



U.S. Department of Health and Human Services



Agency for Healthcare Research and Quality

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Readmissions -- The U.S. Landscape

Claudia A. Steiner, MD, MPH

Center for Delivery, Organization and Markets (CDOM)

Healthcare Cost and Utilization Project (HCUP)

December 5, 2013

The National Readmissions Summit

Readmission: U.S. Landscape

30-DAY READMISSION RATES TO U.S. HOSPITALS

Healthcare Cost and Utilization Project (HCUP) data from 2010 provide the most comprehensive national estimates of 30-day readmission rates for specific procedures and diagnoses.* Examples include:



Readmission: U.S. Landscape

23% Amputation of lower extremity

19% Heart valve procedures

19% Debridement of a wound, infection, or burn

Nearly **one** in three patients with these less frequent procedures was readmitted:

29% Kidney transplant

29% Ileostomy and other enterostomy



25% Congestive heart failure

22% Schizophrenia

22% Acute and unspecified renal failure

Nearly **one** in three patients with these less frequent diagnoses was readmitted:

32% Sickle cell anemia

32% Gangrene



Readmission Rates by Payer



Medicaid and Medicare patients have a higher percentage of readmissions than other payers

■ Procedure: Amputation of lower extremity

■ Diagnosis: Congestive heart failure

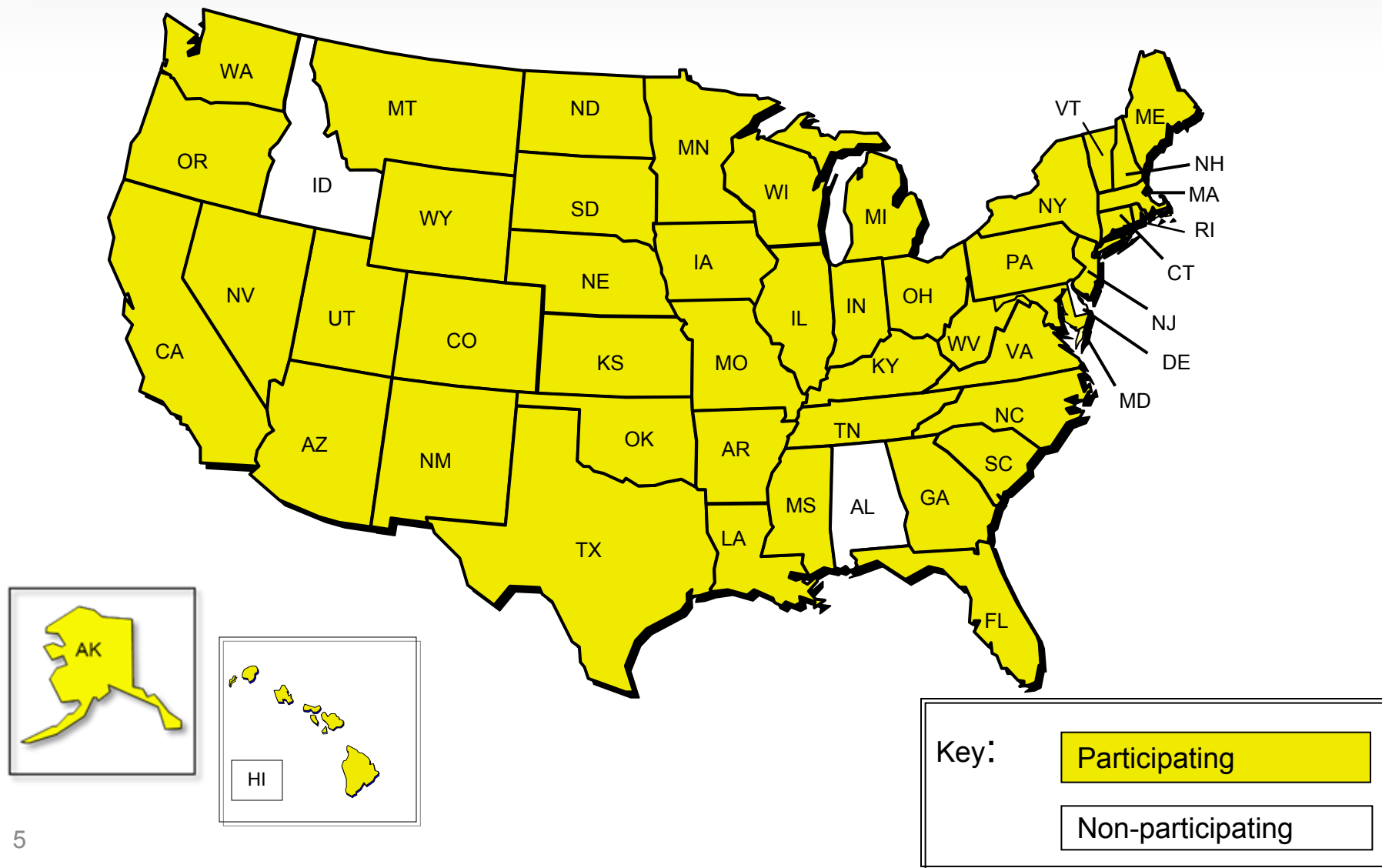


*Readmissions were for all causes and did not necessarily include the same procedure or diagnosis as the original admission (index stay).

