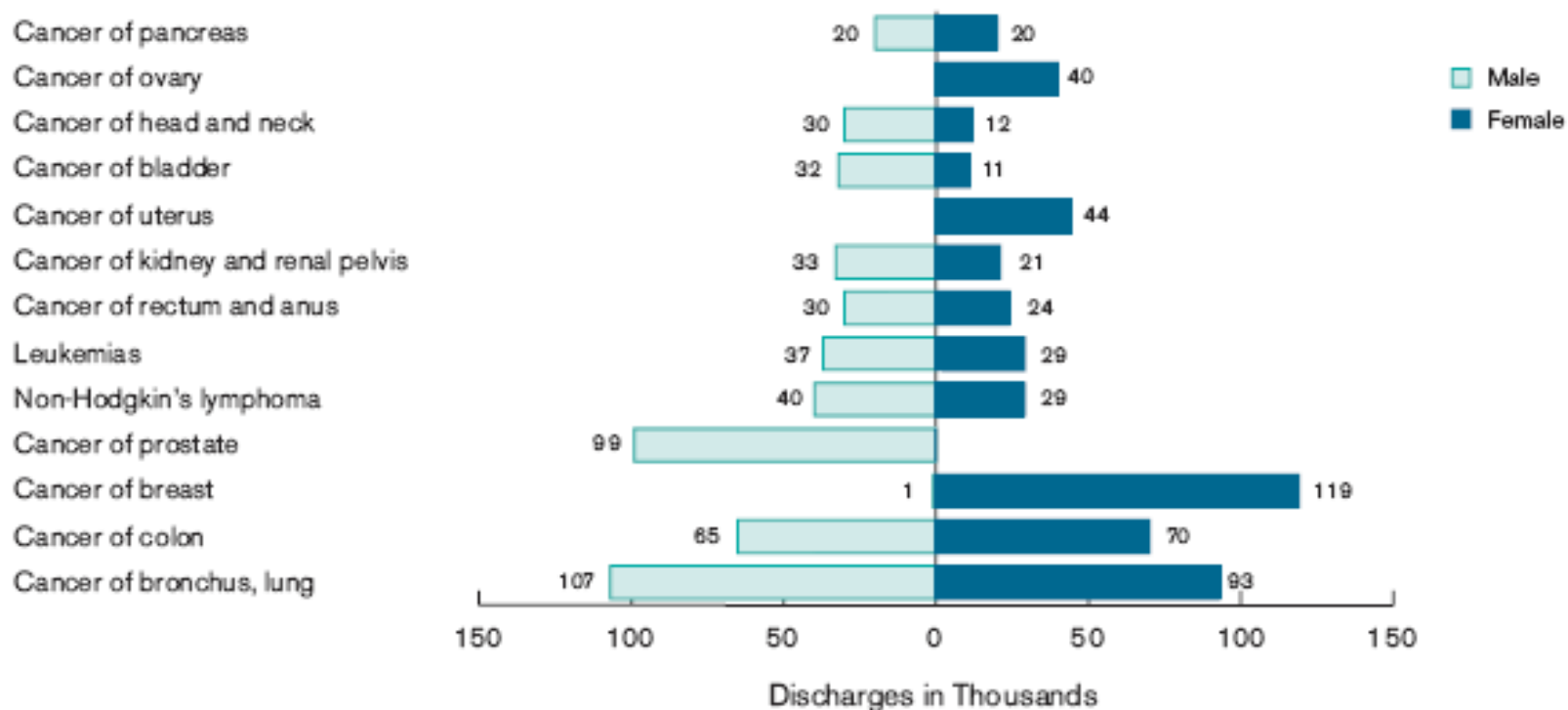
C-Section Rates Are Rising, 1993-2006

Vaginal and C-Section Deliveries as a Share of All Deliveries, 1993 and 2006

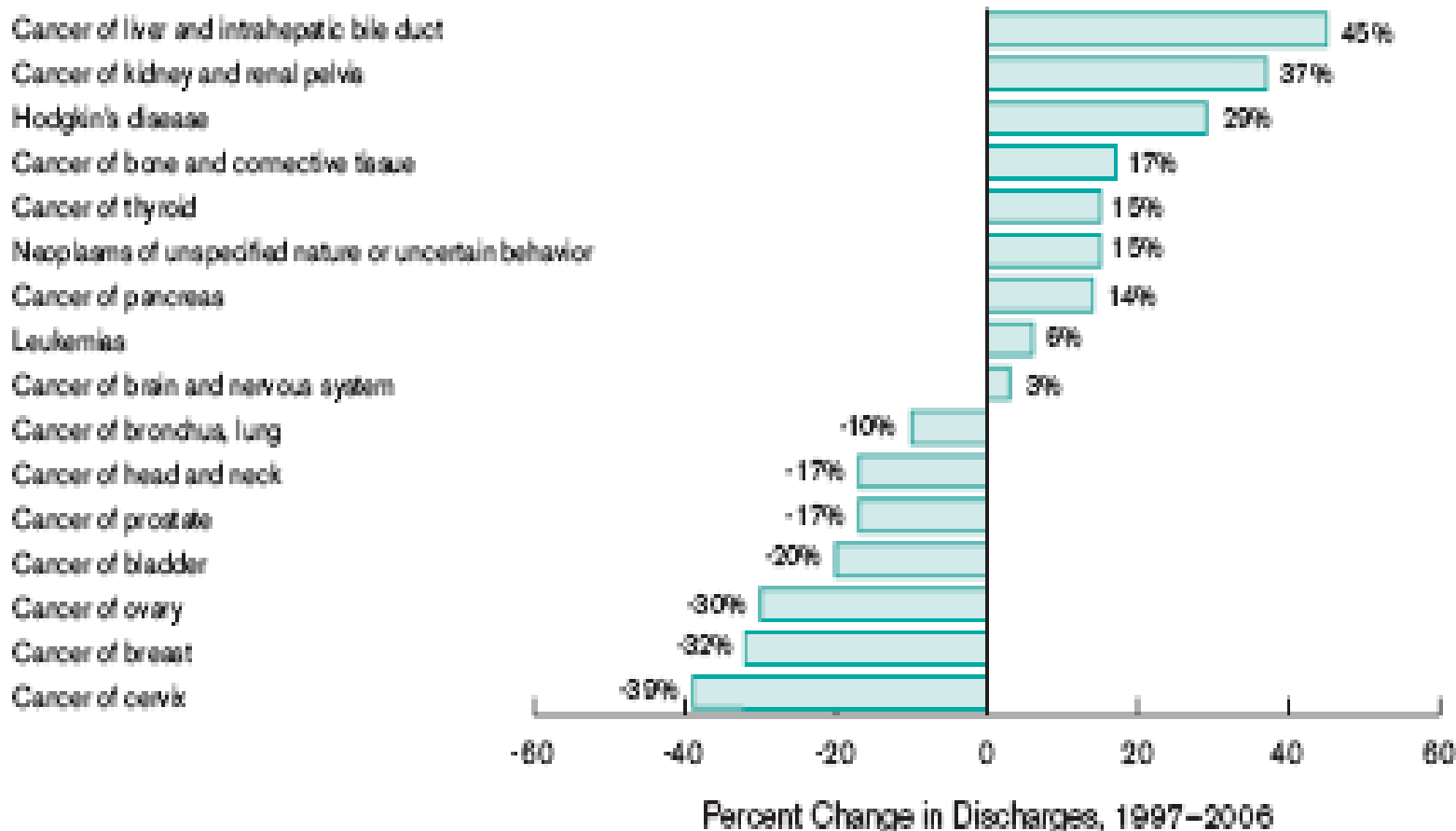


Lung Cancer Was the Most Common Reason for Cancer-Related Hospital Stays, 2006

Most Frequent Hospitalizations with a Principal Diagnosis of Cancer by Gender, 2006

