



TRENDWATCH

CHARTBOOK 2015

Trends Affecting Hospitals and Health Systems



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American Hospital
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Trends Affecting Hospitals and Health Systems

2015

Prepared by Avalere Health
for the American Hospital Association

TrendWatch, produced by the American Hospital Association, highlights important trends in the hospital and health care field. Avalere Health supplies research and analytic support. TrendWatch products include a series of reports and this Chartbook, released each year, that provide up-to-date information on health and hospital trends.

The American Hospital Association (AHA) is the national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Close to 5,000 institutional, 600 associate, and 40,000 personal members come together to form the AHA.

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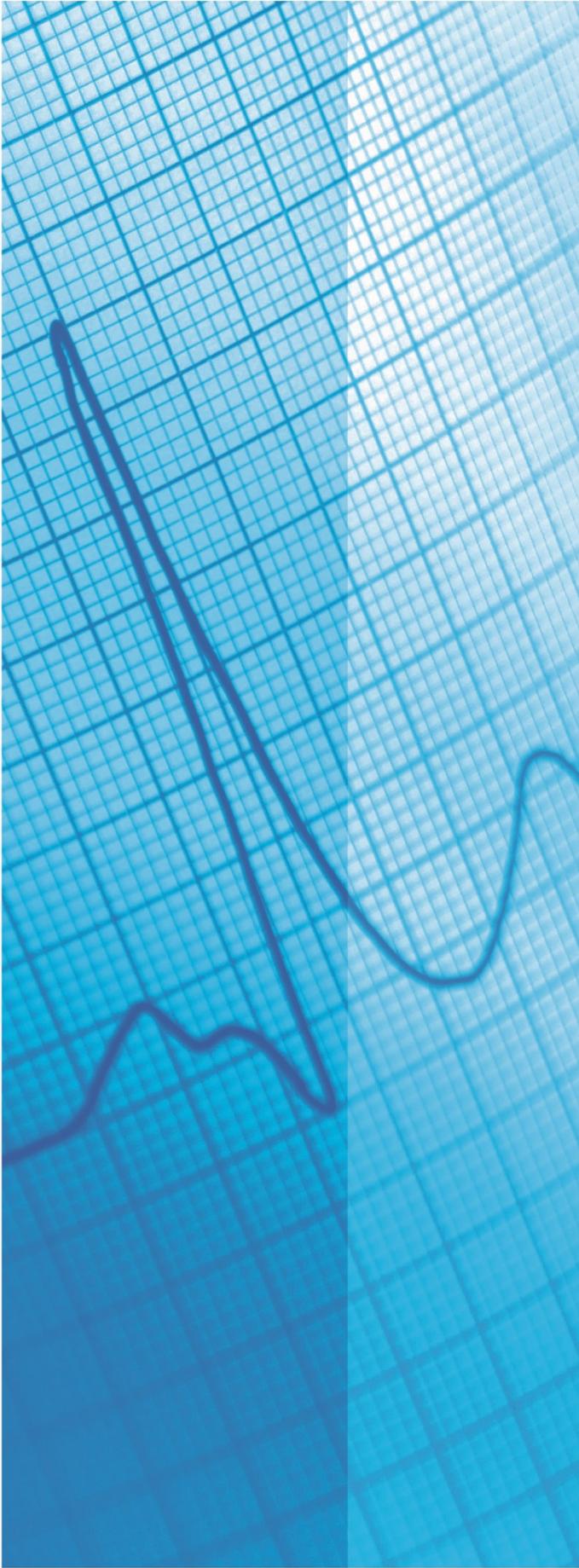
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ACKNOWLEDGEMENTS

There are many people who made significant contributions toward the completion of this report. Presented below is a list of the staff of Avalere Health and the American Hospital Association who were actively involved in the production of the *TrendWatch Chartbook 2015*.

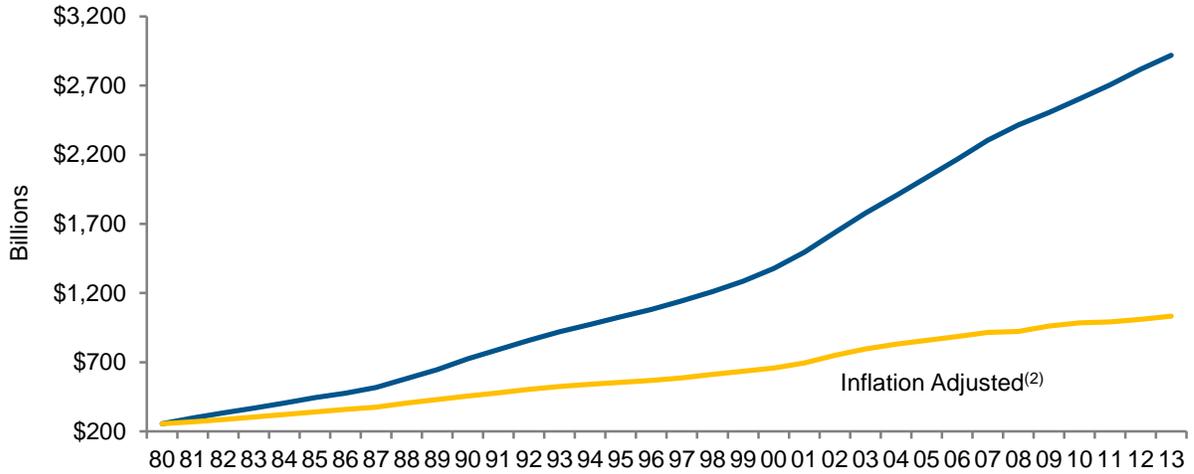
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CHAPTER 1

Trends in the Overall
Health Care Market

Chart 1.1: Total National Health Expenditures, 1980 – 2013⁽¹⁾

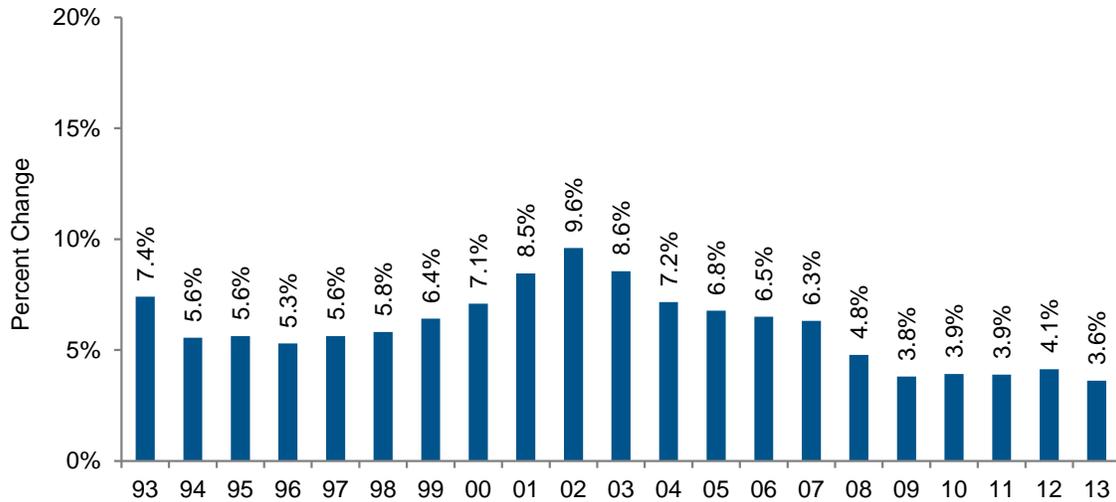


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December, 3, 2014.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

⁽²⁾ Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for Urban Consumers.

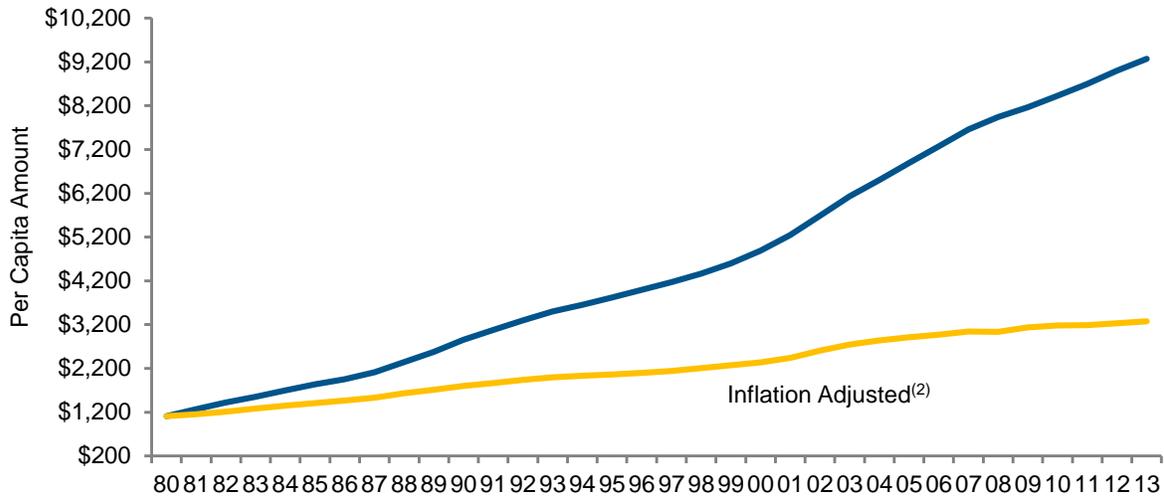
Chart 1.2: Percent Change in Total National Health Expenditures, 1993 – 2013⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December, 3, 2014.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Chart 1.3: Per Capita National Health Expenditures, 1980 – 2013⁽¹⁾

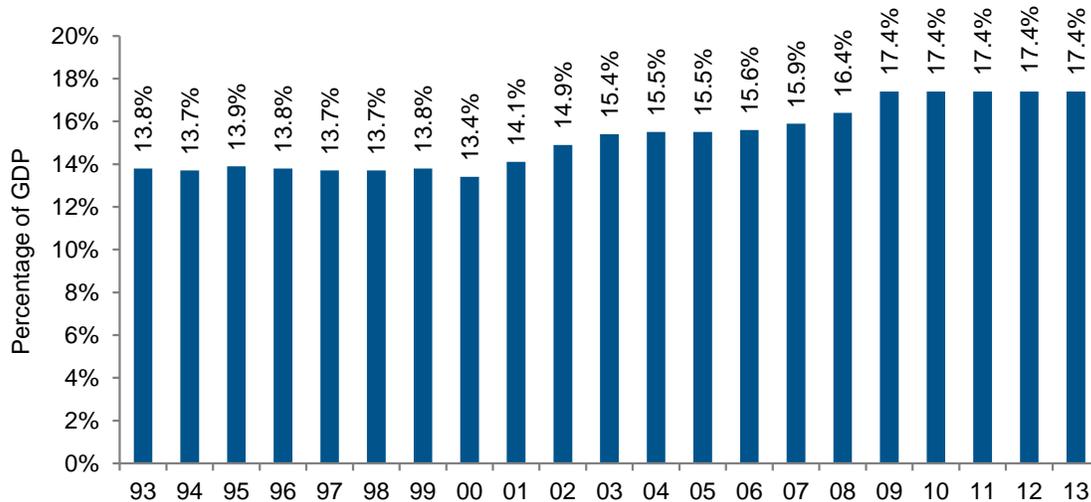


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December, 3, 2014.