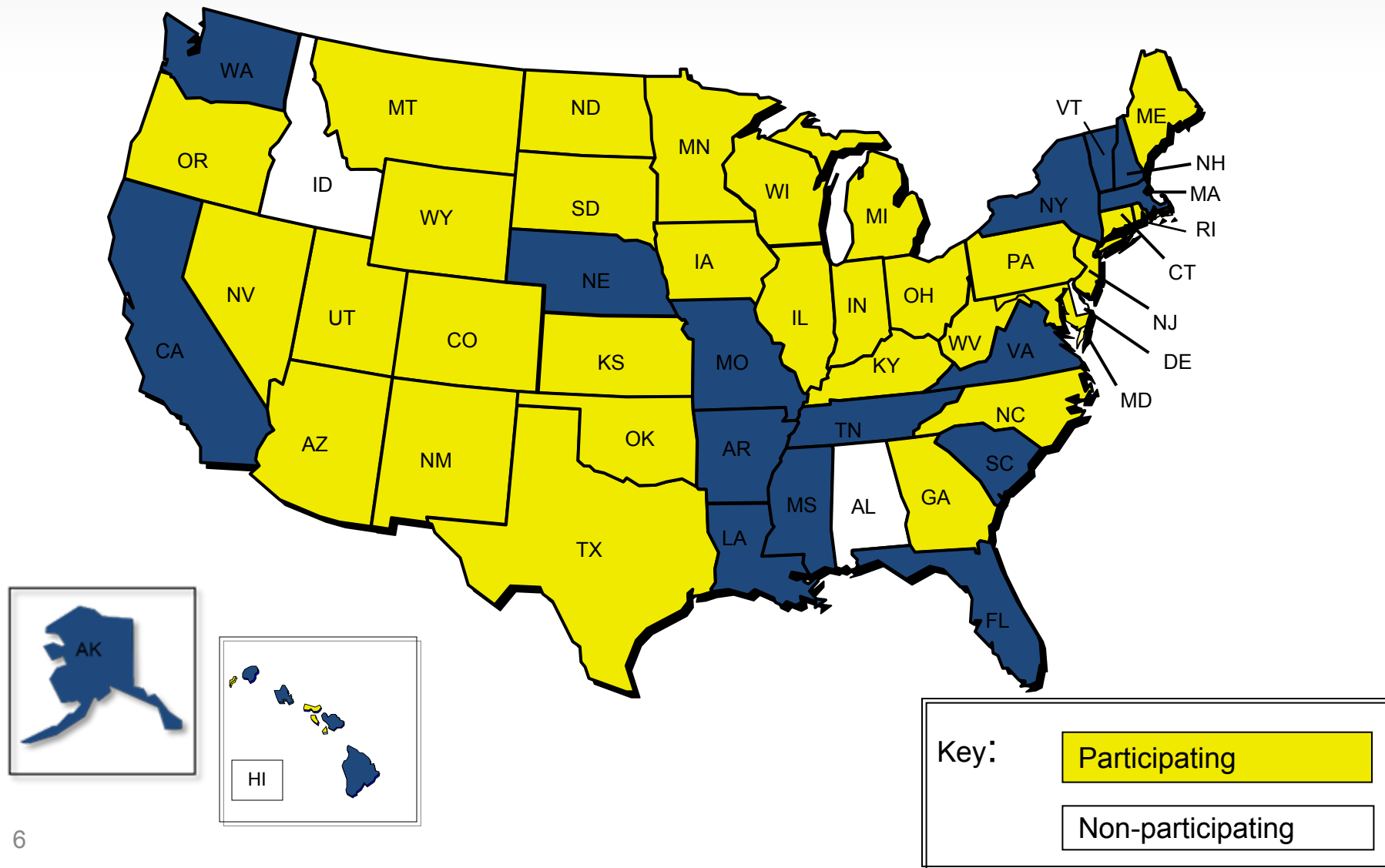
Healthcare Cost and Utilization Project (HCUP)



HCUP Partners Providing 2011 Inpatient Data



HCUP Partners: 2011 Patient Link Variables



The Foundation of HCUP Data is Hospital Billing Data

UB-04
CMS 1500

Demographic
Data

Diagnoses
Procedures
Charges

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 2008

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HEALTH INSURANCE CLAIM FORM

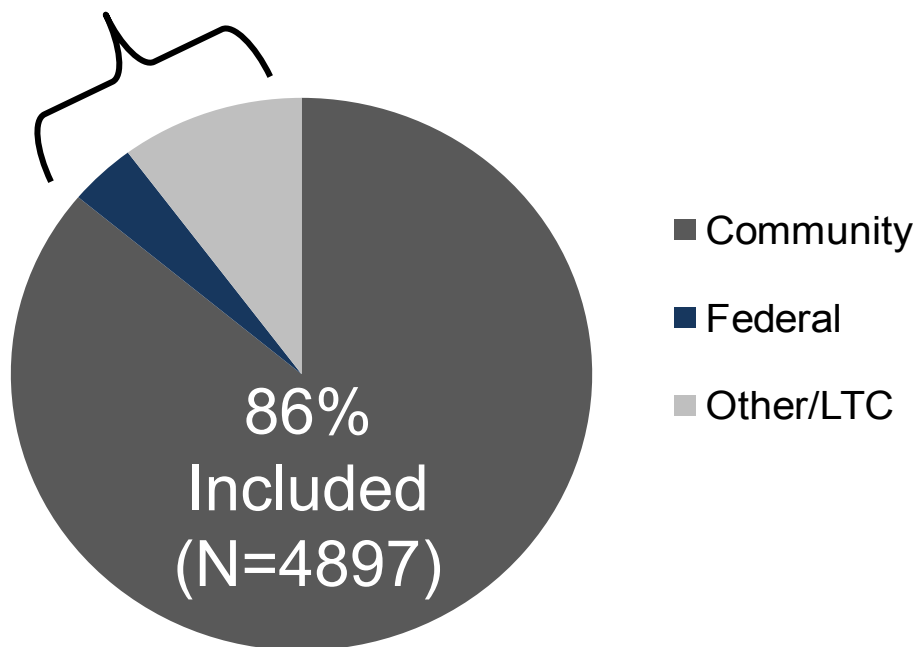
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 2008