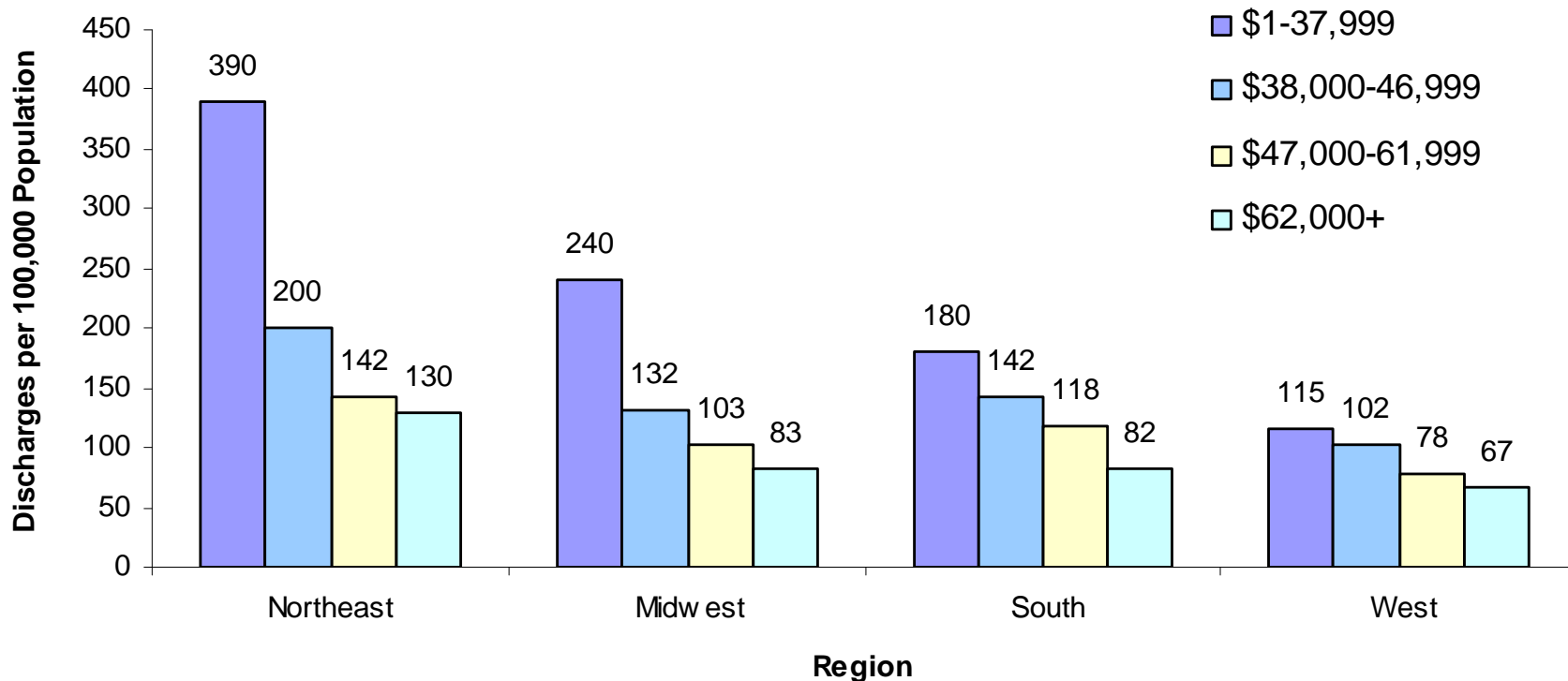


Changes in the Number of Cancer Hospitalizations Varied by Diagnosis, 1997-2006



Asthma Hospitalizations Were Highest Among the Poor, 2006

**Rates of Asthma Hospitalization by
Median Income of Patients' Zip Code and Region, 2006**



HCUP Facts and Figures on HCUP User Support Website



Reports

HCUP reports include new findings, publications, research notes based on HCUP data, and technical reports about HCUP issues. These products are developed by AHRQ through a Federal-State-Industry partnership.

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National Statistics

HCUP Facts and Figures

provides an overview of national statistics on hospital stays for 2006 and trends from 1993. Click here to view the Statistics on hospital-based care in the United States, 2006 ([PDF](#) file, 1,859 KB; [HTML](#)). [Previous HCUP Facts and Figures](#) reports are also available.

HCUP Fact Books

- [Care of Adults With Mental Health and Substance Abuse Disorders in U.S. Community Hospitals, 2004](#)
- [Ambulatory Surgery in U.S. Hospitals, 2003](#)
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National Statistics Archives

The [HCUP National Statistics Archive](#) features a broad array of information on older HCUP databases.

Quick Facts

HCUP Statistical Briefs

present simple, descriptive statistics on a variety of specific, focused topics. [Statistical Briefs](#) are organized by topic.

HCUP Highlights

illustrate key findings from the HCUP databases.

- [Economic and Health Costs of Diabetes](#)
- [Hospital and Ambulatory Surgery Care for Women's Cancers](#)

List of Publications

based on HCUP data are available within the HCUP section of the [AHRQ Web site](#). Publications are listed by author. Information includes title, publication, data, and sometimes access to an abstract.

A comprehensive list of AHRQ publications is also available on the [AHRQ Web site](#).

Technical

HCUP Database Reports

are specific to the design and use of the HCUP databases.

- [Nationwide Inpatient Sample \(NIS\) reports](#)
- [Kids' Inpatient Database \(KID\) reports](#)
- [State Inpatient Databases \(SID\) reports](#)
- [State Ambulatory Surgery Databases \(SASD\) reports](#)
- [State Emergency Department Databases \(SEDD\) reports](#)

HCUP Methods Series

features a broad array of methodological information on the HCUP databases and software tools. Reports in the [HCUP Methods Series](#) are listed in chronological order.

