

Burns Service Area

Selected Health Utilization Data
May 2009



Economic Impact of Health Care in the Community



- The Flow of Money
- Recapturing Dollars
- Community Economic Infrastructure
- Follow the Jobs – Types of Jobs
- Direct and Indirect Spending
- Forward and Backward Linkages through Hospital
- Follow the Spending of Health Care Organizations and their Employees
- Local Control
- Social Value / Peace of Mind

Where do People Go for Hospital Care? Market Share Methodology



- Comp Data is a comprehensive (state-mandated) hospital reporting system.
- Data shows origin of patient by zip code, hospital admitted to, reason for admission, and payor source among other data.
- Local Utilization is critical to health system survival
- OR hospital data is from 2008

Where do the Predictions Come From?



- Normative data for hospital inpatients, inpatient procedures, outpatient procedures, emergency room visits all come from the most recent annual surveys conducted by the National Center for Health Statistics (NCHS)– Advanced Data. These are national norms based on actuarial experiences.
- *NCHS has calculated that people in the **WEST** use health services **19.6% LESS** than the average for the country as a whole.*

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Estimates of Inpatients

Burns Service Area

	< 15	15-44	45-64	65+	
Population:	1,297	2,348	2,311	1,343	7299

	ICD-9-CM	< 15	15-44	45-64	65+	Total	
Infectious and Parasitic Diseases	001-139	3	4	8	18	33	20
Neoplasms	140-239	1	5	19	26	51	47
Endocrine, Nutritional, Immunity	240-279	3	7	15	24	49	29
Diseases of the Blood and Blood Forming Organs	280-289	1	2	3	7	13	4
Mental Disorders	290-319	-	25	22	9	56	14
Diseases of the Nervous System and Sense Organs	320-389	2	3	5	9	18	13
Diseases of the Circulatory System	390-459	1	8	58	137	204	124
Diseases of the Respiratory System	460-519	12	7	25	62	107	74
Diseases of the Digestive System	520-579	5	16	34	48	103	75
Diseases of the Genitourinary System	580-629	2	9	16	32	59	40
Complications of Pregnancy, Childbirth	630-676		10			10	72
Diseases of the Skin and Subcutaneous Tissue	680-709		4	7	8	19	22
Diseases of the Musculoskeletal System & Connective Tissue	710-739	1	6	22	33	62	63
Congenital Anomalies	740-759	3	1	1	0	4	2
Conditions Originating in the Perinatal Period	760-779	4				4	3
Symptoms, Signs, and Ill-Defined Conditions	780-799	1	1	1	1	5	49
Injury and Poisoning	800-999	5	16	24	41	85	80
Supplementary Classifications	V01-V82	2	80	8	16	105	43
TOTAL Inpatients						986	774

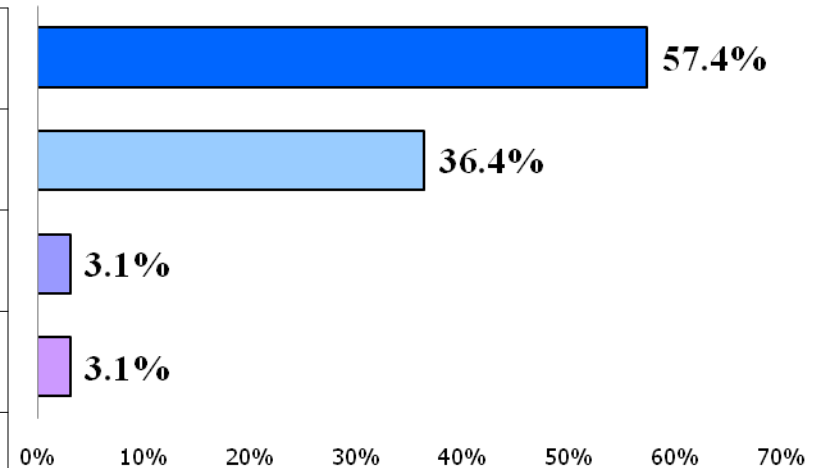
2006 National Hospital Discharge Survey, National Health Statistics Reports No. 5, July 30, 2008