Sam
CMS-1500

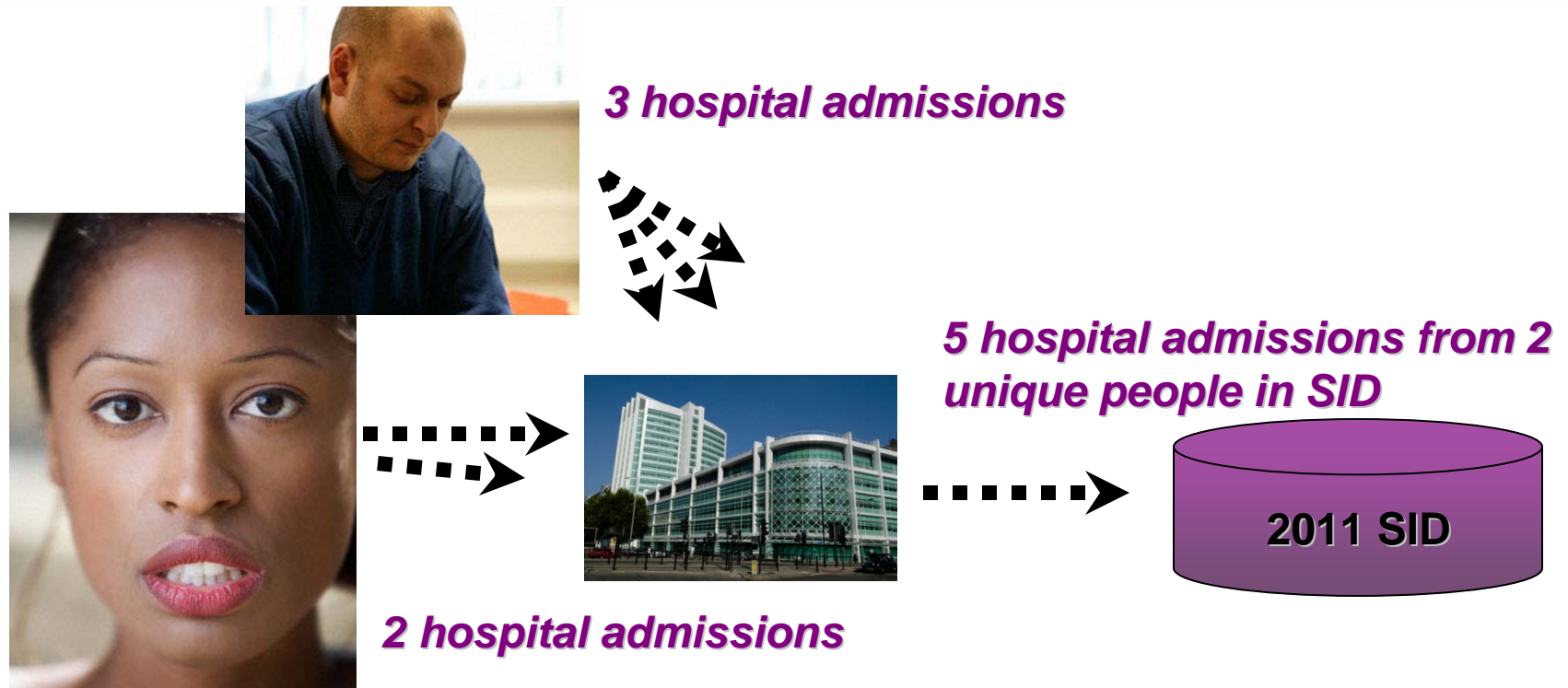


- HCUP-US data is mostly from community hospitals

14% Excluded (N=793)



A Look at Readmissions



Researchers can identify readmissions for patients overall or by conditions

Characteristics of U.S. Community Hospitals

Table 1. Characteristics of U.S. community hospitals, 1997, 2010, and 2011

Utilization, charges, and costs	1997	2010	2011
Number of stays			
Total stays in millions	34.7	39.0	38.6
Stays per 10,000 population	1,272	1,261	1,239
Total days of care in millions	168.1	181.7	177.6
Mean length of stay, days	4.8	4.7	4.6
Percentage of discharges in:			
Metropolitan hospitals	84	87	87
Teaching hospitals	47	48	48
Charges and costs,* U.S. \$			
Mean charges per stay	15,100	33,800	35,400
Mean costs per stay	6,800	10,300	10,000
Total aggregate costs, in billions	237.2	401.1	387.3

30-day Readmissions for Most Frequent Conditions

Table 1. All-cause 30-day readmissions ranked by the *most frequently treated conditions in U.S. hospitals, 2010**

Rank	Principal diagnosis for index hospital stay **	Number of index stays	30-day all-cause readmissions	
			Number of readmissions	Percent readmitted
1	Pneumonia	924,160	144,894	15.7
2	Mood disorders	883,245	131,125	14.8
3	Osteoarthritis	872,661	42,241	4.8
4	Congestive heart failure, nonhypertensive	847,073	209,017	24.7
5	Cardiac dysrhythmias	705,616	104,607	14.8
6	Septicemia (except in labor)	696,122	145,896	21.0
7	Coronary atherosclerosis	666,897	90,147	13.5
8	Trauma to perineum and vulva due to childbirth	610,073	5,046	0.8
9	Chronic obstructive pulmonary disease and bronchiectasis	606,186	126,443	20.9
10	Nonspecific chest pain	601,899	61,465	10.2
11	Complication of device, implant or graft	596,062	121,036	20.3

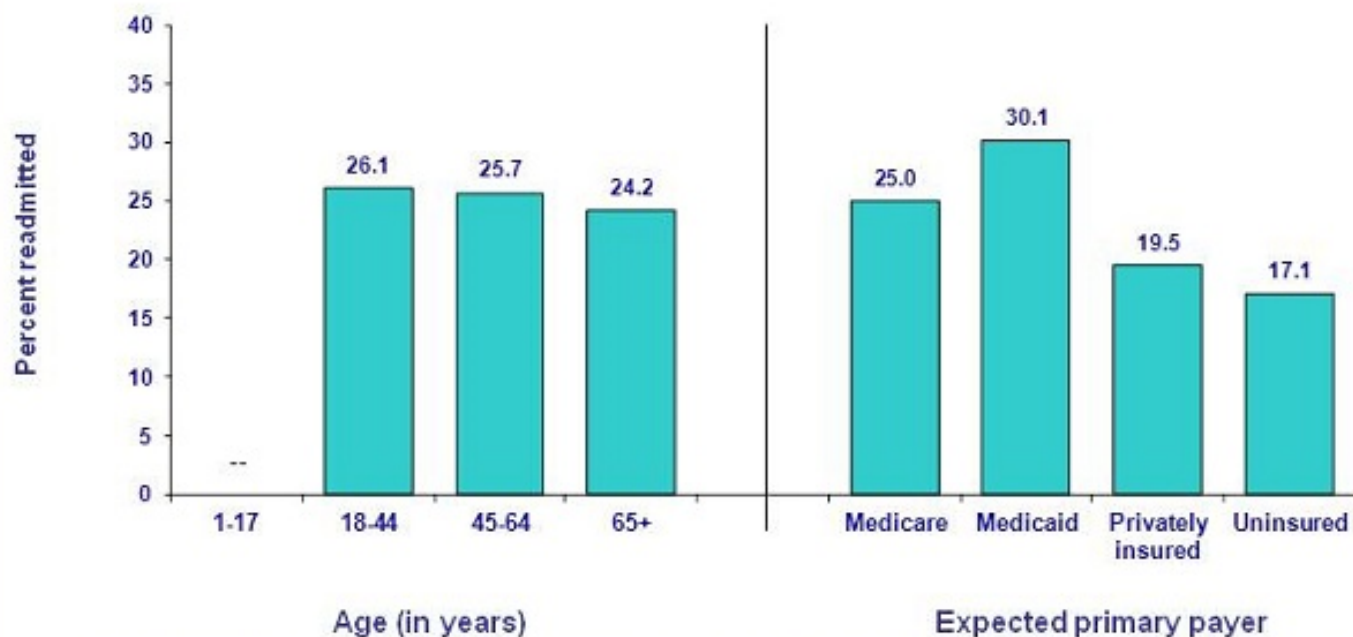
30-day Readmissions for Conditions with Highest Readmission Rates