(1) CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

(2) Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for Urban Consumers.

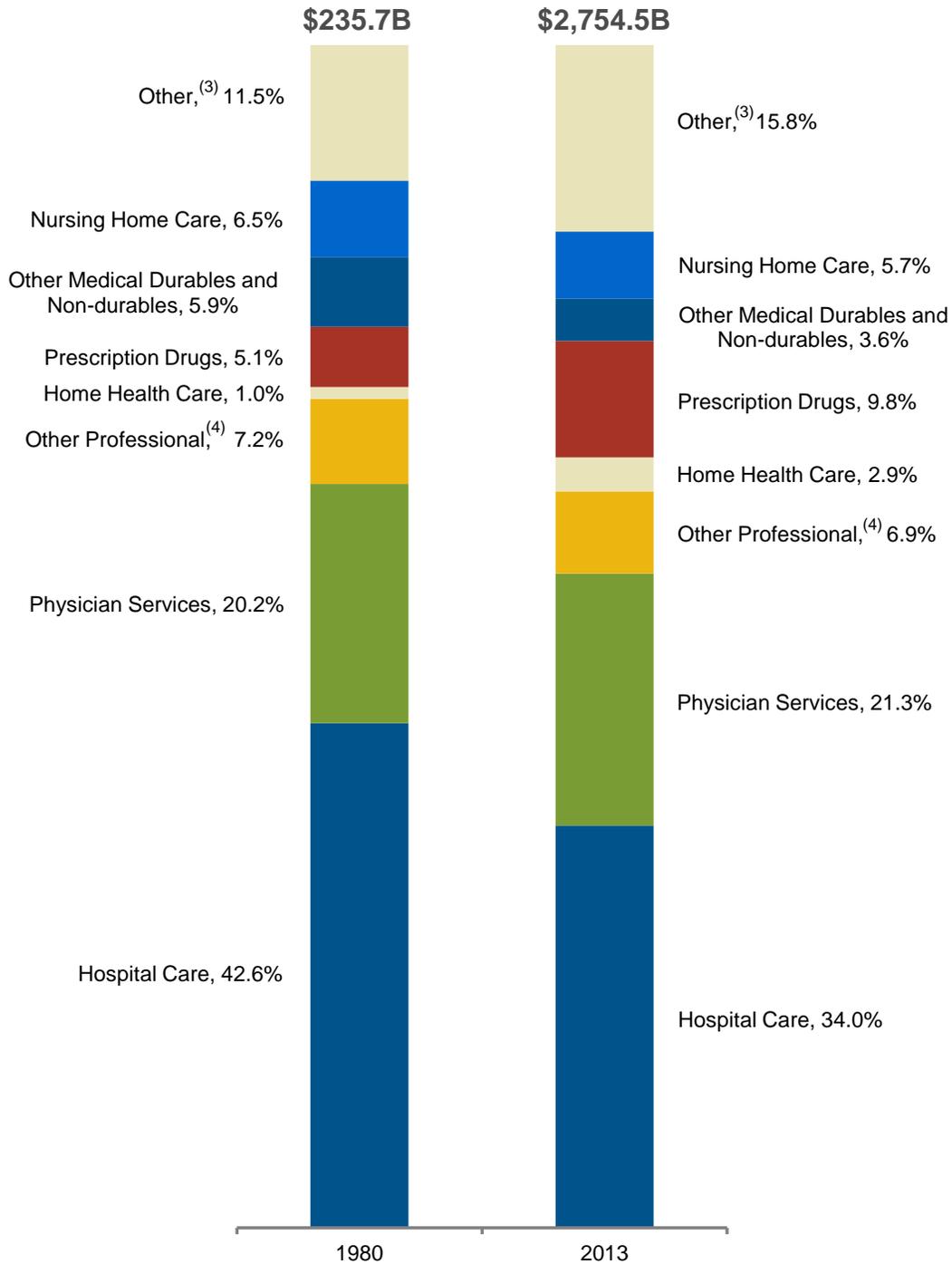
Chart 1.4: National Health Expenditures as a Percentage of Gross Domestic Product, 1993 – 2013⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December, 3, 2014.

(1) CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Chart 1.5: National Expenditures for Health Services and Supplies⁽¹⁾ by Category, 1980 and 2013⁽²⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December, 3, 2014.

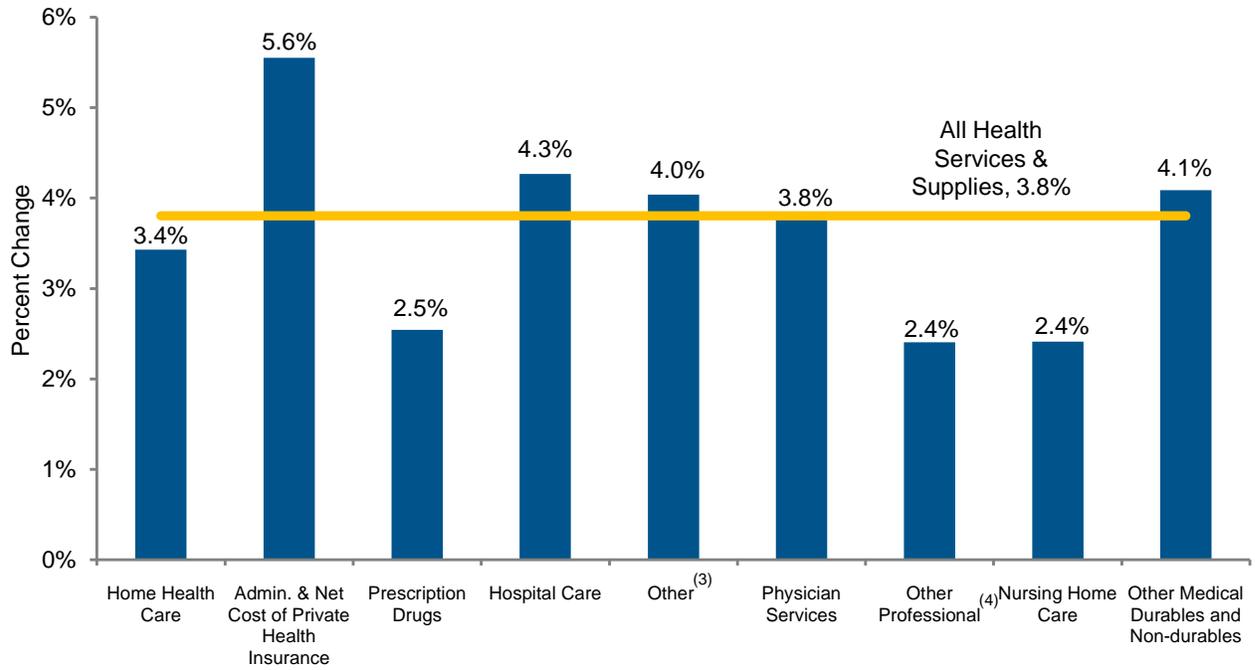
⁽¹⁾ Excludes medical research and medical facilities construction.

⁽²⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

⁽³⁾ "Other" includes net cost of insurance and administration, government public health activities, and other personal health care.

⁽⁴⁾ "Other professional" includes dental and other non-physician professional services.

Chart 1.6: Percent Change in National Expenditures for Health Services and Supplies⁽¹⁾ by Category, 2012 – 2013⁽²⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December, 3, 2014.

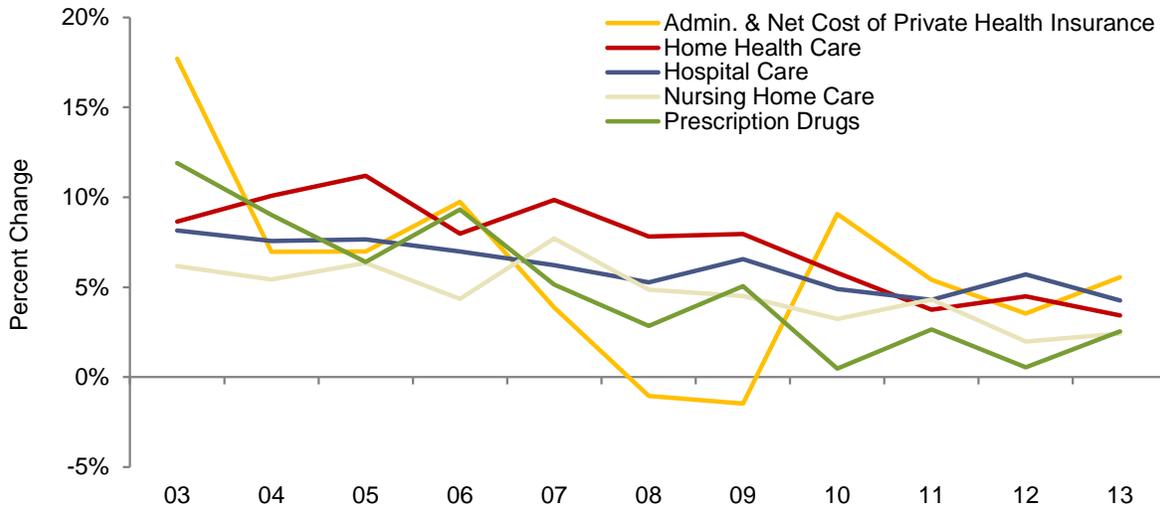
(1) Excludes medical research and medical facilities construction.

(2) CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

(3) "Other" includes government public health activities and other personal health care.

(4) "Other professional" includes dental and other non-physician professional services.