Source: Comp Data (1/1/2008 - 12/31/2008)

Burns Service Area Inpatient Discharges 2008



Used Harney District	446
Used St. Charles-Bend	283
Used OHSU	24
Other Hospitals (<1% ea.)	24
Actual # of Discharges	777
Predicted # of Discharges	986
- Western Adjustment (-19.6%)	793
Difference between actual	16



- Market Share is the percentage of all discharges from the primary service area that are captured in the local hospital.



Inpatient Procedures

- Once someone is admitted to a hospital, they may have one or several types of procedure(s) done on them. The following slides estimate numbers of principal inpatient procedures for our planning units.
- NOT all procedures are surgeries, i.e.. obstetrical procedures/births, transfusions, angiocardiographies, diagnostic procedures

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Estimates of ALL (principal and non-principal) Inpatient Procedures

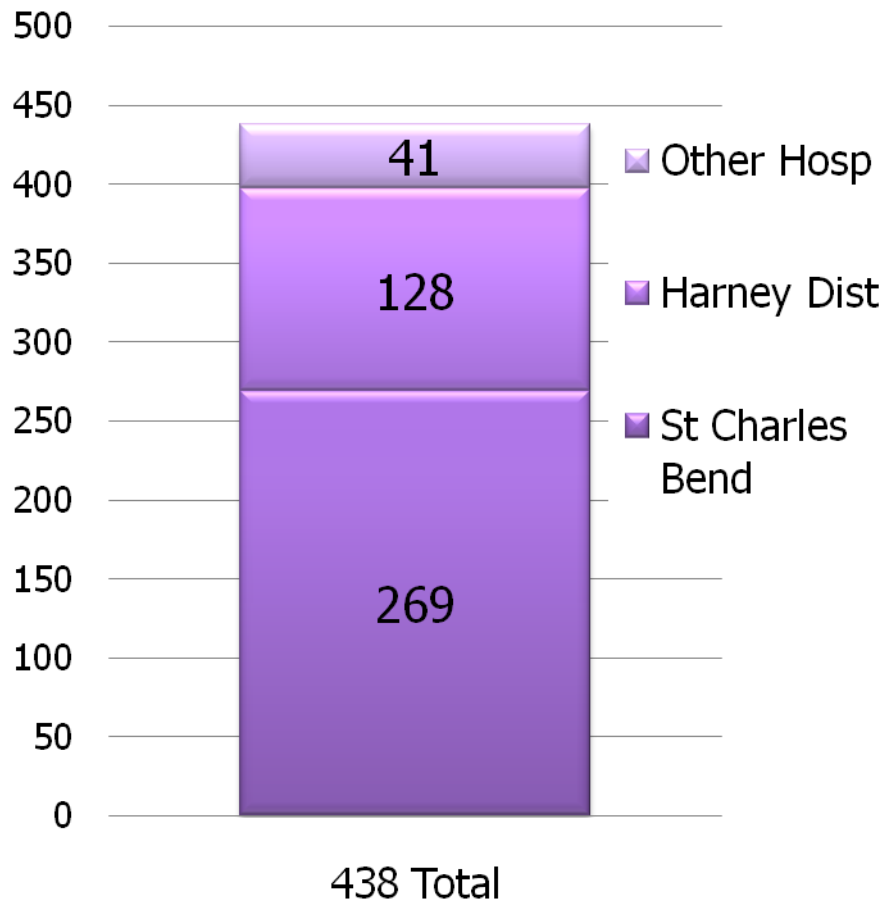
Burns Service Area

	< 15	15-44	45-64	65+
Population:	1297	2348	2311	1343

7299

	ICD-9-CM	< 15	15-44	45-64	65+	Total
Operations on the Nervous System	01-05	4	6	9	12	31
Operations on the Endocrine System	06-07	*	1	1	1	3
Operations on the Eye	08-16	0	0	1	1	2
Operations on the Ears	18-20	0	0	*	*	0
Operations on the Nose, Mouth, and Pharynx	21-29	1	2	2	2	8
Operations on the Respiratory System	30-34	2	4	11	20	36
Operations on the Cardiovascular System	35-39	4	14	81	132	231
Operations on the Hemic and Lymphatic System	40-41	*	1	5	5	11
Operations on the Digestive System	42-54	5	24	54	84	166
Operations on the Urinary System	55-59	1	4	11	16	31
Operations on the Male Genital Organs	60-64	1	0	3	4	8
Operations on the Female Genital Organs	65-71	0	20	20	9	49