Table 2. All-cause 30-day readmissions ranked by *conditions with the highest readmission rates*,* U.S. hospitals, 2010

Rank	Principal diagnosis for index hospital stay **	Number of index stays	30-day all-cause readmissions	
			Number of readmissions	Percent readmitted
1	Sickle cell anemia	87,326	27,837	31.9
2	Gangrene	33,786	10,693	31.6
3	Hepatitis	37,480	11,593	30.9
4	Disease of white blood cells	54,861	16,771	30.6
5	Chronic renal failure	17,394	4,766	27.4
6	Systemic lupus erythematosus and connective tissue disorders	18,850	5,123	27.2
7	Mycoses	23,026	6,222	27.0
8	HIV infection	34,958	9,230	26.4
9	Screening and history of mental health and substance abuse	60,417	15,695	26.0
10	Peritonitis and intestinal abscess	25,219	6,315	25.0



Figure 1. All-cause 30-day readmission rates for congestive heart failure by age and insurance status, U.S. hospitals, 2010

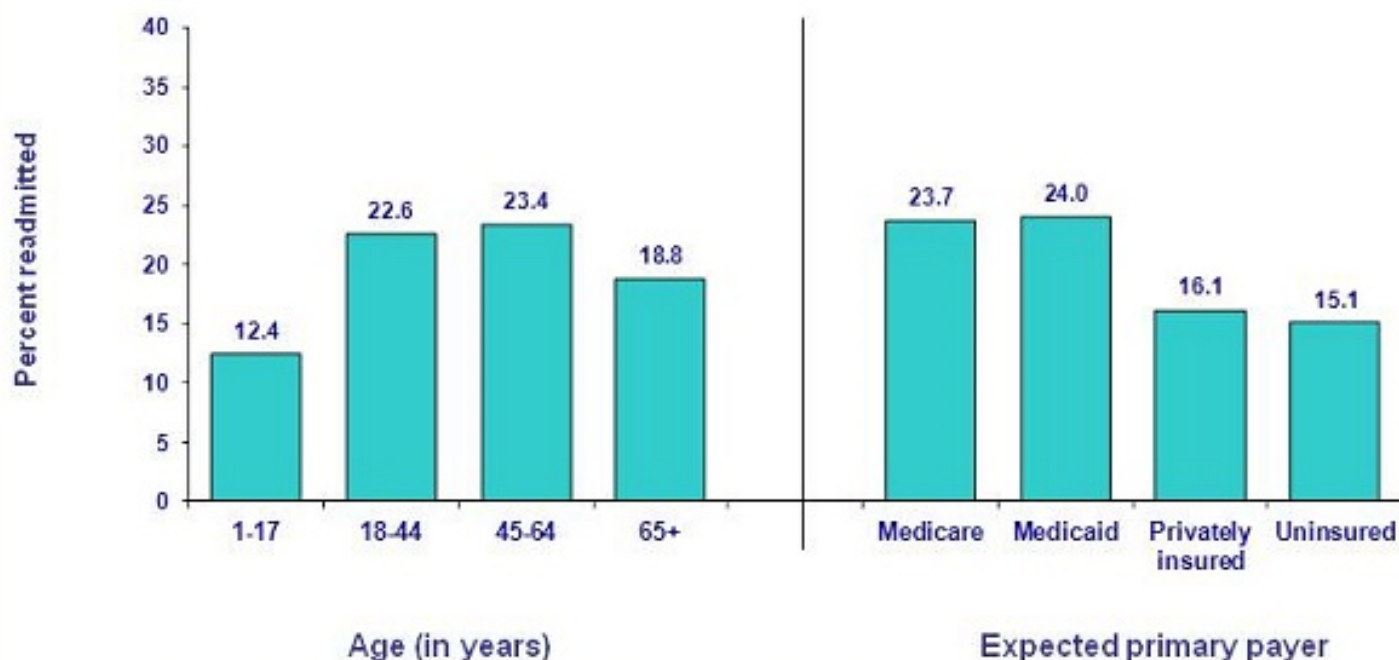


Source: Weighted national estimates from a readmissions analysis file derived from the Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID), 2010, Agency for Healthcare Research and Quality (AHRQ).

-- Indicates too few cases to report.



Figure 2. All-cause 30-day readmission rates for schizophrenia and other psychotic conditions by age and insurance status, U.S. hospitals, 2010



Source: Weighted national estimates from a readmissions analysis file derived from the Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID), 2010, Agency for Healthcare Research and Quality (AHRQ).