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- [Enhancing the Clinical Content of Administrative Data](#)
- [The Value of Hospital Discharge Data](#) (PDF file, 664 KB)

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Internet Citation: HCUP Reports. Healthcare Cost and Utilization Project (HCUP). October 2008
Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports.jsp.
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HCUP Statistical Briefs



HEALTHCARE COST AND
UTILIZATION PROJECT

STATISTICAL BRIEF

September 2008

The National Hospital Bill: The Most Expensive Conditions by Payer, 2006

Roxanne M. Andrews, Ph.D.

Introduction

As health care costs rise and the population ages, policy makers concerned with the growing burden of hospital-based medical care and expenses to governments, consumers, and insurers. A recent AHRQ report finding that the national aggregate cost for hospital inpatient services increased by 52 percent (after adjustment for inflation) between 1997 and 2006¹ illustrates the importance of monitoring hospital costs.

This Statistical Brief presents data from the Healthcare Cost and Utilization Project (HCUP) on the national inpatient hospital charges (aggregate community hospital charges) in 2006. This report describes the distribution of the nation's 2006 bill by primary payer and illustrates the conditions accounting for the largest portion of each payer's hospital bills. The primary payers examined are Medicare, Medicaid, private insurance, and the uninsured.

It should be kept in mind that hospital charges are generally higher than the amount paid by payers because of negotiated rates (the exception being the uninsured patients, who are expected to pay the full charge by many hospitals). Hospital charges can be a useful benchmark for comparing hospital charges across different types of hospitalizations, such as comparing charges for different types of medical conditions.

Findings

The 2006 national hospital bill by primary payer. The nation's hospitals billed nearly \$950 billion in charges for inpatient hospitalizations. These charges included 1.4 million hospital stays, but do not include hospital charges for emergency care for patients not admitted to the hospital or charges for the admissions. In 2006, two of the most common diagnoses were responsible for 62 percent of all Medicare and Medicaid, bore responsibility for all

¹ Levit K, Stranges E, Ryan K, Elitzauser A. HCUP Facts and Figures on Hospital-based Care in the United States. Rockville, MD: Research and Quality, 2008.