Obstetrical Procedures	72-75	0	132	*	*	132
Operations on the Musculoskeletal System	76-84	4	17	47	60	127
Operations on the Integumentary System	85-86	*	10	15	15	39
TOTAL Procedures						875

Actual Inpatient Principal Procedures from Burns SA



- 56% of the 777 total inpatients from Burns Service Area had a principal procedure
- 61% of the procedures were done at St Charles in Bend

Top ICD Principal Procedures for Burns Service Area Inpatients



INPATIENT PROCEDURE	PERCENT OF PROCEDURES	AVERAGE CHARGE	AVERAGE AGE
1. Low Cervical Cesarean section	3.5	\$6,722	27
2. Packed cell transfusion	2.7	\$12,502	74
2. PTCS/Atherectomy (angioplasty)	2.2	\$11,472	64
3. Total knee replacement	2.2	\$51,932	69

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Estimates of Ambulatory Outpatient Procedures

Burns Service Area

	< 15	15-44	45-64	65+
Population	1,297	2,348	2,311	1,343

7,299

	ICD-9-CM	< 15	15-44	45-64	65+	Total
Operations on the Nervous System	01-05	0	8	18	10	36
Operations on the Eye	08-16	3	4	35	153	195
Operations on Ear	18-20	15	2	2	2	21
Operations on the Nose, Mouth and Pharynx	21-29	0	16	17	6	40
Operations on the Respiratory System	30-34	1	1	6	6	14
Operations on the Cardiovascular System	35-39	*	2	12	11	25
Operations on the Digestive System	42-54	4	37	92	90	223
Operations on the Urinary System	55-59	1	6	18	23	49
Operations on the Male Genital Organs	60-64	3	3	4	5	15
Operations on the Female Genital Organs	65-71	*	30	18	5	53
Operations on the Musculoskeletal System	76-84	4	40	59	22	125
Operations on the Integumentary System	85-86	2	16	33	21	72
Diagnostic and Therapeutic Procedures	87-99	3	14	44	38	99
Miscellaneous Other Procedures	06-07,40-41,72-75	0	1	2	2	5
TOTAL Procedures						974