30-day Readmissions for Most Frequent Procedures

Table 1. All-cause 30-day readmissions ranked by *the most frequent procedures* performed during the index stay, U.S. hospitals, 2010*

Rank	All-listed procedure for index hospital stay**	Number of index stays	30-day all-cause readmissions	
			Number of readmissions	Percent readmitted
1	Cesarean section	1,209,422	24,281	2.0
2	Arthroplasty knee	651,965	32,764	5.0
3	Percutaneous coronary angioplasty (PTCA)	603,446	78,038	12.9
4	Laminectomy, excision intervertebral disc	456,664	30,383	6.7
5	Spinal fusion	431,577	29,326	6.8
6	Hip replacement, total and partial	424,408	34,265	8.1
7	Cholecystectomy and common duct	419,433	39,774	9.5
8	Hysterectomy, abdominal and vaginal	409,674	19,446	4.7
9	Excision, lysis peritoneal adhesions	342,425	42,126	12.3
10	Appendectomy	315,034	18,835	6.0

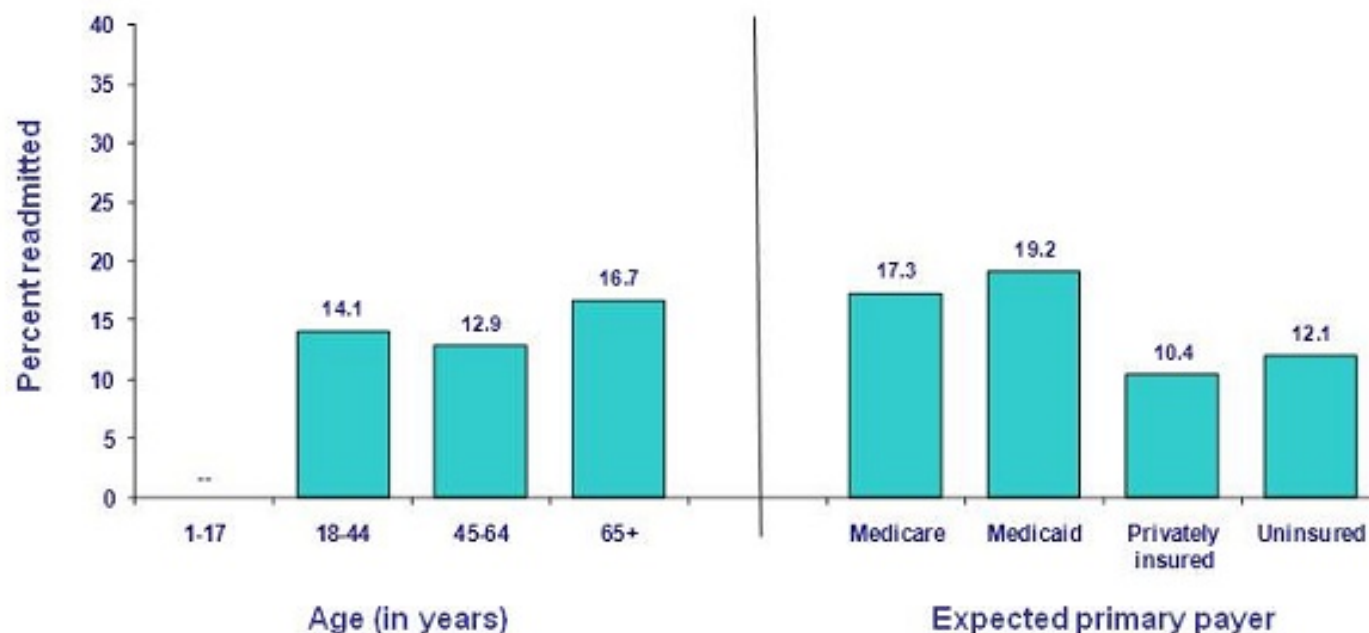
30-day Readmissions for Procedures with Highest Readmission Rates

Table 2. All-cause 30-day readmissions ranked by the *highest readmission rates for procedures performed during the index stay, U.S. hospitals, 2010**

Rank	All-listed procedure for index hospital stay**	Number of index stays	30-day all-cause readmissions	
			Number of readmissions	Percent readmitted
1	Kidney transplant	16,761	4,882	29.1
2	Ileostomy and other enterostomy (except colostomy)	23,392	6,811	29.1
3	Procedures to create access for hemodialysis	49,982	13,682	27.4
4	Nephrotomy and nephrostomy	43,773	10,508	24.0
5	Tracheostomy, temporary and permanent	9,335	2,234	23.9
6	Amputation of lower extremity	124,880	28,488	22.8
7	Bone marrow transplant	12,919	2,905	22.5
8	Embolectomy and endarterectomy of lower limbs	44,584	9,387	21.1
9	Peripheral vascular bypass	72,529	15,005	20.7
10	Insertion, replacement, or removal of extracranial ventricular shunt	32,957	6,633	20.1



Figure 6. All-cause 30-day readmission rates for coronary artery bypass graft by age and insurance status, U.S. hospitals, 2010



Source: Weighted national estimates from a readmissions analysis file derived from the Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID), 2010, Agency for Healthcare Research and Quality (AHRQ).

-- Indicates too few cases to report.

Primary payer (ages covered)	Number of discharges (in thousands)	Percentage of total U.S. discharges	Number of readmissions	Percentage of total U.S. readmissions	Total cost of readmissions	Percentage of total cost of U.S. readmissions
Total U.S.	38,600	100.0%	4,250,000	100.0	54,000,000,000	100.0
Medicare (65+ years)	12,300	32.0%	1,835,000	43.2	24,000,000,000	44.5
Medicaid (18 to 64 years)	5,400	14.1%	676,000	15.9	7,600,000,000	14.1
Privately insured (18 to 64 years)	9,100	23.7%	609,000	14.3	8,100,000,000	15.0
Uninsured (18 to 64 years)	1,900	4.8%	160,000	3.8	1,500,000,000	2.8

Medicare: Conditions that Contribute Most Readmissions

Table 2. Conditions with the most frequent all-cause, 30-day readmissions for Medicare patients (aged 65 years and older), 2011