HEALTHCARE COST AND
UTILIZATION PROJECT

STATISTICAL BRIEF

November 2008

Hospital Stays for Lung Cancer, 2006

Laurel Holmquist, M.A., C. Allison Russo, M.P.H., and Anne Elixhauser, Ph.D.

Introduction

Cancer was the second-leading cause of death in the United States in 2006, and among all cancers, lung cancer had the highest mortality rate—more than colon, breast, and prostate cancers combined.¹ Smoking is considered a main cause of lung cancer, yet an estimated 10–15 percent of cases each year occur in non-smokers.² The disease can also result from a number of other behavioral, environmental, and hereditary factors, including exposure to hazardous substances such as asbestos and radon pollution, second-hand smoke, or a genetic predisposition to, or family history of lung cancer.^{3,4}

This Statistical Brief presents data from the Healthcare Cost and Utilization Project (HCUP) on characteristics of hospital stays related to the treatment of lung cancer in 2006. Characteristic stays for lung cancer are compared to all non-maternal, non-neonatal hospitalizations. Differences by age, gender, payer, region are also investigated for principal and secondary lung cancer diagnoses. Additionally, common principal diagnoses procedures associated with lung cancer-related stays are on All differences between estimates noted in the text are statistically significant at the 0.05 level or better.

Findings

In 2006, there were over half a million (535,700) hospitalizations citing a diagnosis of lung cancer—a rate of 179.3 stays per 100,000 population. Nearly 28.0 percent of lung cancer hospitalizations (149,900 stays) were principally for lung and totaled \$2.1 billion in hospital costs. In addition, there approximately 388,000 stays with lung cancer as a secondary diagnosis.

¹ Zeiler J.L., Lynn C., Glass R.M. Lung Cancer. JAMA. 2007; 297(9): <http://jama.ama-assn.org> (accessed October 8, 2008).

² Lung Cancer Fact Sheet. American Lung Association. October 20 <http://www.lungusa.org> (accessed October 8, 2008).

³ Lung Cancer. Medicine Plus. U.S. National Library of Medicine, NCI. October 2008. <http://www.nlm.nih.gov/medlineplus/lungcancer/>

⁴ Q&A: Lung Cancer in Non-Smokers. CancerWise. University of Anderson Cancer Center. November 2007. <http://www.cancerwise.org> (accessed October 8, 2008).



HEALTHCARE COST AND
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STATISTICAL BRIEF #62

October 2008

Hospital Stays Related to Mental Health, 2006

Dani K. Saba, M.H.S., Katherine R. Levit, Anne Elixhauser, Ph.D.

Introduction

Mental illness touches most Americans during their lifetimes, either directly or indirectly. Approximately 5.8 percent of American adults suffer from serious mental illness each year, translating to more than one in twenty individuals over the age of 18 with a serious mental disorder.¹ An additional 9.8 percent has moderate mental illness and 10.5 percent has mild mental illness. Furthermore, 5–9 percent of children suffer from a serious mental disorder.²

Mental illness often co-occurs with somatic conditions, complicating treatment and raising overall medical costs. Moreover, when mental illness goes untreated, it is more likely to result in a hospitalization. The recent passage of mental health parity legislation³ for private health insurance coverage should increase access to mental health treatment, helping to mitigate the far-reaching effects of mental illness on social relationships, employment, and quality of life.

This Statistical Brief presents data from the Healthcare Cost and Utilization Project (HCUP) on mental health stays at U.S. community hospitals in 2006. Variations in the characteristics of hospitalizations principally for mental health (MH) conditions as well as stays with MH conditions noted as a secondary condition are examined by age, gender, expected payer, and region.

Findings

General findings
In 2006, there were approximately 1.4 million hospitalizations specifically for MH conditions (table 1). In total, 1 out of every 5 hospital stays included some mention of a MH condition as either a principal or secondary diagnosis (table 2). Mental health was listed

¹ Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*. 2005 Jun; 62(6):617–27.
² Report of the New Freedom Commission on Mental Health. October 2003. Accessed at <http://www.nfcmh.org/ncmhreport.htm> (accessed October 14, 2008).
³ Jenkins CL. Law Equalizes Coverage for Mental, Physical Care. *The Washington Post*. October 10, 2008, B1.

STATISTICAL BRIEF #62

Highlights

- One out of every 5 hospital stays (21.3 percent) had either a principal or secondary diagnosis of a mental health condition.
- In 2006, 8.4 million stays involved a diagnosis of mental illness—1.4 million hospital stays had a principal mental health condition and an additional 7.1 million stays had mental illness as a secondary diagnosis.
- Medicare and Medicaid were the expected payers for 6 out of every 10 mental health stays while private insurance paid for slightly more than 2 out of 10 of these stays. Slightly less than 1 out of every 10 stays with a principal mental health diagnosis was uninsured.
- Rates of mental health hospitalizations were twice as high in the Northeast as in the West.
- Average length of stay for hospitalizations principally for mental health was greater than for all stays (8.2 days versus 4.6 days, respectively).
- Mood disorders and schizophrenia were the most common reasons for mental health hospital stays—responsible for 62 percent of all mental health hospitalizations.
- Mood disorders were the most common principal diagnoses for the non-elderly, for those 65 and over, dementia and related disorders were the most common.