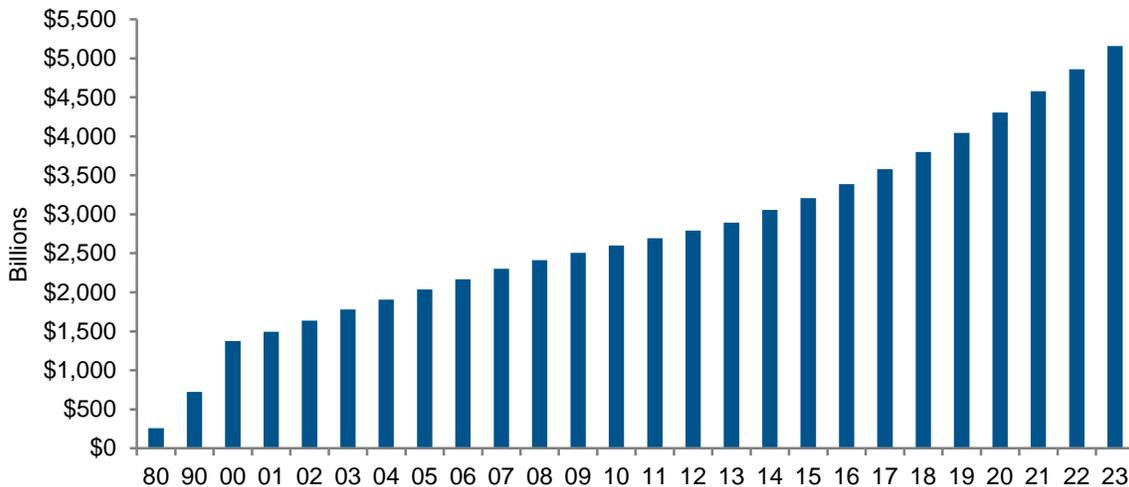
Chart 1.7: Percent Change in National Expenditures for Selected Health Services and Supplies, 2003 – 2013⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December, 3, 2014.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Chart 1.8: National Health Expenditures,⁽¹⁾ 1980 – 2023⁽²⁾

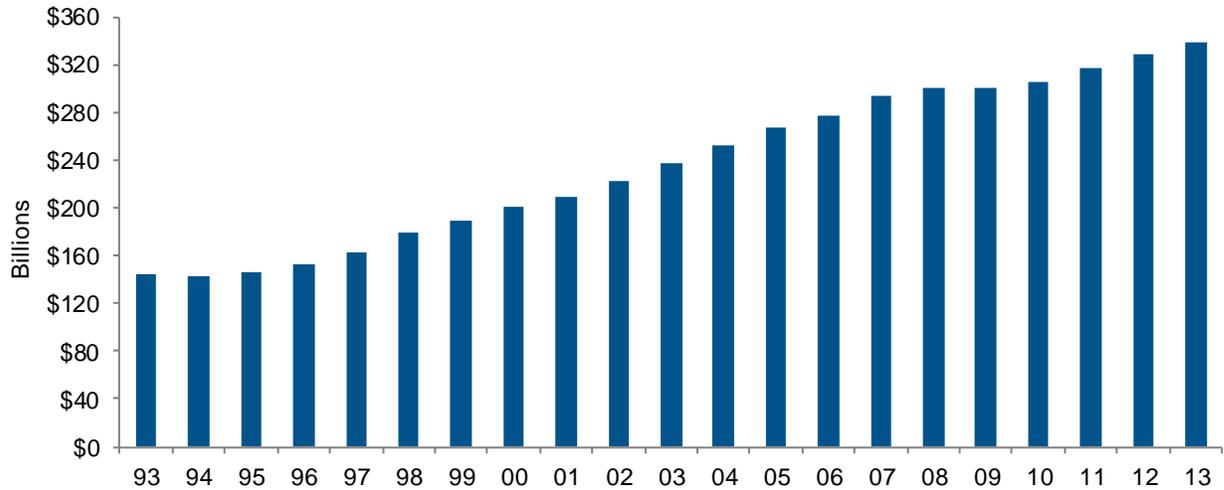


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released September 2014.

⁽¹⁾ Years 2013 – 2023 are projections.

⁽²⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

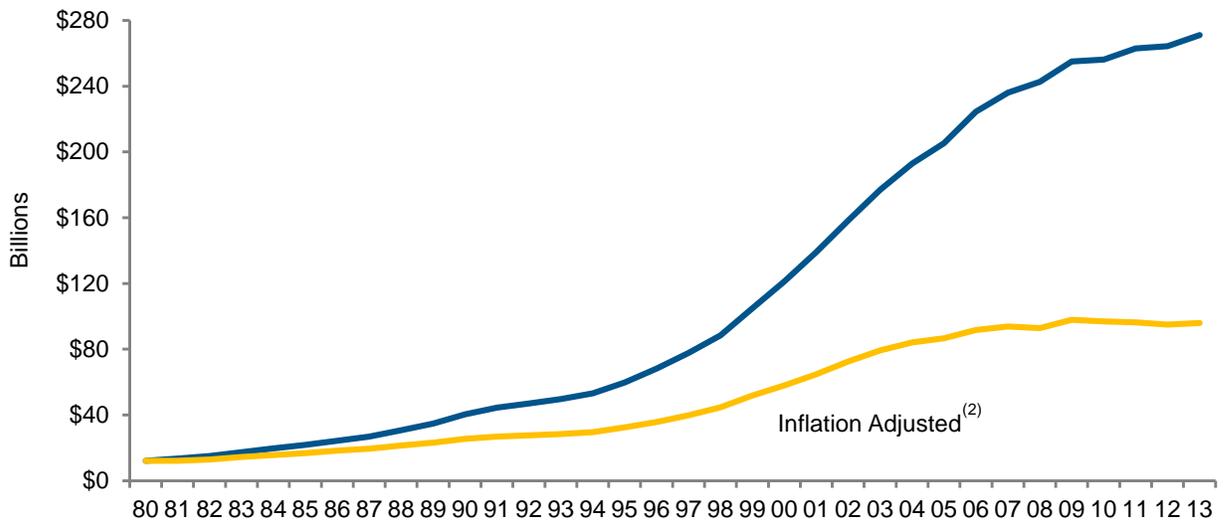
Chart 1.9: Consumer Out-of-pocket Payments for National Health Expenditures, 1993 – 2013⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December, 3, 2014.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Chart 1.10: Total Prescription Drug Spending, 1980 – 2013⁽¹⁾

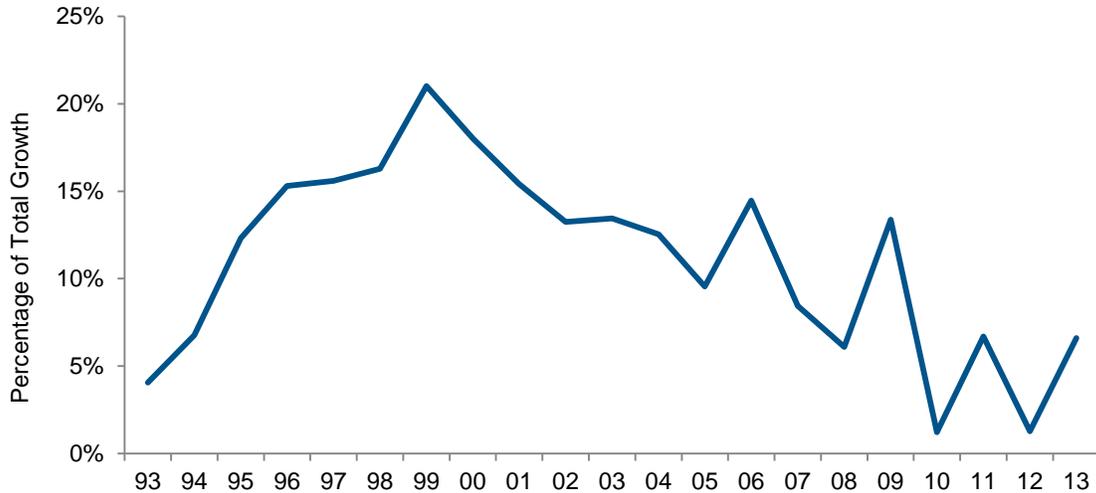


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December, 3, 2014.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

⁽²⁾ Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for All Urban Consumers.

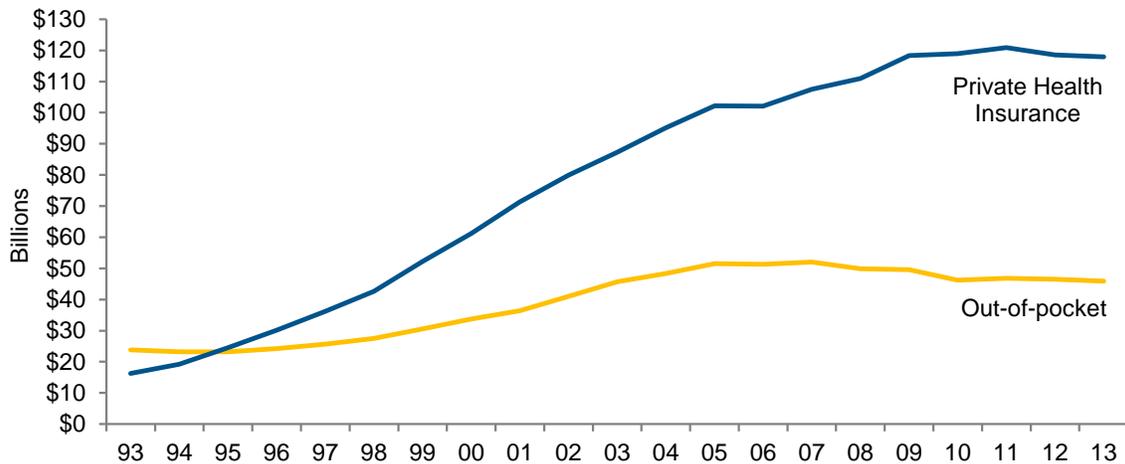
Chart 1.11: Growth in Total Prescription Drug Spending as a Percentage of Total Growth in National Health Expenditures, 1993 – 2013⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December, 3, 2014.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

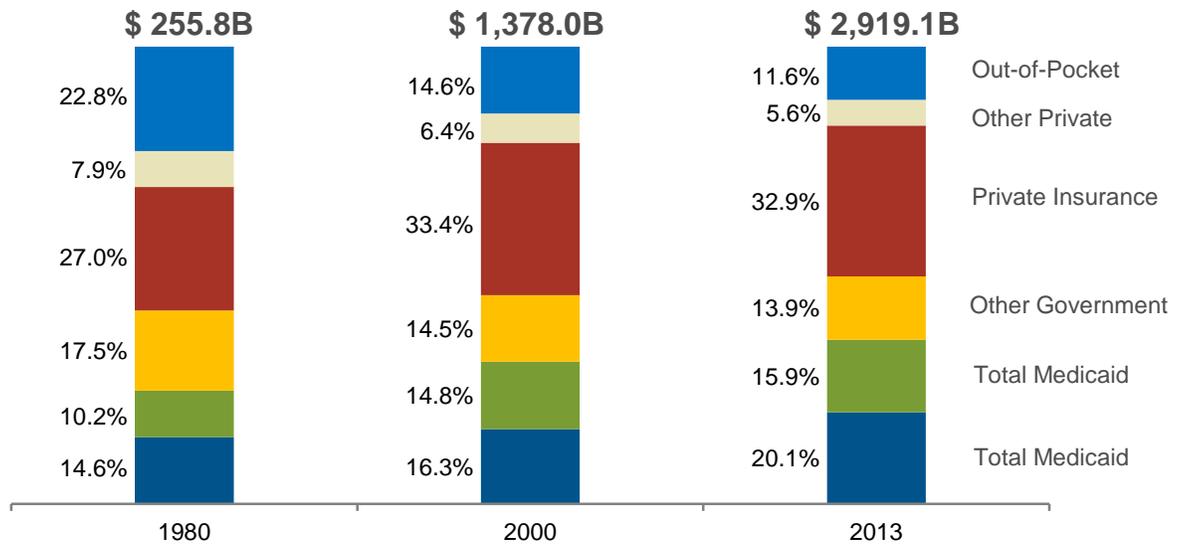
Chart 1.12: Consumer Out-of-pocket Spending vs. Private Health Insurance Spending for Prescription Drugs, 1993 – 2013⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December, 3, 2014.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

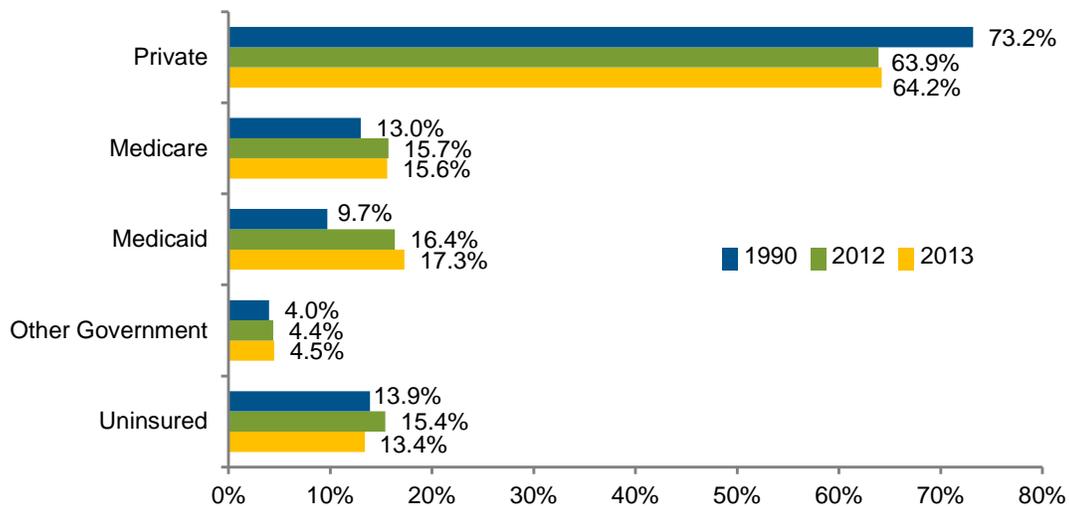
Chart 1.13: Distribution of National Health Expenditures by Source of Payment, 1980, 2000 and 2013⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December, 3, 2014.