Principal diagnosis for index hospital stay*	Number of all-cause, 30-day readmissions	Readmissions as a percentage of total Medicare readmissions	Total cost of all-cause, 30-day readmissions, \$	Percent readmitted
Congestive heart failure; nonhypertensive	134,500	7.3	1,747,000,000	24.5
Septicemia (except in labor)	92,900	5.1	1,410,000,000	21.3
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	88,800	4.8	1,148,000,000	17.9
Chronic obstructive pulmonary disease and bronchiectasis	77,900	4.2	924,000,000	21.5
Cardiac dysrhythmias	69,400	3.8	835,000,000	16.2
Urinary tract infections	56,900	3.1	621,000,000	18.1
Acute and unspecified renal failure	53,500	2.9	683,000,000	21.8
Acute myocardial infarction	51,300	2.8	693,000,000	19.8
Complication of device; implant or graft	47,200	2.6	742,000,000	19.0
Acute cerebrovascular disease	45,800	2.5	568,000,000	14.5
Total for conditions with most frequent readmissions	718,100	39.1	9,371,000,000	19.6

Medicaid: Conditions that Contribute Most Readmissions

Conditions with the most frequent all-cause, 30-day readmissions for Medicaid patients (aged 18–64 years), 2011

Principal diagnosis for index hospital stay*	Number of all-cause, 30-day readmissions	Readmissions as a percentage of total Medicaid readmissions	Total cost of all-cause, 30-day readmissions	Percent readmitted
Mood disorders	41,600	6.2	286,000,000	19.8
Schizophrenia and other psychotic disorders	35,800	5.3	302,000,000	24.9
Diabetes mellitus with complications	23,700	3.5	251,000,000	26.6
Other complications of pregnancy	21,500	3.2	122,000,000	8.4
Alcohol-related disorders	20,500	3.0	141,000,000	26.1
Early or threatened labor	19,000	2.8	86,000,000	21.2
Congestive heart failure; nonhypertensive	18,800	2.8	273,000,000	30.4
Septicemia (except in labor)	17,600	2.6	319,000,000	23.8
Chronic obstructive pulmonary disease and bronchiectasis	16,400	2.4	178,000,000	25.2
Substance-related disorders	15,200	2.2	103,000,000	18.5
Total for conditions with most frequent readmissions	230,200	34.1	2,061,000,000	20.0

Private: Conditions that Contribute Most Readmissions

Conditions with the most frequent all-cause, 30-day readmissions for privately insured patients (aged 18–64 years), 2011

Principal diagnosis for index hospital stay*	Number of all-cause, 30-day readmissions	Readmissions as a percentage of total privately insured readmissions	Total cost of all-cause, 30-day readmissions	Percent readmitted
Mood disorders	19,600	3.2	135,000,000	10.4
Complications of surgical procedures or medical care	18,000	3.0	250,000,000	14.2
Complication of device; implant or graft	16,900	2.8	322,000,000	15.2
Septicemia (except in labor)	14,800	2.4	272,000,000	15.4
Diabetes mellitus with complications	12,700	2.1	138,000,000	14.9
Secondary malignancies	12,000	2.0	176,000,000	24.6
Early or threatened labor	11,300	1.9	59,000,000	18.7
Pancreatic disorders (not diabetes)	11,000	1.8	156,000,000	13.8
Coronary atherosclerosis and other heart disease	10,800	1.8	154,000,000	8.7
Total for conditions with most frequent readmissions	152,500	25.0	2,062,000,000	15.9

- 2008 and 2009 State Inpatient and State Emergency Department Data
 - ▶ 8 states: MO, NE, NH, NY, SC, TN, and UT
- Selected patients treated for asthma in 2008 in either ED or IP setting as principal diagnosis
- Index = first visit (ED or IP) for asthma in 2008
 - ▶ Remove died at index
 - ▶ Remove non-residents
 - ▶ Remove patients with missing demographics

- Followed 12 months
 - ▶ 30 day and 365 day readmissions
- Stratified hospital utilization data by several patient characteristics
 - ▶ Age groups,
 - ▶ Sex,
 - ▶ Insurance status

		Patients classified by first treatment for asthma in 2008			
		Treated in the ED and not admitted	Admitted through the ED	Admitted, but not through the ED	Admitted for an IP stay (all)
	All Patients				
Number of patients	222,641	176,672	39,864	6,105	45,969
Number of patients (%)	100.0	79.0	18.0	3.0	21.0

	All Patients	Patients classified by first treatment for asthma in 2008			
		Treated in the ED and not admitted	Admitted through the ED	Admitted, but not through the ED	Admitted for an IP stay (all)
Type of insurance (%)					
Medicare, ages 65+	7.7	3.5	23.7	22.6	23.5
Medicaid	33.7	33.9	33.9	27.1	33.0
Private insurance	36.1	38.5	25.2	35.7	26.6
Uninsured	15.3	17.7	6.7	2.6	6.2

	All Patients	Patients classified by first treatment for asthma in 2008			
		Treated in the ED and not admitted	Admitted through the ED	Admitted, but not through the ED	Admitted for an IP stay (all)
All ages, all types of insurance					
No ED visit or IP stay within 30 days	93.8	93.4	95.0	96.6	95.2
Treated in the ED and not admitted	4.5	5.2	2.2	1.0	2.0
Admitted for an IP stay	1.9	1.6	3.0	2.5	3.0
Either an ED visit or IP stay	6.2	6.6	5.0	3.4	4.8



Results – 365 Days



	All Patients	Patients classified by first treatment for asthma in 2008			
		Treated in the ED and not admitted	Admitted through the ED	Admitted, but not through the ED	Admitted for an IP stay (all)
All ages, all types of insurance					
No ED visit or IP stay within 30 days	73.5	73.8	71.4	77.8	72.3
Treated in the ED and not admitted	21.7	23.4	16.2	8.9	15.2
Admitted for an IP stay	8.4	6.0	18.0	16.1	17.7
Either an ED visit or IP stay	26.5	26.2	28.6	22.2	27.7

370,000 Website
Visits Annually



Welcome to H-CUPnet

HCUPnet is a free, on-line query system based on data from the Healthcare Cost and Utilization Project (HCUP). It provides access to health statistics and information on hospital inpatient and emergency department utilization.

Begin your query here -

Statistics on Hospital Stays

▶ National Statistics on All Stays

Create your own statistics for national and regional estimates on hospital use for all patients from the HCUP Nationwide Inpatient Sample (NIS). Overview of the Nationwide Inpatient Sample (NIS)

▶ National Statistics on Mental Health Hospitalizations

Interested in acute care hospital stays for mental health and substance abuse? Create your own national statistics from the NIS.

