

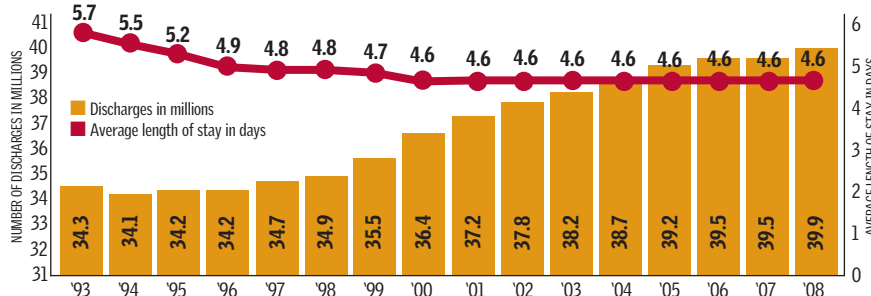
FACTFILE

Hospital-Based Care

The 10 most expensive hospital stays by diagnosis in the United States accounted for close to 11.5 million discharges and were responsible for \$117 billion in costs in 2008. And while the overall average length of stay in community hospitals has dropped by nearly 20% in the years from 1993 to 2008, the number of discharges during that time increased more than 16%. Here is a look at some trends in hospital-based care.

NUMBER OF STAYS AND AVERAGE LOS

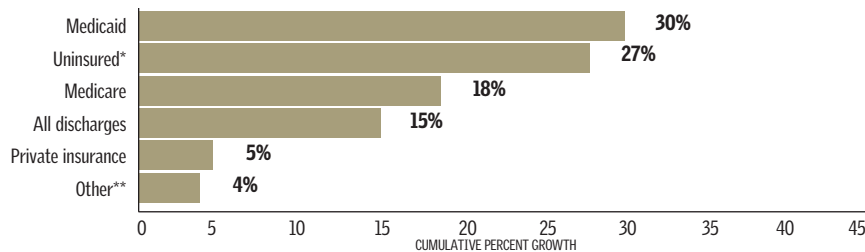
The average length of stay in U.S. community hospitals stabilized beginning in 2000, and has remained at 4.6 days through 2008. A full day was shed from the average between 1993 (5.7 days) and 1999 (4.7 days). Meanwhile, the number of hospital stays, which had been relatively stable in the mid-1990s, crossed the 35 million mark in 1999 and has steadily risen to 39.9 million in 2008.



SOURCE: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *HCUP Facts and Figures*, 2008, exhibit 1.2, with support from Thomson Reuters.

DISCHARGE GROWTH BY PAYER

Between 1997 and 2008, the number of hospital discharges grew by 15%; however, growth varied widely by expected primary payer. For example, Medicaid discharges increased at twice that rate (up 30%), followed closely by uninsured discharges (up 27%). The number of discharges billed to Medicare grew by 18%. Despite the double-digit growth of discharges by those payers, growth in the number of discharges billed to private insurance and other payers remained relatively stable (up 5% and 4%, respectively).

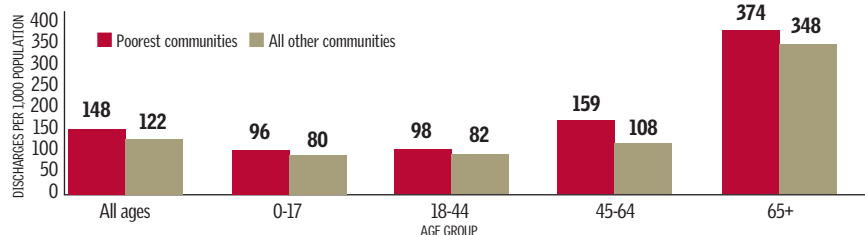


*Includes discharges classified as self-pay or no charge. **Includes other payers such as Workers' Compensation, TRIACRE, CHAMPUS, CHAMPVA, Title V, and other government programs.

SOURCE: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *HCUP Facts and Figures*, 2008, exhibit 1.4, with support from Thomson Reuters.

DISCHARGES IN THE POOREST COMMUNITIES

Those residing in the poorest communities had a 21% higher rate of hospitalization in 2008 (148 discharges per 1,000 population) than those residing in all other communities (122 discharges per 1,000 population). Community income level had the least impact on the hospitalization rate of patients 65 years and older, with the poorest communities experiencing similar rates compared to all other communities (374 discharges per 1,000 population compared to 348 discharges per 1,000 population in wealthier communities).



NOTES: The poorest communities are defined by ZIP code and have median household income of less than \$39,000. Also, this chart excludes a small number of discharges (868,000, or 2.2%) with missing age or income.

SOURCE: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *HCUP Facts and Figures*, 2008, exhibit 1.6, with support from Thomson Reuters.