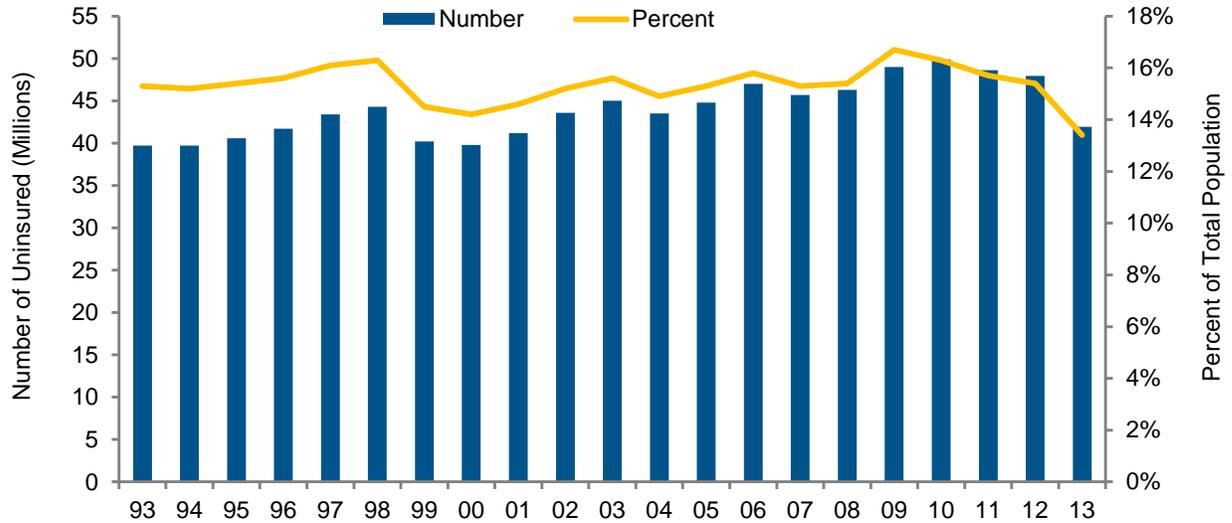
⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Chart 1.14: Distribution of Health Insurance Coverage, Percentage of Population Covered by Payer, 1990, 2012 and 2013



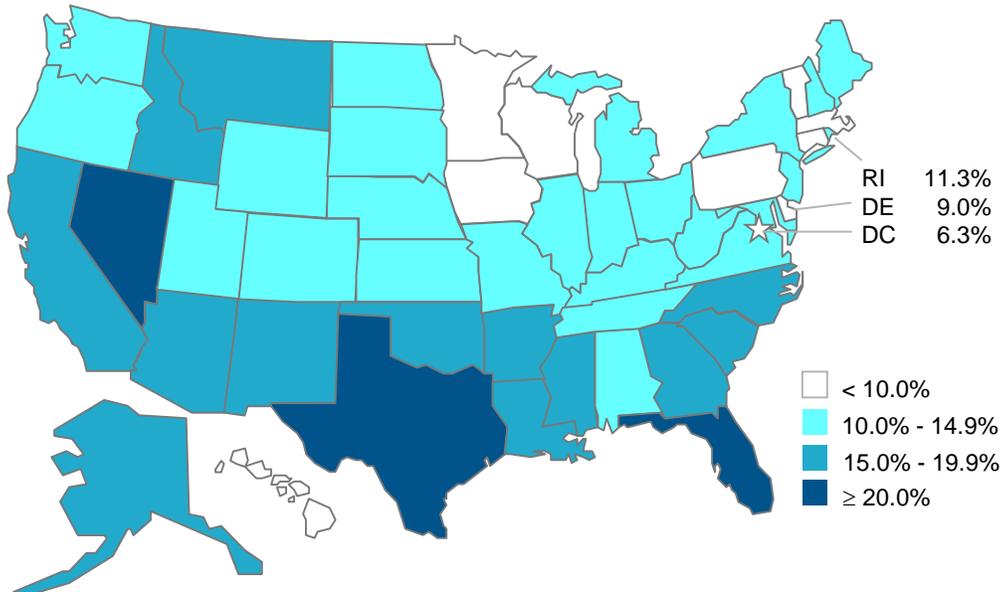
Source: US Census Bureau, Current Population Survey, 2014 Annual and Social Economic Supplement. Data released September 2014. Table HI01. Health Insurance Coverage Status and Type of Coverage by Selected Characteristics: 2013. Link: <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2013/index.html>.

Chart 1.15: Number and Percent Uninsured, 1993 – 2013



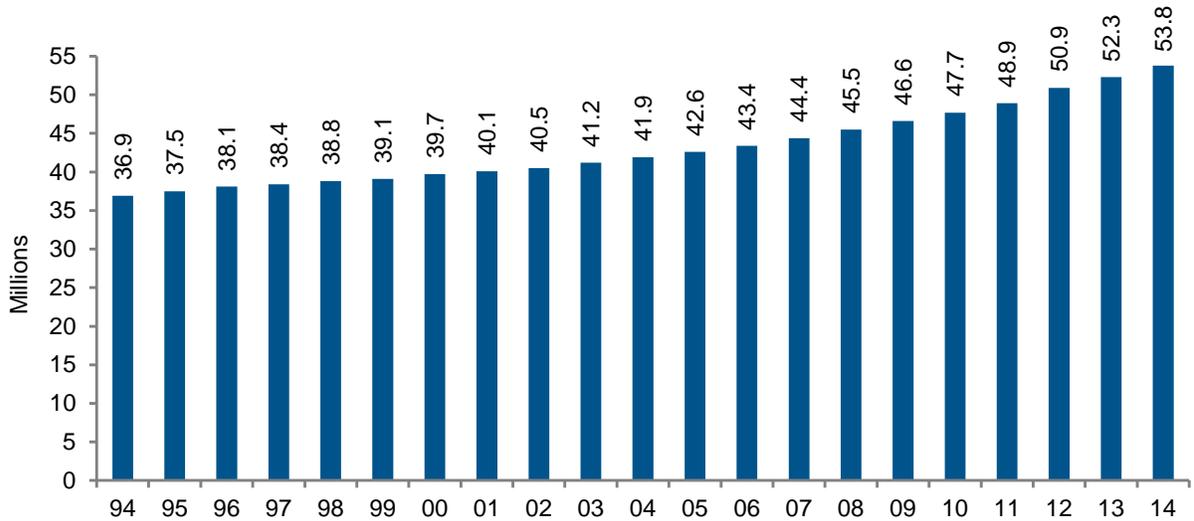
Source: US Census Bureau, Health Insurance Coverage in the United States: 2013. Data released September 2014. Table 2. Type of Health Insurance Coverage by Age: 2013.
Link: <http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-250.pdf>.

Chart 1.16: Average Percent Uninsured by State, 2012 – 2013



Source: US Census Bureau, Health Insurance in the United States: 2013. Data released September 2014.
Link: <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2013/index.html>.

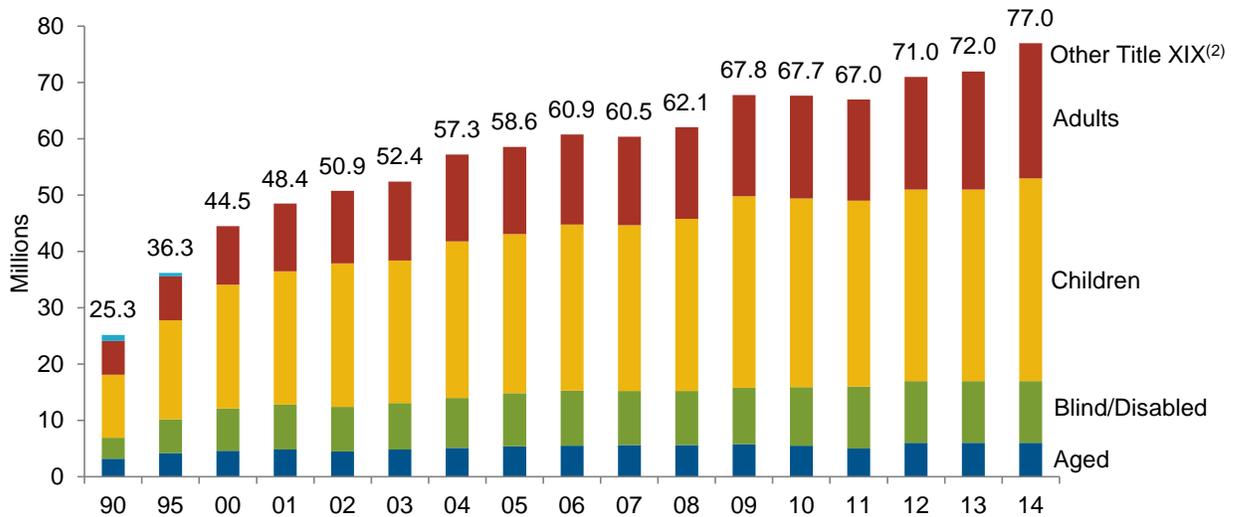
Chart 1.17: Medicare Enrollees,⁽¹⁾ 1994 – 2014



Source: Centers for Medicare & Medicaid Services. Medicare Enrollment: National Trends, 1966 – 2005; Medicare Aged and Disabled Enrollees by Type of Coverage. CMS, Office of the Actuary. Email correspondence with CMS staff (for years 2001 – 2014).

⁽¹⁾ Hospital insurance (Part A) enrollees and/or Supplementary Medical Insurance (Part B) enrollees, including enrollees with Medicare Advantage; includes all persons (aged and disabled).