HCUP Statistical Briefs by Topic Categories

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#63	Hospital Stays for Lung Cancer, 2006 (PDF file, 143 KB; HTML)
#62	Hospital Stays Related to Mental Health, 2006 (PDF file, 145 KB; HTML)
#61	Potentially Preventable Hospitalizations among Hispanic Adults, 2006 (PDF file, 141 KB; HTML)
#60	Tuberculosis Stays in U.S. Hospitals, 2006 (PDF file, 131 KB; HTML)
#59	The National Hospital Bill: The Most Expensive Conditions by Payer, 2006 (PDF file, 214 KB; HTML)
#58	Hospital Stays Related to Asthma for Children, 2006 (PDF file, 130 KB; HTML)
#57	Meningitis-Related Hospitalizations in the United States, 2006 (PDF file, 171 KB; HTML)
#56	Hospital Stays for Children, 2006 (PDF file, 192 KB; HTML)
#55	Hospital Stays Resulting from Excessive Heat and Cold Exposure Due to Weather Conditions in U.S. Community Hospitals, 2005 (PDF file, 207 KB; HTML)
#54	Hospital Stays Related to Asthma for Adults, 2005 (PDF file, 177 KB; HTML)
#53	Racial and Ethnic Disparities in Hospital Patient Safety Events, 2005 (PDF file, 209 KB; HTML)
#52	Pediatric Emergency Department Visits in Community Hospitals from Selected States, 2005 (PDF file, 247 KB; HTML)
#51	Hospital Stays for Stroke and Other Cerebrovascular Diseases, 2005 (PDF file, 208 KB; HTML)
#50	Clostridium Difficile-Associated Disease in U.S. Hospitals, 1993-2005 (PDF file, 199 KB; HTML)
#49	Hospital Stays Related to Child Maltreatment, 2005 (PDF file, 191 KB; HTML)
#48	Violence-Related Stays in U.S. Hospitals, 2005 (PDF file, 178 KB; HTML)
#47	Emergency Department Visits for Adults in Community Hospitals from Selected States, 2005 (PDF file, 243 KB; HTML)
#46	Hospitalizations for Epilepsy and Convulsions, 2005 (PDF file, 255 KB; HTML)
#45	Circumcisions Performed in U.S. Community Hospitals, 2005 (PDF file, 212 KB; HTML)
#44	Gastroesophageal Reflux Disease (GERD) Hospitalizations in 1998 and 2005 (PDF file, 1,132 KB; HTML)
#43	Hospital Stays Involving Chronic Pulmonary Heart Disease, 2005 (PDF file, 171 KB; HTML)
#42	The National Hospital Bill: Growth Trends and 2005 Update on the Most Expensive Conditions by Payer (PDF file, 391 KB; HTML)
#41	HIV Hospitalizations in 1998 and 2005 (PDF file, 196 KB; HTML)

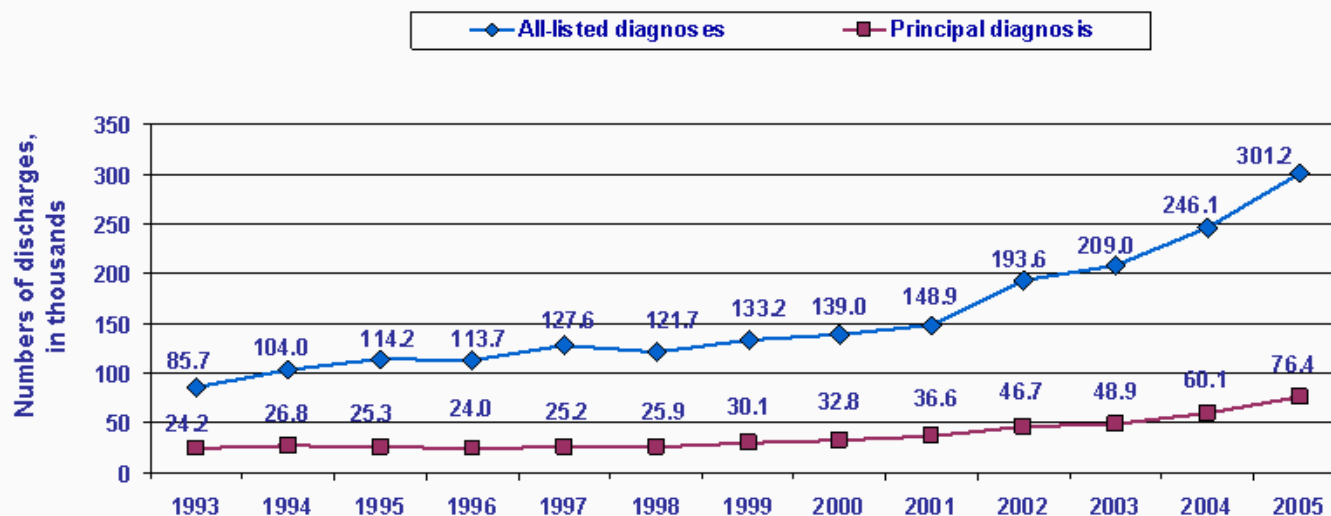
HCUP Statistical Brief #50: Clostridium Difficile Associated Disease (CDAD)