Hospital Admissions by State

Americans admitted to a community hospital in 2008 were about 117 per 1,000 residents. That varies significantly, as the District of Columbia had the greatest proportion, 233 per 1,000, while Utah and Vermont tied for the lowest rate, 83 per 1,000 residents.

Rank (low to high)	Admissions per 1,000 residents
United States	117
1. Utah	83
1. Vermont	83
3. Alaska	85
4. Hawaii	86
5. New Mexico	88
5. Washington	88
7. Idaho	89
8. Colorado	90
9. Oregon	92
10. New Hampshire	94
11. California	95
11. Nevada	95
13. Georgia	99
13. Wyoming	99
15. Virginia	102
16. Texas	106
17. Montana	107
18. Arizona	110
18. Wisconsin	110
20. Maine	113
20. North Carolina	113
22. Connecticut	114
23. Indiana	115
24. Kansas	117
24. South Carolina	117
26. Delaware	118
27. Nebraska	121
27. Rhode Island	121
29. Michigan	122
30. Minnesota	123
31. Massachusetts	124
32. Illinois	125
32. Iowa	125
32. New Jersey	125
35. Maryland	126
36. Oklahoma	127
36. South Dakota	127
38. Florida	130
38. New York	130
40. Arkansas	131
41. Ohio	134
42. Tennessee	138
43. North Dakota	139
44. Missouri	141
45. Kentucky	142
46. Louisiana	143
47. Mississippi	146
48. Alabama	147
49. Pennsylvania	151
50. West Virginia	156
51. District of Columbia	233

NOTE: The rate is based on discharges divided by state population, and does not consider patients who seek care outside of their state of residence.

SOURCE: Kaiser State Health Facts, <http://www.statehealthfacts.org/comparamtable.jsp?r=63&typ=1&ind=38&cat=8&sub=94&sort=1&oa=g>; Health Forum LLC, an affiliate of the American Hospital Association, special data request, March 2010. Available at www.ahaonline.com; population data from Annual Population Estimates by State, U.S. Census Bureau, available at www.census.gov/popest/states/NST-ann-est.html.

Upcoming Topic:
> Workforce Wellness

FACT FILE PARTNER:



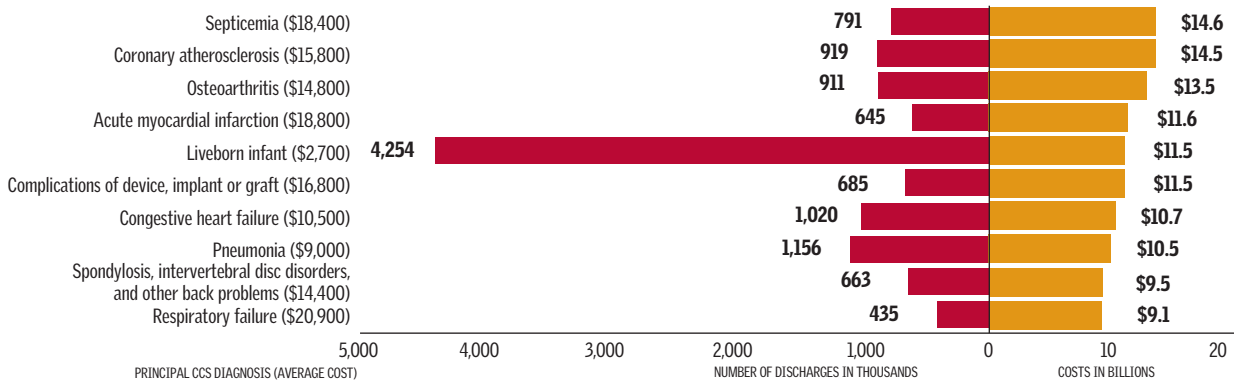
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10 MOST EXPENSIVE PRINCIPAL DIAGNOSES

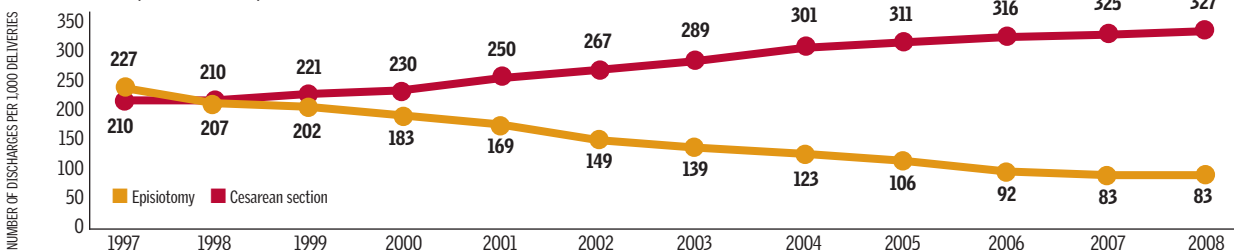
Hospital stays for septicemia cost a total of \$14.6 billion and accounted for 791,000 discharges. The average cost per discharge was \$18,400, about twice as much as the average cost for all discharges (\$9,100). Fifth on the list, liveborn infant, was just \$2,700 per stay, but the large volume of stays, more than 4.2 million, boosted the overall cost to \$11.5 billion.