Top Outpatient Surgery Principal Procedures for Burns SA

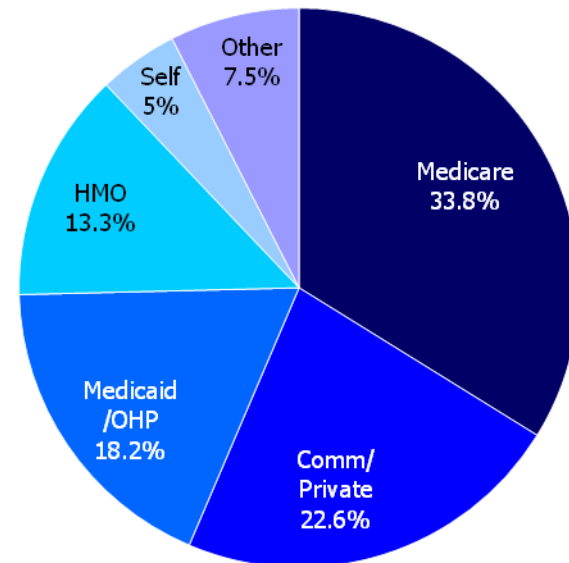
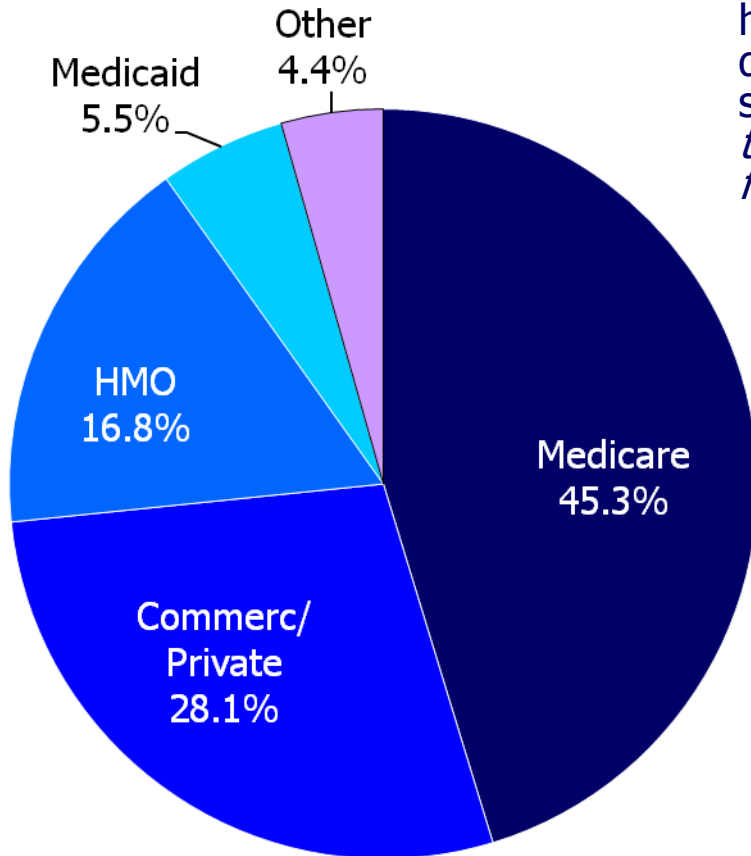


OUTPATIENT PROCEDURES	PERCENT OF OUTPATIENT SURG PROCEDURES	AVERAGE CHARGE	AVERAGE AGE
1. Colonoscopy	14.0	\$3400	60
2. EGD w/closed biopsy (Biopsy of one or more sites involving esophagus, stomach, and/or duodenum)	11.4	\$4171	57
3. Closed large intestine biopsy	8.5	\$4315	63
4. Injection of spinal canal	4.9	\$1277	58

Harney District Inpatient Payer Mix (from All Areas)