Chart 1.18: Medicaid Enrollees,⁽¹⁾ 1990, 1995, 2000 – 2014

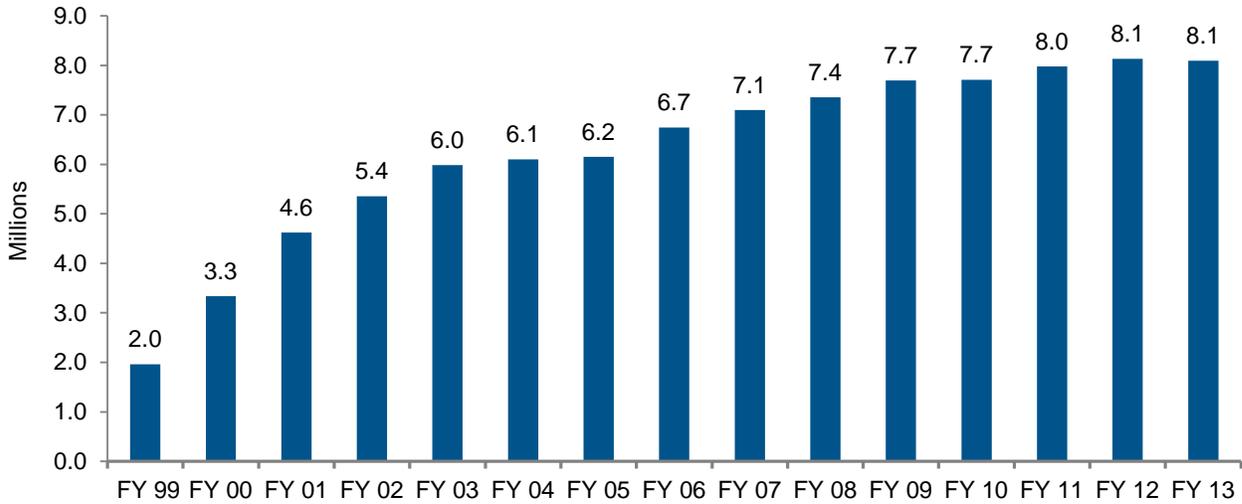


Source: Congressional Budget Office. Data released April 2014. Detail of Spending and Enrollment for CBO's April 2014 Baseline: Medicaid. Link: <http://www.cbo.gov/sites/default/files/cbofiles/attachments/44204-2014-04-Medicaid.pdf>.

⁽¹⁾ Does not include CHIP enrollees.

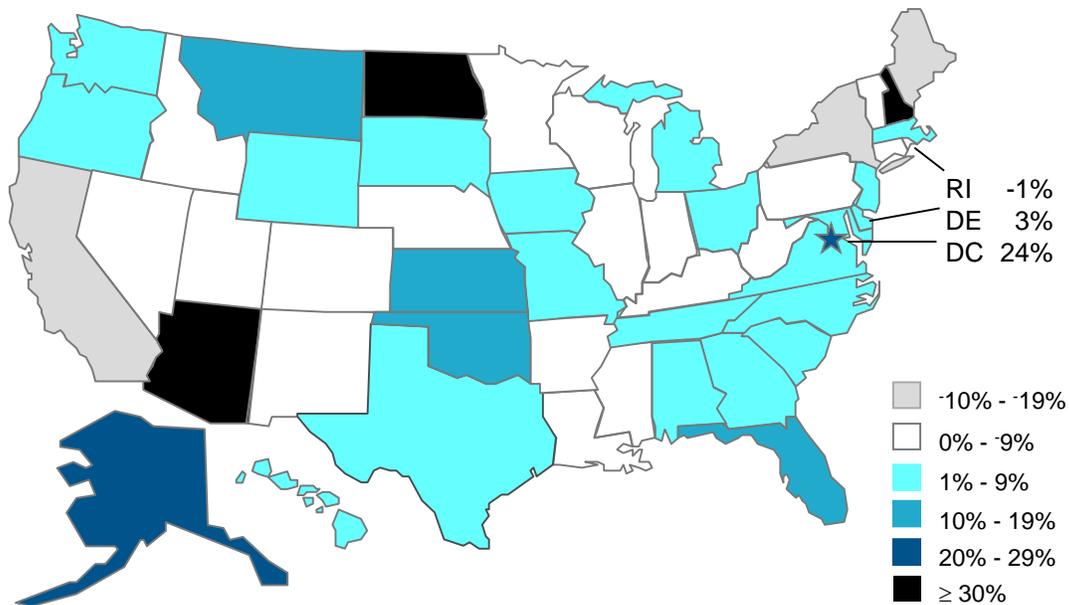
⁽²⁾ In 1997, the Other Title XIX category was dropped and the enrollees therein were subsumed in the remaining categories. Other Title XIX enrollees referred to others who received Medicaid benefits.

Chart 1.19: National CHIP Enrollment,^(1,2) FY 1999 – FY 2013



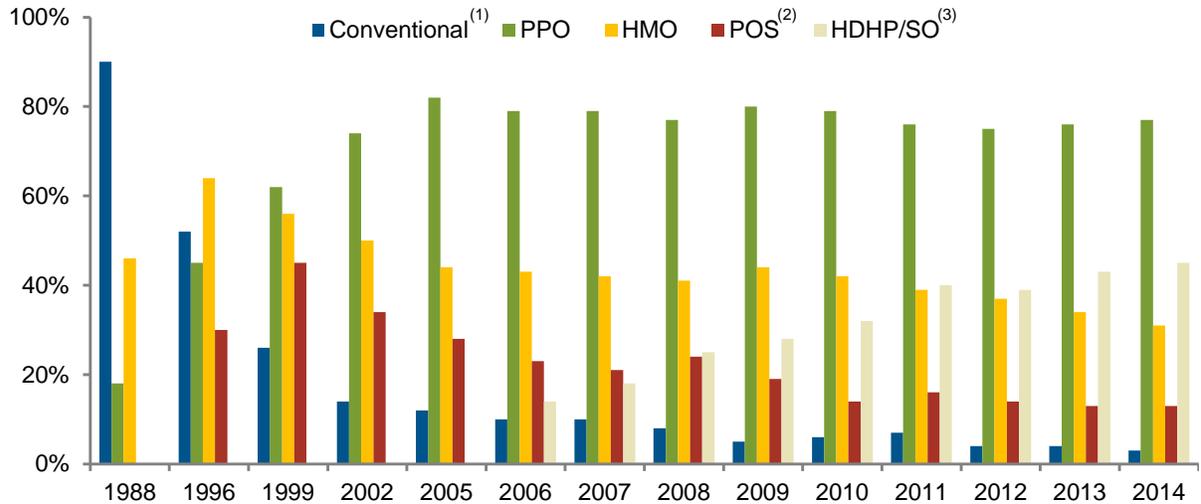
Source: Centers for Medicare & Medicaid Services. Data released July 2014. Number of Children Ever Enrolled by Program Type. Link: http://www.medicare.gov/Federal-Policy-Guidance/Downloads/FY-2012-Childrens-Enrollment-04_09_13.pdf.
⁽¹⁾ Number of children enrolled at any point in the year.
⁽²⁾ 2009 figure reflects revised data released by Centers for Medicare & Medicaid Services on February 1, 2011.

Chart 1.20: Percent Change in CHIP Enrollment by State, FY 2012 – FY 2013



Source: Centers for Medicare & Medicaid Services. Data released July 2014. Number of Children Ever Enrolled by Program Type. Link: <http://www.medicare.gov/CHIP/Downloads/FY-2013-Childrens-Ever-Enrolled-Report.pdf>.

Chart 1.21: Percentage of Employees with Employer-based Coverage Who Can Choose Conventional, PPO, HMO, POS and HDHP/SO Plans, 1988 – 2014



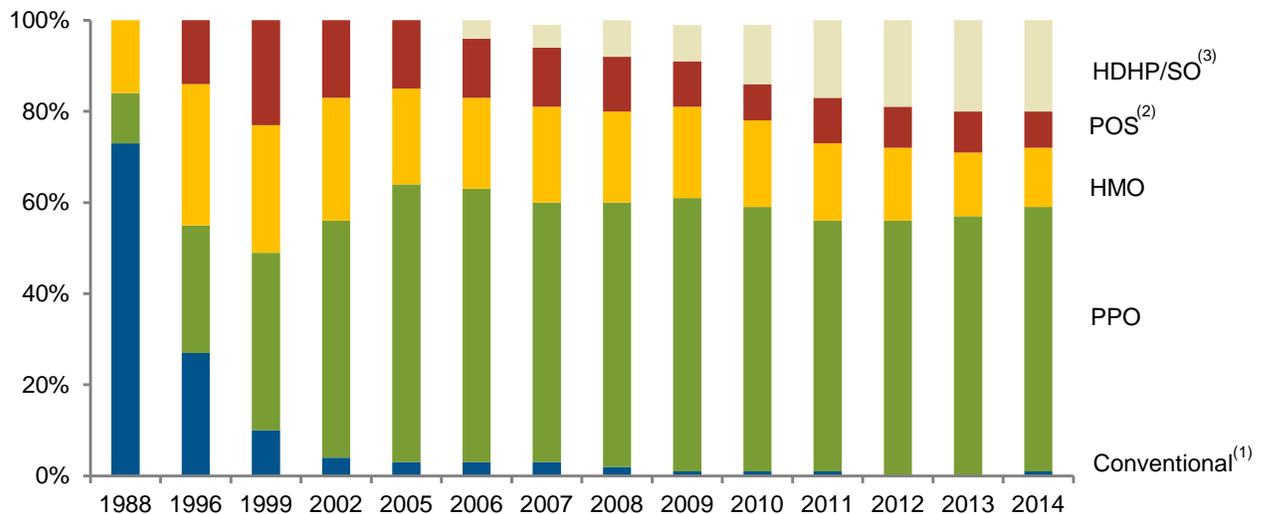
Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2014. Employer Health Benefits: 1999, 2002, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013 and 2014. Link: <http://kff.org/health-costs/report/2014-employer-health-benefits-survey>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

Chart 1.22: Distribution of Employer-sponsored Health Insurance Enrollment by Type of Plan, 1988 – 2014



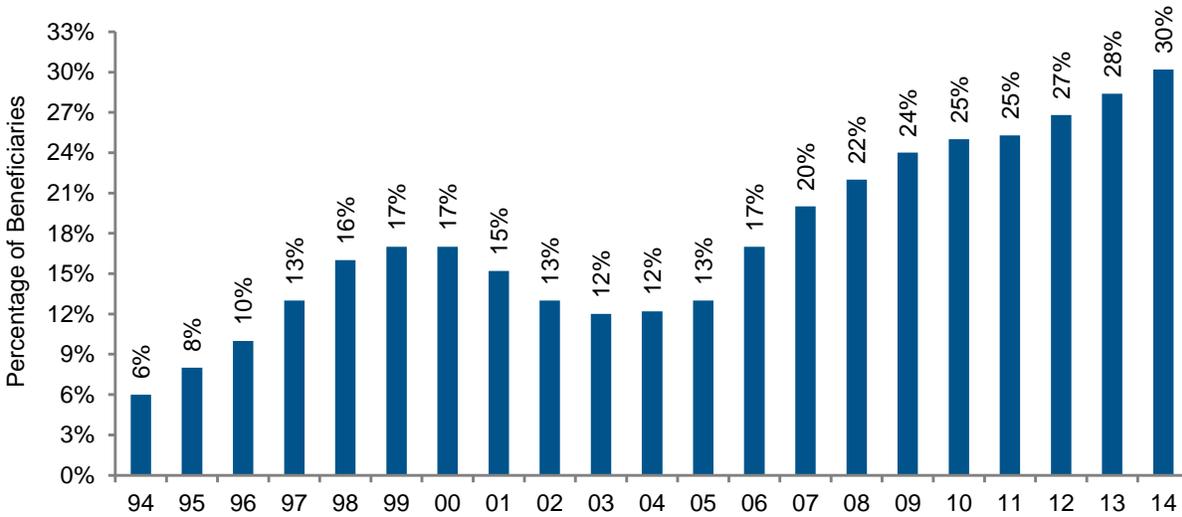
Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2014. Employer Health Benefits: 1999, 2002, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013 and 2014. Link: <http://kff.org/health-costs/report/2014-employer-health-benefits-survey>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

(3) In 2006, the survey began asking about HDHP/SO, high-deductible health plans with a savings option.