SOURCE: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *HCUP Facts and Figures, 2008*, exhibit 4.1, with support from Thomson Reuters.

C-SECTION AND EPISIOTOMY RATES

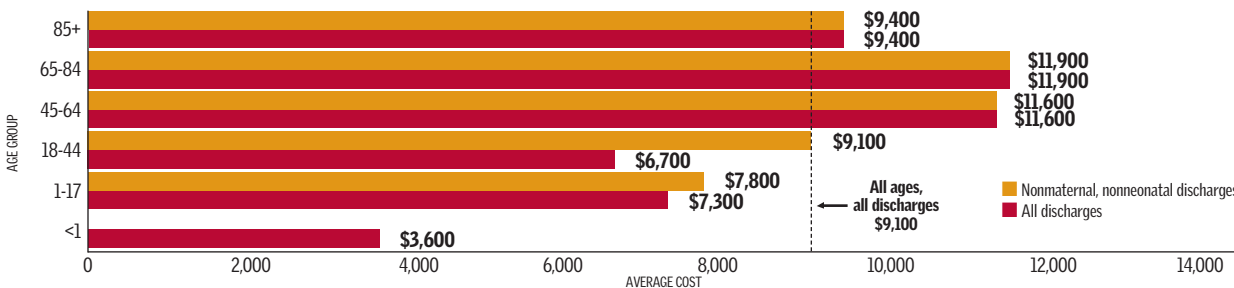
In 1997 there were 227 episiotomy procedures performed per 1,000 deliveries, which was similar to the figure for C-sections that year, 210 per 1,000 deliveries. In the years since, though, episiotomy declined 64% to just 83 per 1,000 deliveries in 2008, while C-sections increased by 56% over that same period to 327 per 1,000 deliveries in 2008.



SOURCE: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *HCUP Facts and Figures, 2008*, exhibit 3.1, with support from Thomson Reuters.

COST PER DISCHARGE BY AGE

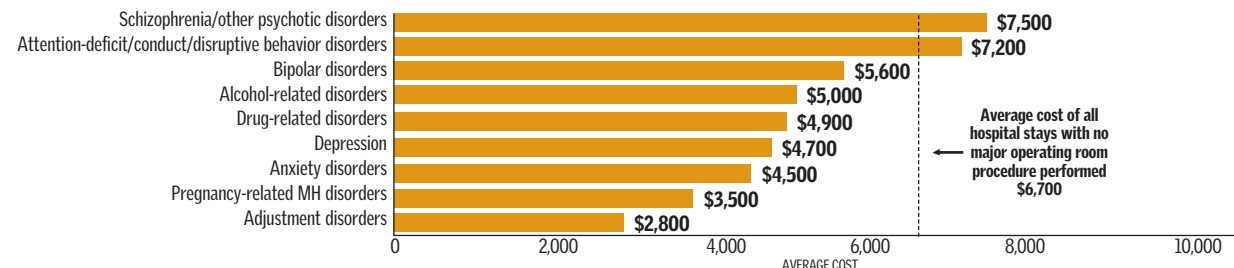
Stays for patients under 1 year of age had an average cost of \$3,600. The overwhelming majority of these discharges were liveborn infants. The average cost per discharge for all patients 1-17 years (\$7,300) was less than the average cost per discharge across all age groups (\$9,100). When maternal hospital stays were excluded, the average cost of a discharge for patients 18-44 years changed from \$6,700 to \$9,100. The average cost per discharge for patients 45-64 years and 65-84 years was similar—\$11,600 and \$11,900, respectively, and was greater than the cost per discharge across all age groups (\$9,100). The average cost per discharge for patients 85 years and over was \$9,400.



SOURCE: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *HCUP Facts and Figures, 2008*, exhibit 4.3, with support from Thomson Reuters.

AVERAGE COST OF MENTAL HEALTH AND SUBSTANCE ABUSE STAYS

Unlike many other hospitalizations, stays for mental health and substance abuse seldom include costly major procedures, making these stays relatively less expensive. In 2008, only stays for schizophrenia/other psychotic disorders (\$7,500) and attention deficit/conduct/disruptive behavior disorders (\$7,200) exceeded the average cost of a hospital stay without a major operating room procedure performed (\$6,700).



SOURCE: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *HCUP Facts and Figures, 2008*, exhibit 5.10, with support from Thomson Reuters.