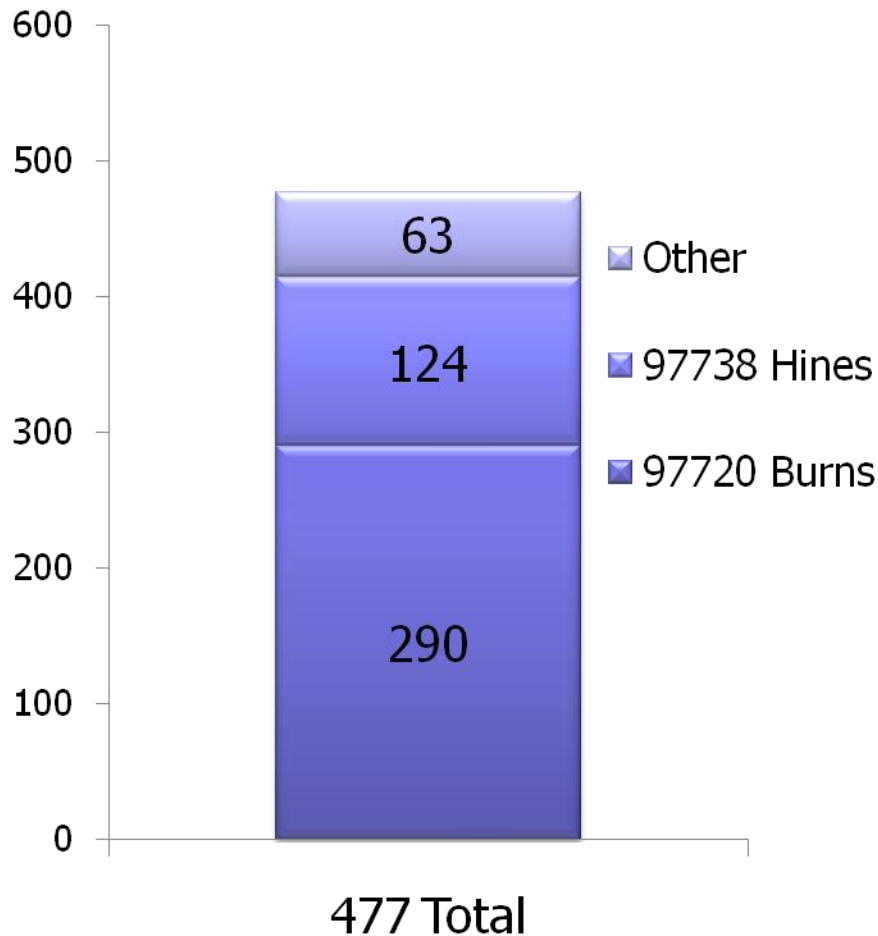


- Payer mix is crucial to the financial health of a hospital. You do not want to be overly dependent on Medicare and Medicaid as sources of revenue. *(Unless you are a CAH--In that case you get cost-based reimbursement for Medicare and Medicaid)*



PAYER MIX OF ALL OREGON INPATIENTS

Origin of All Inpatients at Harney District Hospital



- Harney District gets 61% of its inpatient volume from 97720 Burns.

Low Intensity Diagnostic Related Groupings



- Study Used to Estimate Usage of Limited Service Hospitals
- Conducted by Rural Health Research Center – University of Minnesota
- Title: Service Limitation Options for Limited Service Rural Hospitals, March 1993



Low Intensity DRG Criteria

- DRG's Meet the Following Conditions
 - 72 Hour Service
 - No Surgical Cases
 - No Obstetrical Cases
 - Primary Care Providers
 - Basic Laboratory Services
 - No Blood Banking
 - Basic Radiology
 - i.e.. allergic reactions, poisoning, kidney infections, chest pain, concussion

Economic Impact of Burns Low-Intensity DRG Out-migration



Burns Service Area	
Total Low Intensity DRGs	281 (36% of all Burns Inpatients)
Served @ Harney District	228 (81% of Low Intensity Inpatients)

Went instead to St Charles--Bend	
1. Number Served at...	36 (13% of Low Intensity Inpatients)
2. Avg Length of Stay	5.8 days
3. Avg Charge per Day	\$3,366
1 x 2 x 3 =	\$702,821
Collectible? @ 65% =	\$456,834