- CDAD hospl discharges more than doubled 2001-05
- In prior 8-year period, cases increased by 74 percent
- Over two-thirds of patients with CDAD were 65 years+
- CDAD infection in NE higher than any other region
 - 144 CDAD hospital stays per 100,000 population
- The West region had lowest rate
 - 67 CDAD stays per 100,000 population
 - NE rate 2 times higher than West
 - Midwest and South rates were 69 percent and 42 percent higher than the West
- CDAD patients had lengths of stay 3 x higher than avg
- CDAD patients death rate in hospl 5 x higher than avg

CDAD Hospitalizations Increased Sharply, 1993-2005



Figure 1. Trends in hospital stays associated with Clostridium difficile-associated disease, 1993-2005

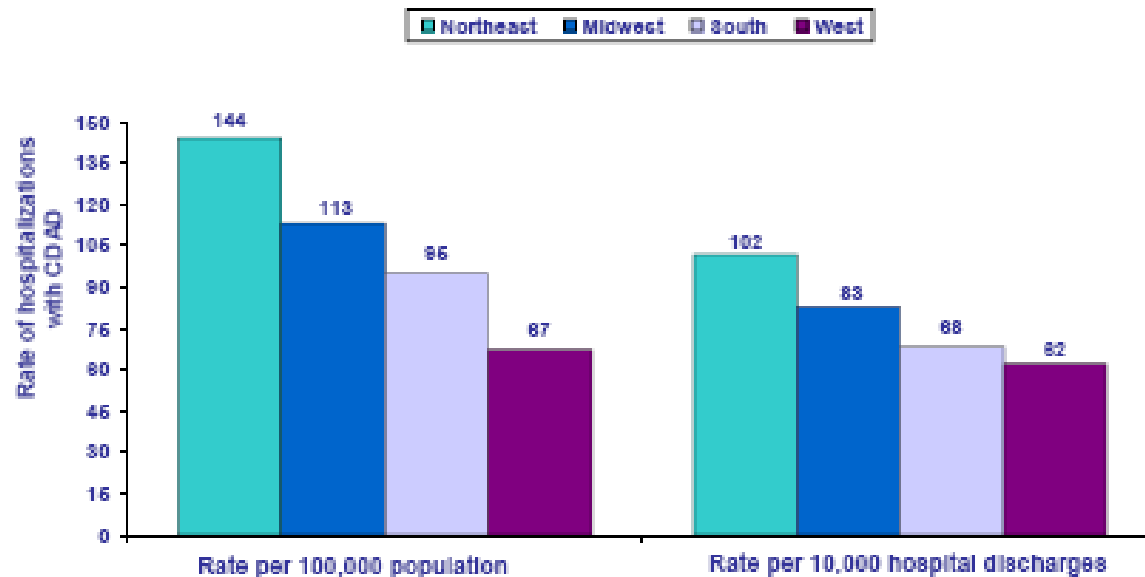


Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample

CDAD Hospitalizations by Region, 2005



Figure 3. Rates of hospitalization with Clostridium difficile-associated disease *, per 100,000 population and per 10,000 hospital discharges, by region, 2005



Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample

* Based on all-listed diagnoses.

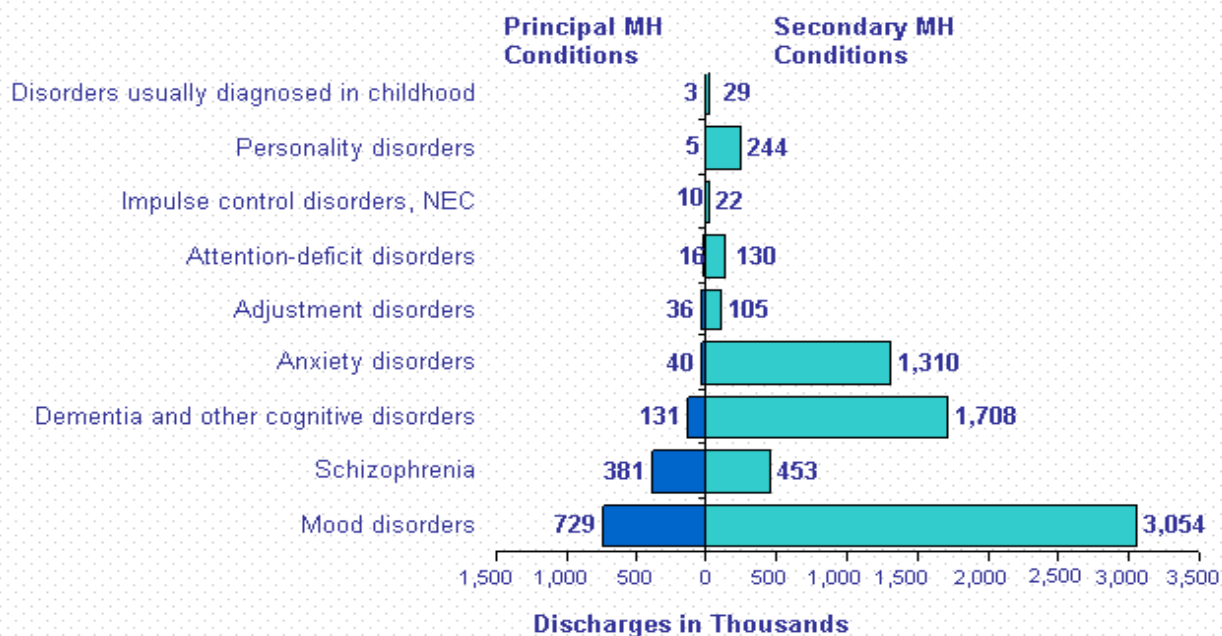
HCUP Statistical Brief #62: Mental Health