Chart 1.23: Percentage of Medicare Beneficiaries Enrolled in Medicare Managed Care, 1994 – 2014



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Email correspondence with CMS staff in February 2015.

Chart 1.24: Percent Growth in Medicare Spending per Beneficiary vs. Private Health Insurance Spending per Enrollee, 1993 – 2013^(1,2)

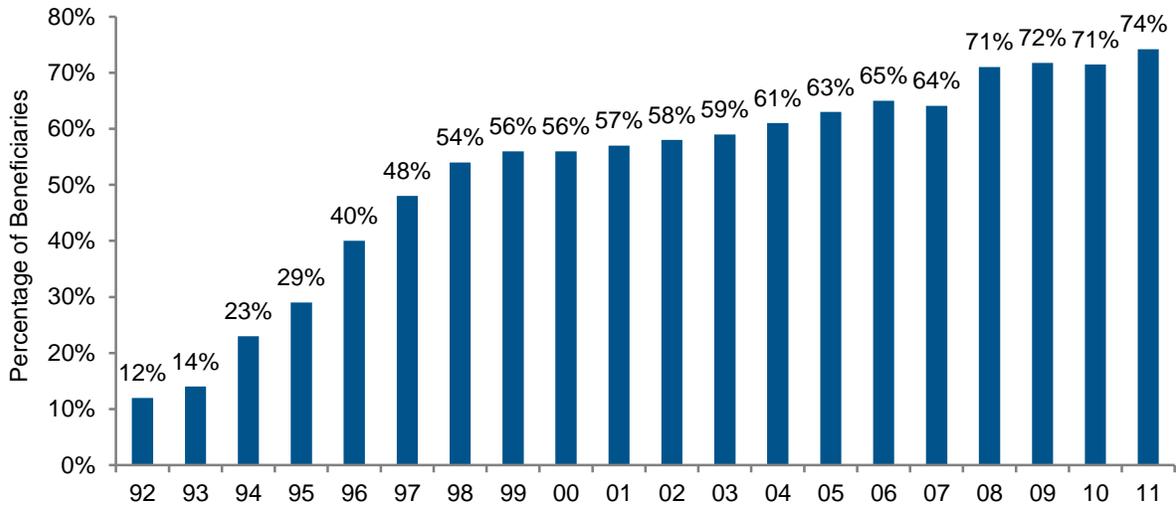


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December 3, 2014.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/tables.pdf>.

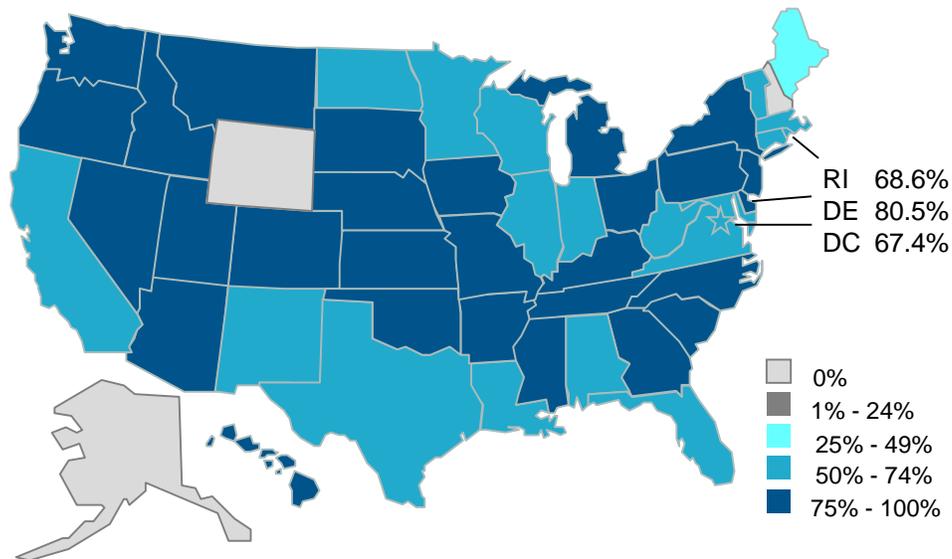
⁽²⁾ Data reflects spending on benefits commonly covered by Medicare and Private Health Insurance.

Chart 1.25: Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care, 1992 – 2011



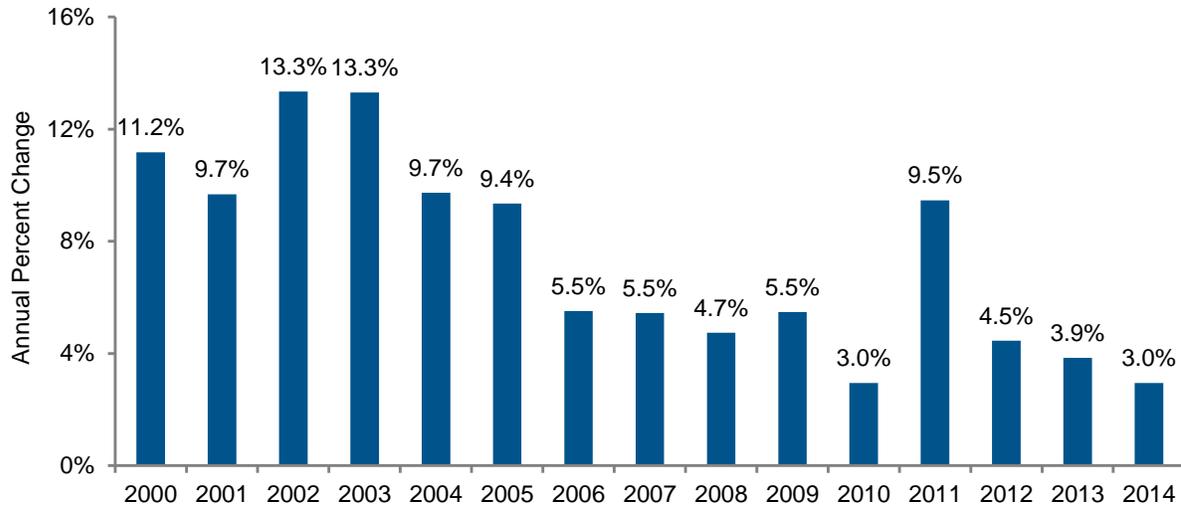
Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Medicaid Managed Care Enrollment Report as of July 1, 2011.

Chart 1.26: Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care by State, 2011



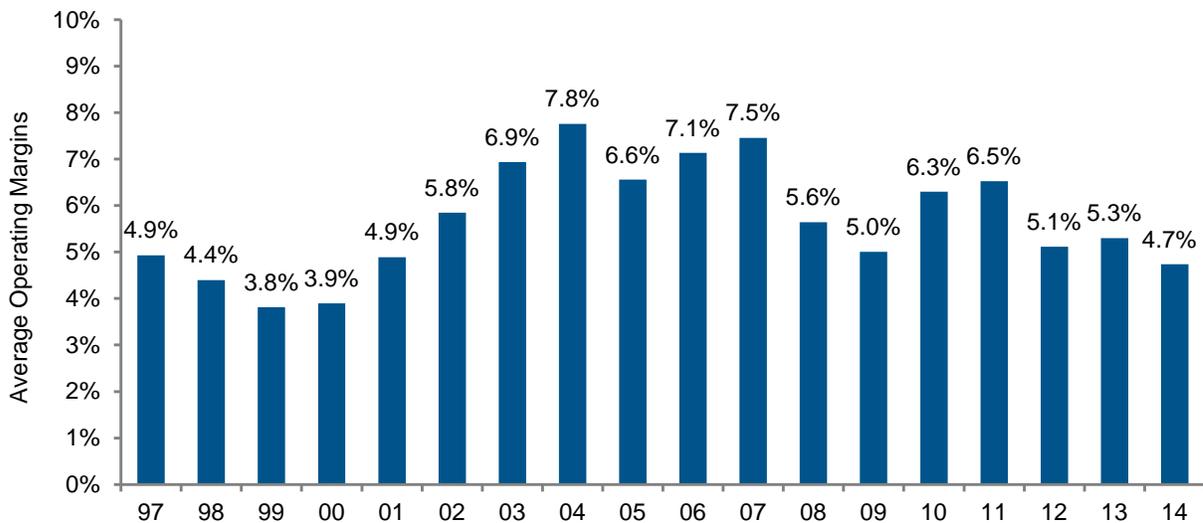
Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Medicaid Managed Care Enrollment Report as of July 1, 2011.

Chart 1.27: Annual Change in Health Insurance Premiums, 2000 – 2014



Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data released 2014.
Link: <http://kff.org/health-costs/report/2014-employer-health-benefits-survey>.

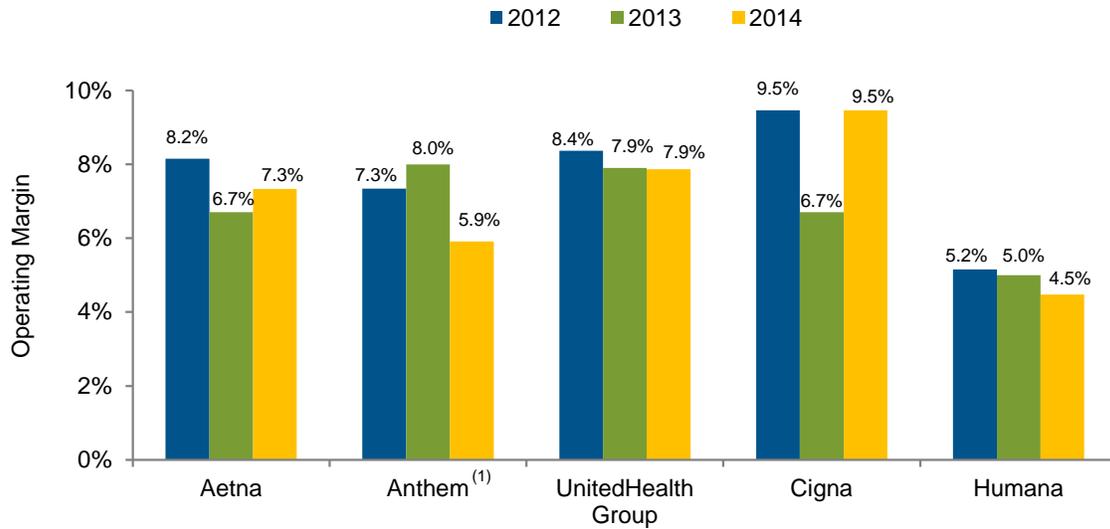
Chart 1.28: Managed Care Plan Average Operating Margins,⁽¹⁾ 1997 – 2014



Source: YCharts data used for 2014. Company documents of publicly traded managed care plans used for 1997 – 2013.