▶ State Statistics on All Stays

Create your own statistics on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID). Overview of the State Inpatient Databases (SID)

▶ National Statistics on Children

Create your own statistics for national estimates on use of hospitals by children (age 0-17 years) from the HCUP Kids' Inpatient Database (KID). Overview of the Kids' Inpatient Database (KID)

▶ National and State Statistics on Hospital Stays by Payer - Medicare, Medicaid, Private, Uninsured

Interested in hospital stays billed to a specific payer? Create your own statistics for a payer, alone or compared to other payers from the NIS, KID, and SID.

▶ Quick National or State Statistics

Ready-to-use tables on commonly requested information from the HCUP Nationwide Inpatient Sample (NIS), the HCUP Kids' Inpatient Database (KID), or the HCUP State Inpatient Databases (SID).

First Time Visitor?

[HCUPnet overview](#)

[How does HCUPnet work?](#)

[HCUPnet methodology?](#)

[HCUPnet definitions?](#)

What's New?

- Cost information **Just Added!** for participating states in 2011. (06/05/2013)
- Population-based **Just Added!** rates and queries restricted to non-neonatal and non-maternal discharges. (06/03/2013)
- 2011 nationwide **Just Added!** hospital data now available. (05/31/2013)
- 2011 data for participating States. (11/14/2012)
- 2010 readmission data added. (10/15/12)
- 2010 nationwide ED data -- new database just released. (10/05/2012)
- 2010 nationwide data on AHRQ Quality Indicators. (10/05/2012)

[Projected estimates](#) on specific conditions are periodically available here.

<http://hcupnet.ahrq.gov>

All patient readmissions within 30 days
National statistics, 2011

Index stay - 2 Septicemia (except in labor)

Index stay defined by the principal diagnosis, using Clinical Classification Software (CCS)

		Index Stays		Readmitted within 30 days								
				Readmissions with the same CCS as a principal diagnosis			Readmissions with the same CCS in any diagnosis			Readmissions for any cause		
		Number of stays	Mean cost \$ per stay	Number of stays	Percent readmitted	Mean cost \$ per stay	Number of stays	Percent readmitted	Mean cost \$ per stay	Number of stays	Percent readmitted	Mean cost \$ per stay
Overall		794,760	20,544	38,016	4.8	21,830	54,066	6.8	24,040	164,379	20.7	16,386
Age group	1-17	8,516	29,816	---	---	---	---	---	---	1,434	16.8	20,184
	18-44	86,534	21,050	2,585	3.0	23,401	4,341	5.0	26,363	14,272	16.5	17,029
	45-64	229,943	24,309	10,671	4.6	25,653	16,194	7.0	27,370	49,337	21.5	18,237
	65+	469,768	18,438	24,640	5.2	19,990	33,289	7.1	21,959	99,336	21.1	15,319
Sex	Male	381,464	21,794	19,456	5.1	21,837	28,031	7.3	24,106	81,555	21.4	16,806
	Female	413,296	19,392	18,559	4.5	21,823	26,036	6.3	23,969	82,824	20.0	15,974
Payer	Medicare	541,234	19,286	28,904	5.3	20,704	40,064	7.4	22,739	118,957	22.0	15,837
	Medicaid	87,734	27,239	4,711	5.4	26,976	6,875	7.8	28,100	20,801	23.7	18,251
	Private insurance	117,066	21,600	3,285	2.8	24,232	5,367	4.6	28,537	18,405	15.7	18,336
	Uninsured	28,569	18,230	551	1.9	21,102	874	3.1	24,305	3,151	11.0	14,311
Median income for zipcode	First quartile (lowest)	246,310	19,572	12,160	4.9	20,072	17,372	7.1	22,384	52,740	21.4	15,077
	Second quartile	183,878	20,377	8,247	4.5	21,289	12,020	6.5	24,010	37,578	20.4	16,159
	Third quartile	194,600	20,882	9,630	4.9	23,744	13,467	6.9	24,773	39,765	20.4	17,225
	Fourth quartile (highest)	157,344	22,008	7,459	4.7	23,191	10,436	6.6	26,333	31,890	20.3	18,041
Patient residence	Metropolitan	640,679	21,076	32,028	5.0	22,933	45,266	7.1	24,875	135,098	21.1	16,924
	Non-Metropolitan	154,081	18,429	5,988	3.9	16,216	8,800	5.7	19,944	29,281	19.0	14,005



HEALTHCARE COST AND
UTILIZATION PROJECT

STATISTICAL BRIEF

March 2010

Infectious Enteritis and Foodborne Illness in the United States, 2010

Jennifer Lucado, M.P.H., Shamsi (Mohamed), M.A., Len Zhao, Ph.D., and Anne Elixhauser, Ph.D.

Introduction

Foodborne illnesses are a common cause of morbidity and sometimes death in the United States, affecting 1 in 6 Americans and causing approximately 128,000 hospitalizations and 3,000 deaths each year.¹ The Centers for Disease Control and Prevention (CDC) categorizes foodborne illnesses into two groups: 1) illnesses caused by one of the 31 currently known major pathogens, i.e., bacteria, viruses, parasites, and chemicals; and 2) episodes of acute gastroenteritis caused by unknown agents or substances with unproven ability to cause illnesses.

While the known pathogens cause an estimated 9.4 million foodborne illness episodes each year,² it is estimated that the majority of cases—38.4 million—are caused by the unspecified agents.³ The top pathogens include *Salmonella*, *Shigella*, *Campylobacter*, *Campylobacter*, and *Staphylococcus aureus*. Many episodes of foodborne illness are related to acute gastroenteritis; however, not all cases of acute gastroenteritis are caused by organisms found in food, so gastrointestinal symptoms do not necessarily mean a person has a foodborne illness.⁴

Common symptoms of acute gastroenteritis are diarrhea and vomiting. In addition, more serious complications such as colitis, bloodstream infection, meningitis, joint infection, kidney failure, and other problems can develop.⁵ In the United States, some groups of the population are at a higher risk for developing

¹ Centers for Disease Control and Prevention. April 11, 2011. CDC Estimates of Foodborne Illness in the United States. CDC 2011 Estimates Findings. Available at: <http://www.cdc.gov/foodborneinfection/2011-foodborne-estimates.html>. Accessed February 8, 2010.