- One-fifth of hospital stays had principal or secondary MH diagnoses
- 8.4 Million hospital stays involved a MH diagnosis
- Medicare and Medicaid were expected payers for 60% of MH stays
- MH hospitalizations were 2 times higher in Northeast than West
- ALOS for principal MH diagnoses was greater than for all stays (8.2 days vs 4.6 days)
- Mood disorders were the most common principal diagnosis in <65 years
- Dementia and related disorders most common 65+ years

Mood Disorders is Most Common MH Condition Treated in Hospitals, 2006



Figure 1. Specific Mental Health Conditions as Principal or Secondary Diagnosis during a Hospital Stay, 2006

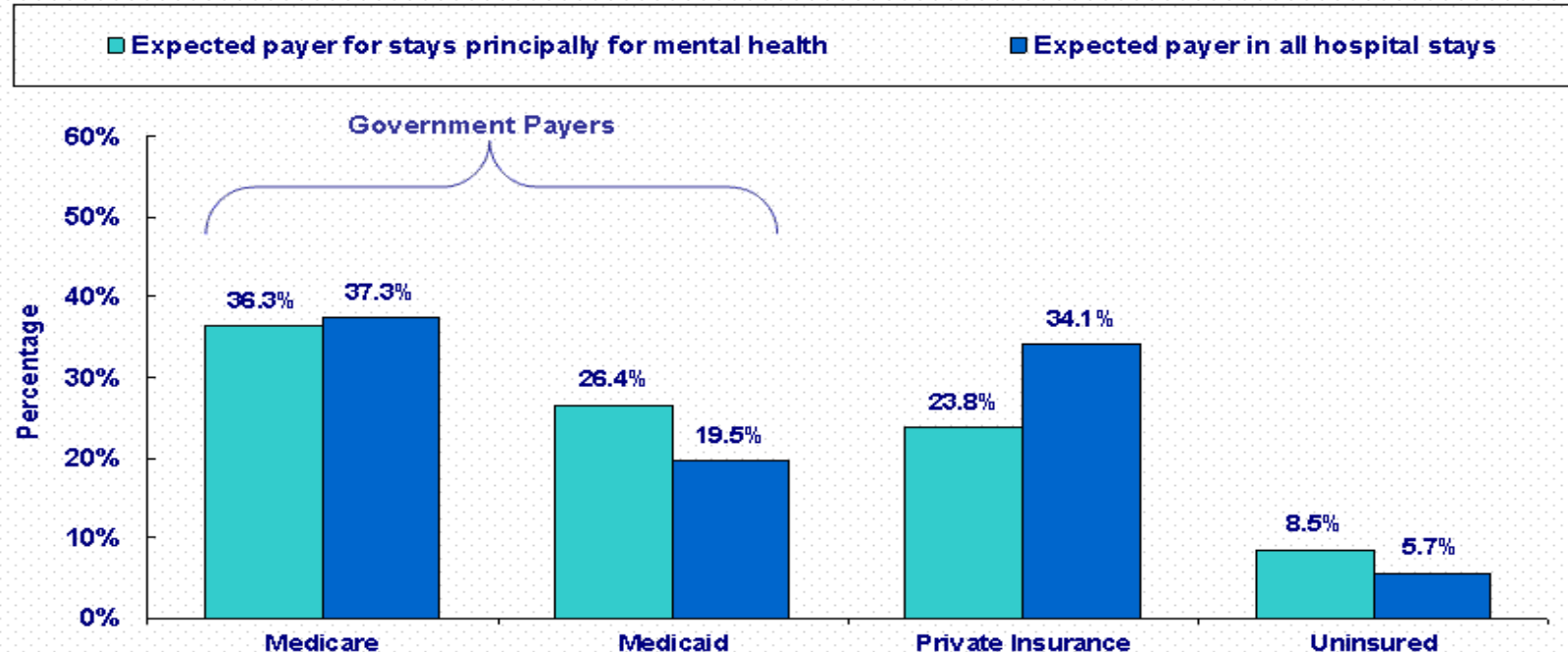


Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2006

Public Insurance Is the Expected Payer for Most MH-Related Stays, 2006



Figure 2. Government payers were billed for about 60 percent of mental health-related stays, 2006*



*A small portion of stays covered by other insurance programs (such as TRICARE/CHAMPUS and Title V) were not included in this figure.
 Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2006