⁽¹⁾ Represents earnings before interest and taxes over net revenues for the total service lines of the 11 largest publicly traded managed care plans.

Chart 1.29: Operating Margins of the Top Insurers, 2012 – 2014



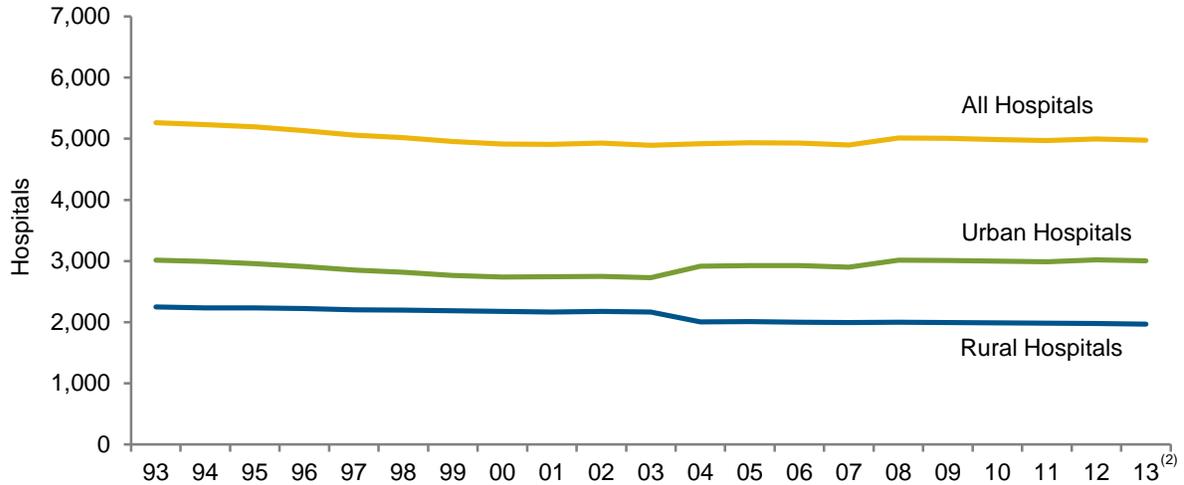
Source: YCharts data used for 2014. Data from FactSet Research Systems Inc. used in 2012, 2013, and earlier years' Chartbooks.
(1) Wellpoint in 2014 and earlier years' Chartbooks. In December 2014, Wellpoint changed its name to Anthem.



CHAPTER 2

Organizational Trends

Chart 2.1: Number of Community Hospitals,⁽¹⁾ 1993 – 2013

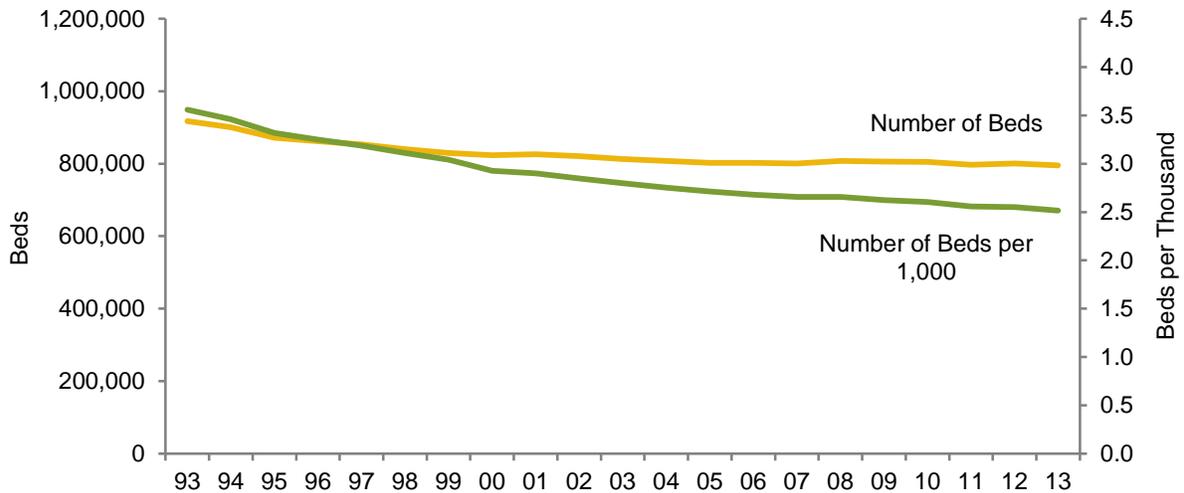


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

⁽¹⁾ All non-federal, short-term general and specialty hospitals whose facilities and services are available to the public.

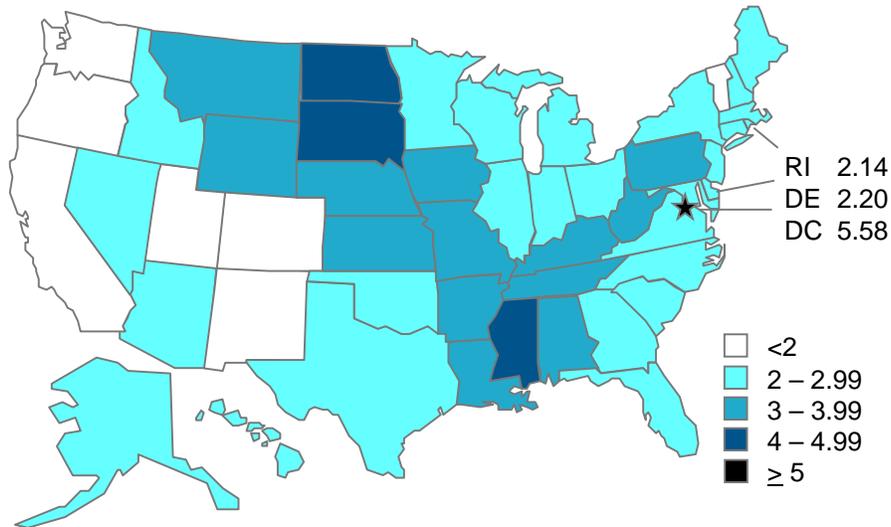
⁽²⁾ Data on the number of urban and rural hospitals in 2004 and beyond were collected using coding different from previous years to reflect new Centers for Medicare & Medicaid Services wage area designations.

Chart 2.2: Number of Beds and Number of Beds per 1,000 Persons, 1993 – 2013



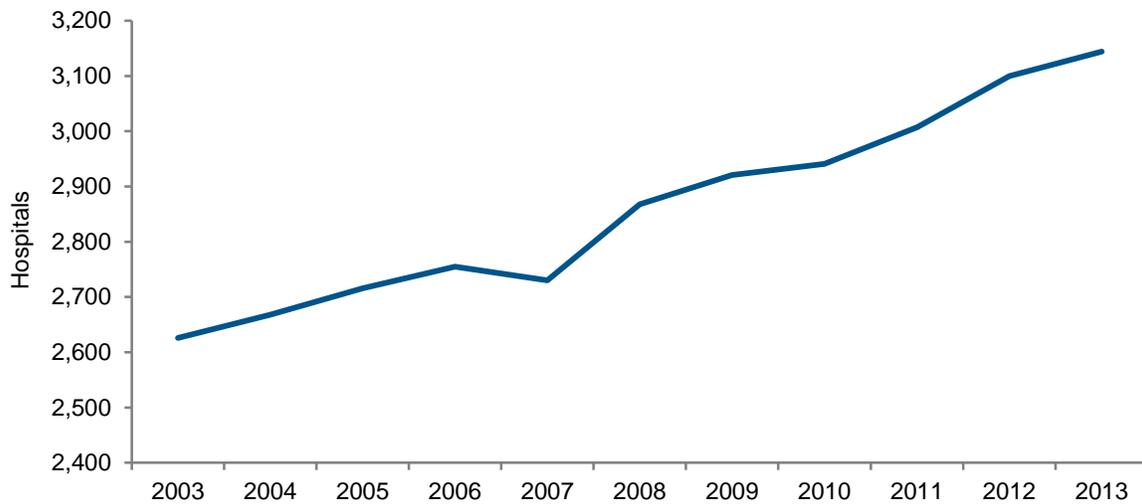
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

Chart 2.3: Beds per 1,000 Persons by State, 2013



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2013.
Link: <http://www.census.gov/popest/data/state/totals/2013/index.html>.

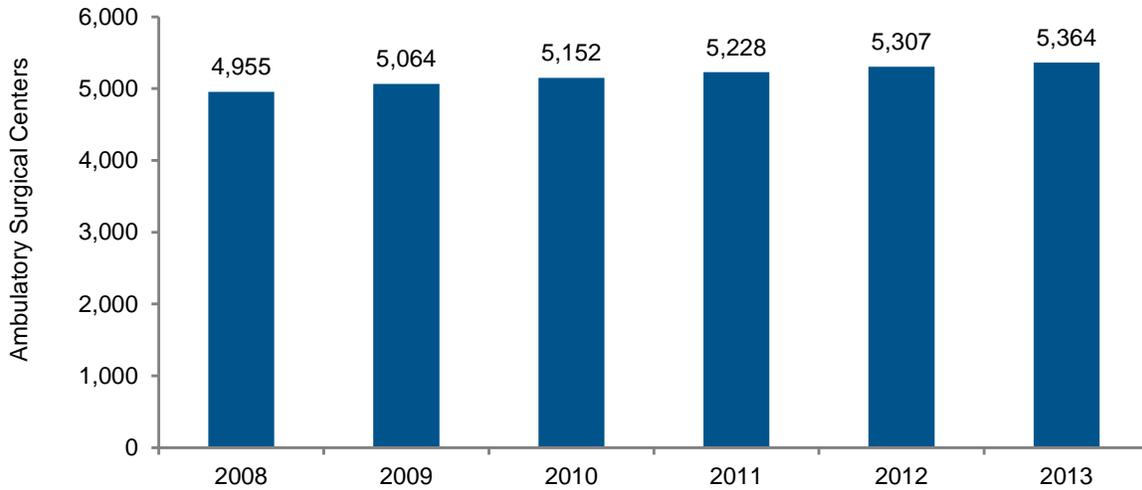
Chart 2.4: Number of Hospitals in Health Systems,⁽¹⁾ 2003 – 2013