Top Low Intensity DRGs for Burns Service Area



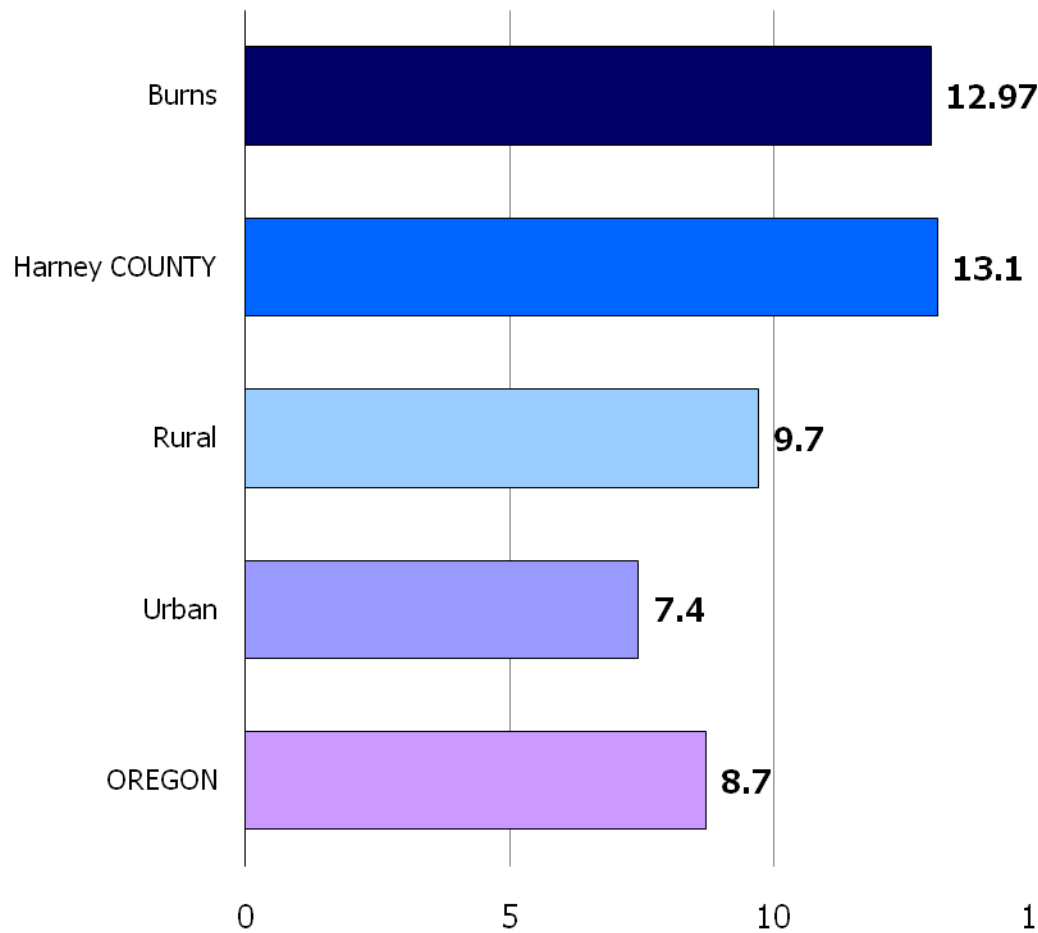
DIAGNOSIS	PERCENT OF LOW INTENSITY DISCHARGES	AVERAGE CHARGE	AVERAGE AGE
1. Heart failure and shock	9.3	\$14,000	77
2. Esophagitis, gastroenteritis, and miscellaneous digestive disorders age >17 with complications, co morbidities	8.9	\$7617	63
3. Simple pneumonia	7.8	\$10,057	75
4. Chronic obstructive pulmonary disease	5.7	\$8,398	74

Ambulatory Sensitive Conditions



- These are reasons for admission to a hospital which are deemed “avoidable” if the patient had made appropriate use of the primary care system, i.e.. asthma, diabetes, pneumonia
- Created by John Billings Ph.D. United Hospital Fund of New York

Ambulatory Care Sensitive Conditions per 1000 Population



- 2006-2008 average per year
- People over age 65 are 8 times more likely to have avoidable hospitalizations than those under 65.