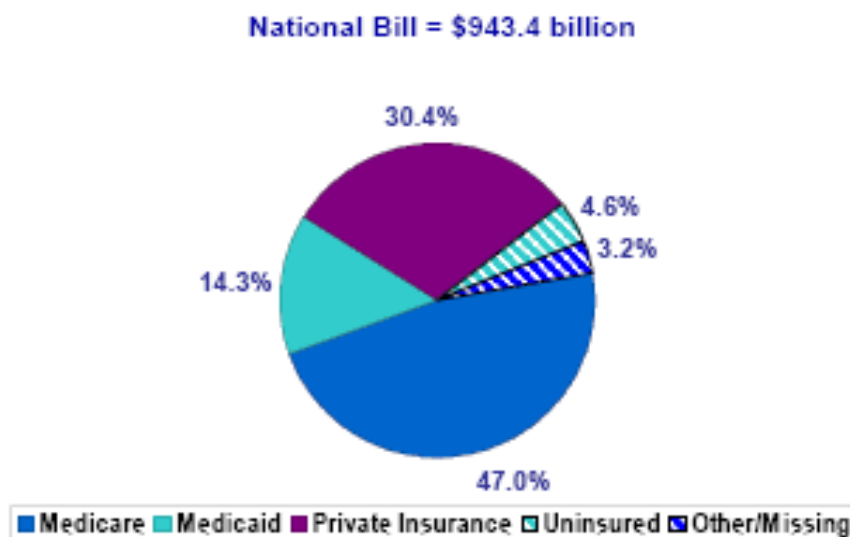
HCUP Statistical Brief #59: National Hospital Bill

- \$950B for 39 million hospital stays (2006)
- Almost two-thirds of the national bill for hospital care was billed to Medicare and Medicaid
- Medicaid's most expensive conditions were related to pregnancy and care of newborn infants.
- Schizophrenia and affective disorders were among top 10 most expensive conditions.
- Among the uninsured, circulatory conditions accounted for 3 of top 5 most expensive conditions.
- Injuries accounted for 3 of top 10 most expensive conditions.

Public Insurance Bore Responsibility for Almost Two-Thirds of National Hospital Bill, 2006



Figure 1. Distribution of the National Hospital Bill,
by Primary Payer, 2006



Note: "Other" Insurers Include Workers' Compensation, TRICARE, Title V, and other government programs
Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample (NIS), 2006

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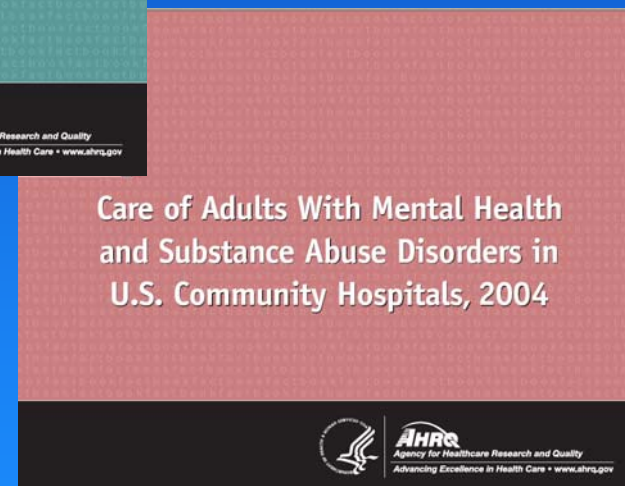
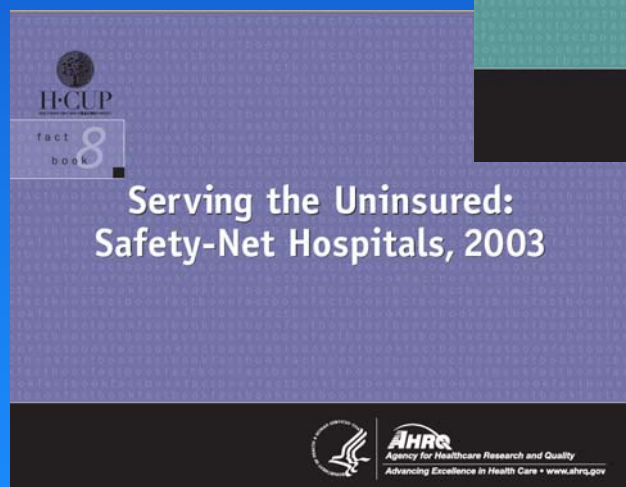
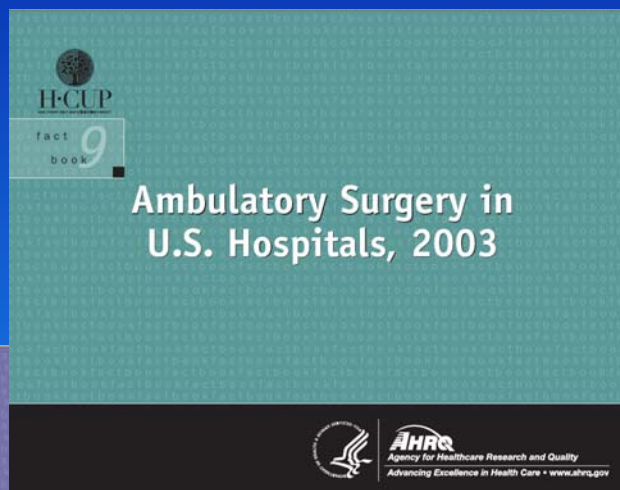


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