² Lucado J, Hooton R, Ingulo F, Taylor R, et al. Foodborne illness acquired in the United States—Major pathogens. Emerging Infectious Diseases. 2011;17(1):7–15.

³ Lucado J, Griffin PM, Ingulo F, Taylor R, et al. Foodborne illness acquired in the United States—Unspecified agents. Emerging Infectious Diseases. 2011;17(1):16–20.

⁴ CDC. 2010. National Health Interview Survey (NHIS). Available at: <http://www.cdc.gov/nchs/nhis>. Accessed February 8, 2010.

⁵ CDC. 2010. National Health Interview Survey (NHIS). Available at: <http://www.cdc.gov/nchs/nhis>. Accessed February 8, 2010.



HEALTHCARE COST AND
UTILIZATION PROJECT

STATISTICAL BRIEF

March 2010

Trends in Potentially Preventable Hospital Admissions among Adults and Children, 2005–2010

Celeste M. Tovo, Ph.D., M.P.H., Anne Elixhauser, Ph.D., and Roxanne M. Andrews, Ph.D.

Introduction

Improving the quality of health care while simultaneously containing costs continues to be a major priority for the nation, particularly for policymakers and public and private payers. One area where higher quality and lower costs coincide is potentially preventable hospital admissions—patient stays that could be prevented with high-quality primary and preventive care. High rates of these potentially preventable hospital admissions identify areas where possible improvements in the health care delivery system could be made to enhance patient outcomes and decrease costs. Positive changes in these rates over time may signal an improvement in the quality of ambulatory care, in access to timely and effective treatment of certain conditions for specific populations, or in patients' adoption of healthy behaviors.

This Statistical Brief presents data from the Healthcare Cost and Utilization Project (HCUP) on changes in the rates of potentially preventable hospital admissions and their associated total hospital costs. It updates statistics previously reported for the 1997 through 2004 time period.¹ Admission rates for selected chronic and acute conditions in adults and children for 2005 through 2010 were developed using the Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (PQIs). The conditions examined for adults aged 18 years and older were related to diabetes, circulatory diseases, chronic respiratory diseases, and select acute conditions (bacterial pneumonia, dehydration, and urinary tract infection). The conditions examined for children younger than 18 years were diabetes, asthma, gastroenteritis, and urinary tract infection. All differences between estimates noted in the text are significant at the 0.05 level or better.

Findings

For the conditions examined here, the number of potentially preventable decreased 6.2 percent from 4.1 million stays in 2005 to 3.9 million stays related to these potentially preventable admissions for adults decrease in 2005 to \$31.9 billion in 2010.

¹ Tovo CM, Jena HB, Elixhauser A. Trends in Potentially Preventable Hospitalizations and



HEALTHCARE COST AND
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Characteristics of Homeless and Non-Homeless Individuals Using Inpatient and Emergency Department Services, 2008

Zeynal Karaca, Ph.D., Herbert S. Wong, Ph.D., and Ryan L. Mutter, Ph.D.

Introduction

Addressing the multidimensional health problems of homeless people is a challenge for public policymakers and health care providers. According to the National Coalition for the Homeless, approximately 3.5 million individuals in the United States are likely to experience homelessness in a given year.¹ Based on the 2009 Homeless Annual Assessment Report to Congress,² about 1.66 million people used an emergency shelter or a transitional housing program between October 1, 2008, and September 30, 2009.

Prior studies have shown that homeless people have poorer health status; higher rates of physical illness, mental illness, and substance abuse; and earlier mortality when compared to the general public.^{3,4} The prevalence of these health problems among homeless people varies across age cohorts (i.e., infectious disease, substance use, and mental illness are observed more frequently among younger homeless people).⁵ The fact that

Highlights

- Among homeless patients seen in emergency departments (EDs) and hospitals, mental disorders accounted for 22.4 percent of inpatient hospital stays and 49.0 percent of treat-and-release (T&R) ED visits.
- Among homeless patients diagnosed with mental disorders:
 - Schizophrenia and other psychotic disorders accounted for 33.8 percent of inpatient hospital stays.
 - Alcohol-related disorders accounted for 52.8 percent of T&R ED visits.
- Nearly one in three hospitalized homeless patients (28.1 percent) and more than two in five homeless patients visiting EDs (42.8 percent) were uninsured.
- Medicaid was the expected payer for nearly half of homeless patients in the hospital (48.2 percent) and more than one-third of homeless patients in the ED (34.7 percent).
- Nearly three out of four inpatient hospital stays by homeless individuals (73.7 percent) began in the ED.
- Females accounted for a third of inpatient hospital visits and a quarter of ED visits among homeless individuals.
- Among homeless patients admitted to the hospital, 16.1 percent were younger than 18 years old.
- Among homeless patients admitted to the hospital, 19.5 percent were White, 33.2 percent were Black, and 15.1 percent were Hispanic. Homelessness was noted in 2.8 percent of all inpatient stays for Black patients, compared to only 0.3 percent of White and 1.2 percent of Hispanic patients.
- Among homeless patients seen in the ED, 60.2 percent were White, 22.5 percent were Black, and 10.6 percent were Hispanic.

¹ How many people experience homelessness? (NCH Fact Sheet No. 2, National Coalition for the Homeless Web site, February 2013. Available at: <http://www.nationalcoalitionforhomeless.org/factsheets/factsheet2.html>. Accessed March 5, 2013).

² The 2009 Annual Homeless Assessment Report to Congress. U.S. Department of Housing and Urban Development, Office of Community Planning and Development, 2009.

³ Huang SW, Gray EJ, O'Connell JJ, Lebow JM, Brennan TA. Cause of death in homeless adults in Boston. Ann Intern Med. 1997 Apr; 126(4):625–5.

⁴ Huang SW, Lebow JM, Slater MF, O'Connell JJ, Gray EJ, Brennan TA. Risk factors for death in homeless adults in Boston. Ann Intern Med. 1995 Jul; 123(1):143–50.

⁵ Wright NM, Tompkins CN. How can health services effectively meet the health needs of homeless people? Br J Gen Pract. 2006 Apr; 56(525): 255–62.