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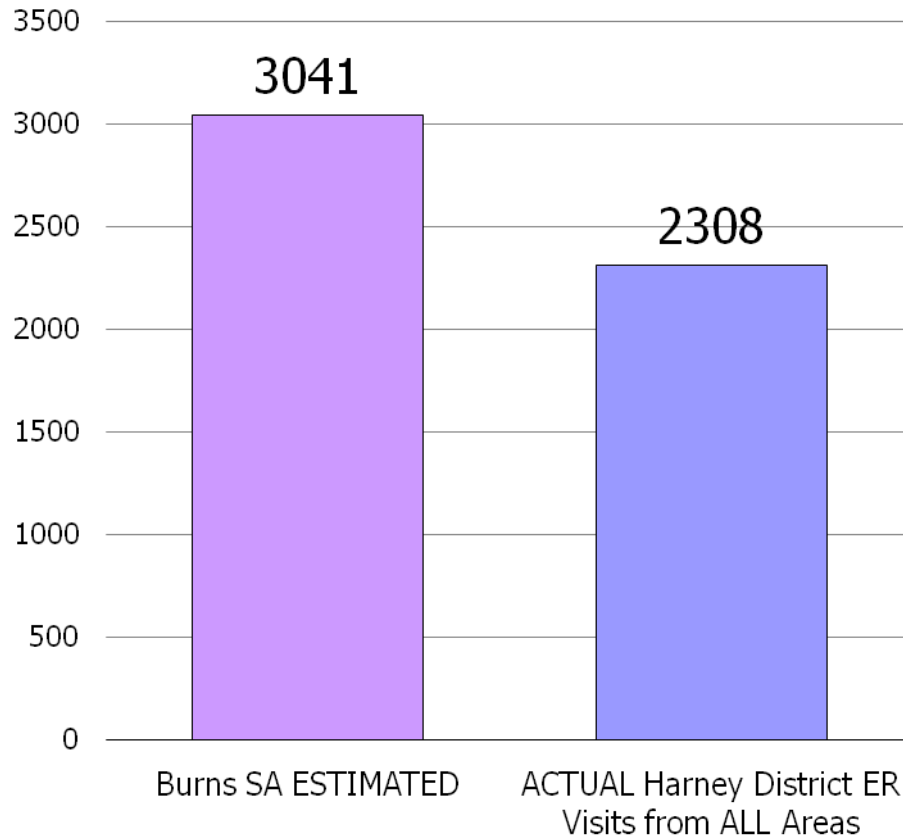
Estimates of Emergency Room Visits

Burns Service Area

Age	Population		Rate per 100	# of ER Visits
MALES				
< 15	710	X	34.8	247
15-24	491	X	55.7	273
25-44	716	X	47.8	342
45-64	1188	X	34.5	410
65-74	356	X	38.4	137
> 74	271	X	61.8	167
FEMALES				
< 15	587	X	37.6	221
15-24	438	X	53.0	232
25-44	703	X	44.6	314
45-64	1123	X	32.7	367
65-74	390	X	35.1	137
> 74	326	X	59.4	194
TOTALS	7,299			3,041

National Hospital Ambulatory Medical Care Survey: 2006 Emergency Department Summary, National Health Statistics Reports No. 7, Aug 6, 2008

Emergency Room Visits



- Statistics show that roughly 46% of all ER visits are classified as “Urgent.”
- The Emergency Room has been called the “window” to the hospital from the community perceptions

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Estimates of Non-Motor Vehicle Ambulance Calls

Burns Service Area

Age	Population	# of Calls per 1,000	Total Calls in Each Age Group
0 to 4	377	21.4	8
5 to 9	414	8.1	3
10 to 14	506	13.6	7
15 to 19	605	25.5	15
20 to 24	324	29.9	10
25 to 34	580	30.4	18
35 to 44	839	32.7	27
45 to 54	1271	39.0	50
55 to 64	1040	57.3	60
65 to 74	746	99.8	74
75 +	597	264.4	158
	7299	TOTAL	430

Calls per 1000 based on average of 1999-2001 actual non-motor vehicle ambulance calls in Non-Metro counties only. Illinois Department of Public Health, Division of Emergency Medical Services and Highway Safety (EMS) data reporting system.

Actual EMS Calls vs. Predictions



- This data does NOT include responses to Motor Vehicle Accidents (MVA), or ATV. Remember that Crashes are NOT Accidents.

Service Area	Predicted	Actual
Burns	430	616