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

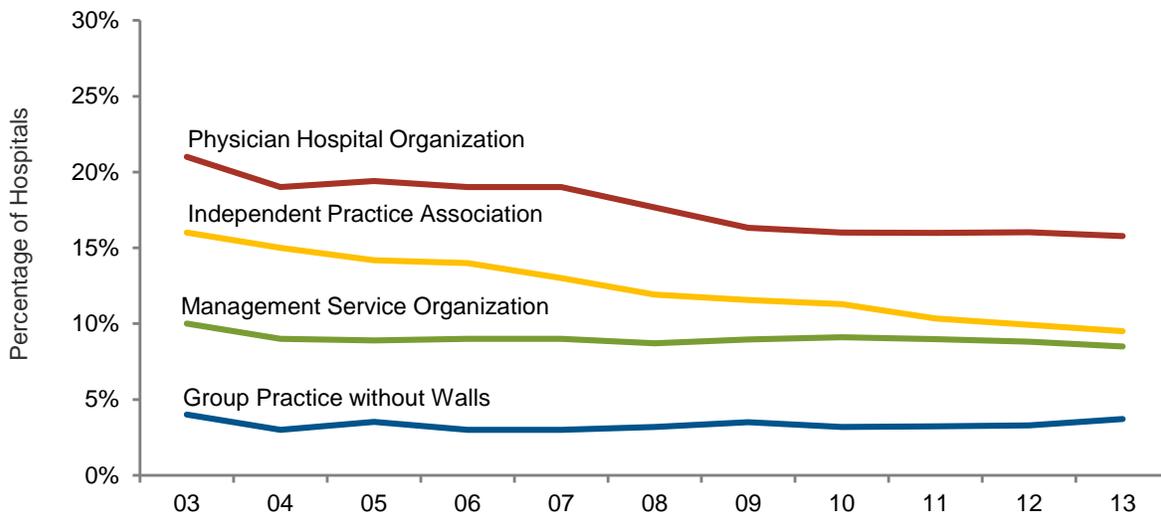
⁽¹⁾ Hospitals that are part of a corporate body that may own and/or manage health provider facilities or health-related subsidiaries, as well as non-health-related facilities including freestanding and/or subsidiary corporations.

Chart 2.5: Number of Medicare-certified Ambulatory Surgical Centers, 2008 – 2013



Source: Medicare Payment Advisory Commission. (March 2015). *Report to Congress: Medicare Payment Policy*.
Link: http://www.medpac.gov/documents/reports/Mar15_EntireReport.pdf.

Chart 2.6: Percentage of Hospitals with Physician Affiliates⁽¹⁾ by Type of Relationship, 2003 – 2013

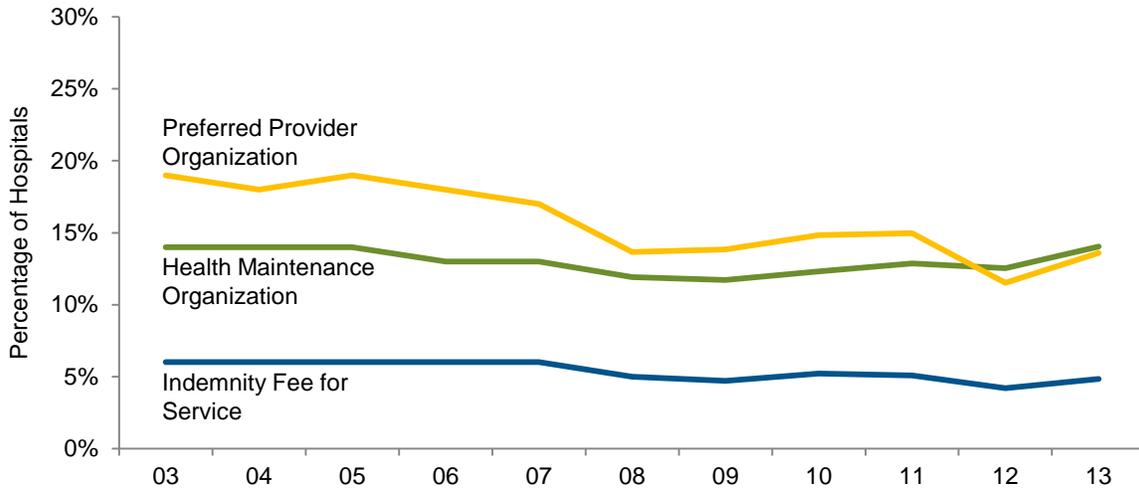


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

⁽¹⁾ A hospital is considered to have a physician relationship if the relationship exists as part of the hospital or a system or network of which the hospital is a part.

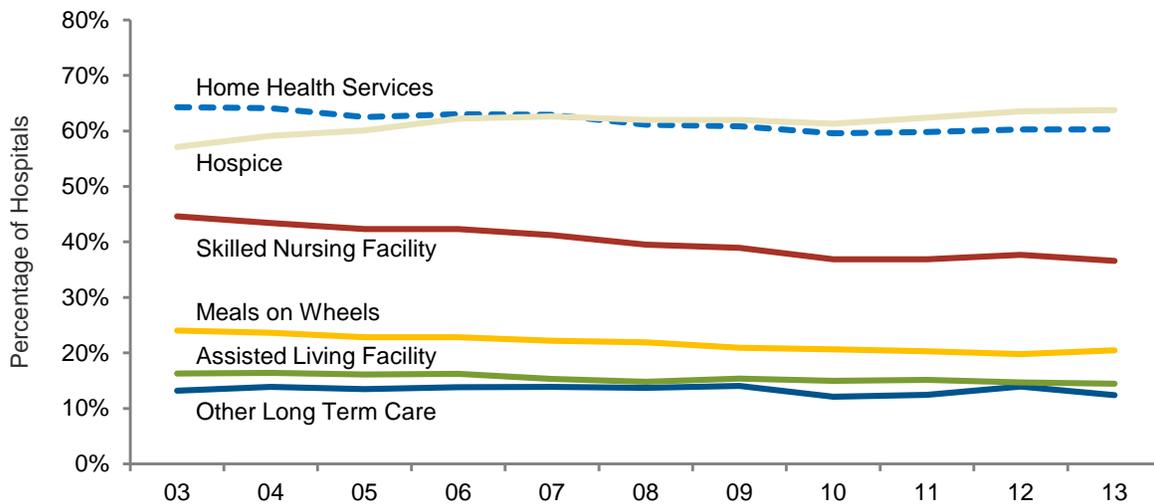
Previously Chart 2.7 in 2009 and earlier years' Chartbooks.

Chart 2.7: Percentage of Hospitals with Insurance Products by Type of Insurance, 2003 – 2013



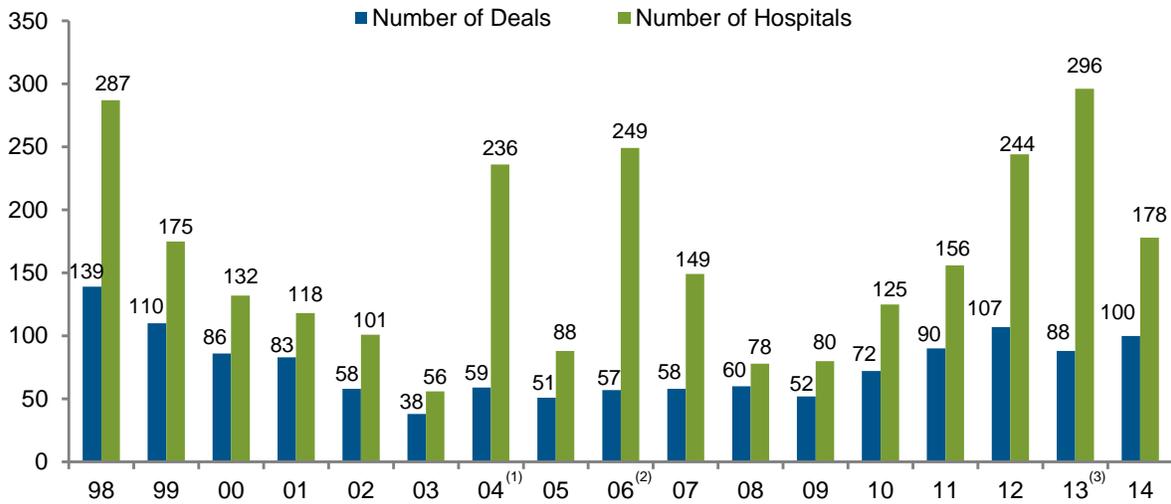
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals. Previously Chart 2.8 in 2009 and earlier years' Chartbooks.

Chart 2.8: Percentage of Hospitals Offering “Non-hospital” Services,⁽¹⁾ 2003 – 2013



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.
⁽¹⁾ Includes services offered in hospital, health system, network or joint venture.
Previously Chart 2.9 in 2009 and earlier years' Chartbooks.

Chart 2.9: Announced Hospital Mergers and Acquisitions, 1998 – 2014



Source: Irving Levin Associates, Inc. (2015). *The Health Care Services Acquisition Report*, Twenty-First Edition.

⁽¹⁾ In 2004, the privatization of Select Medical Corp., an operator of long-term and acute-care hospitals, and divestiture of hospitals by Tenet Healthcare Corporation helped to increase the number of hospitals affected.

⁽²⁾ In 2006, the privatization of Hospital Corporation of America, Inc. affected 176 acute-care hospitals. The acquisition was the largest health care transaction ever announced.

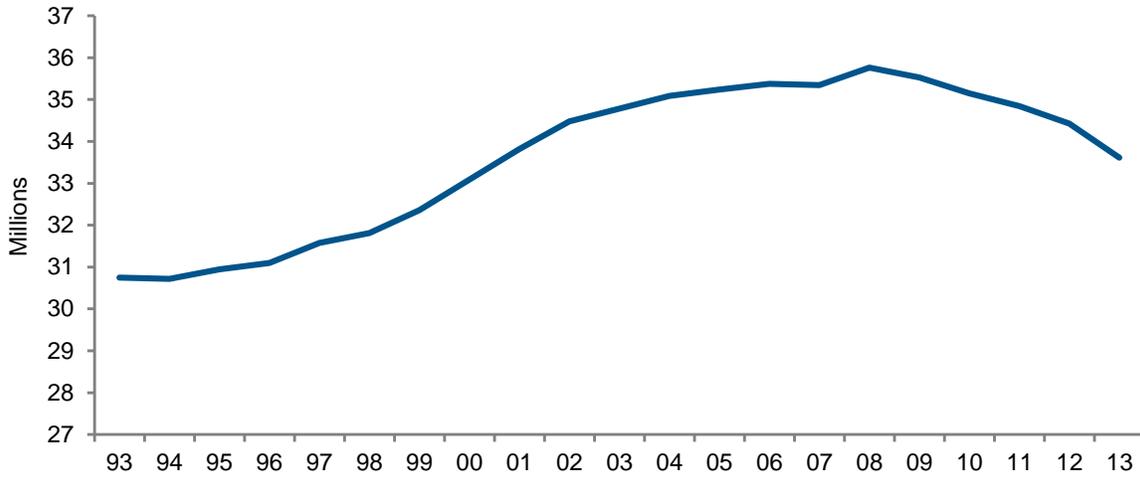
⁽³⁾ In 2013, consolidation of several investor-owned systems resulted in a large number of hospitals involved in acquisition activity.



CHAPTER 3

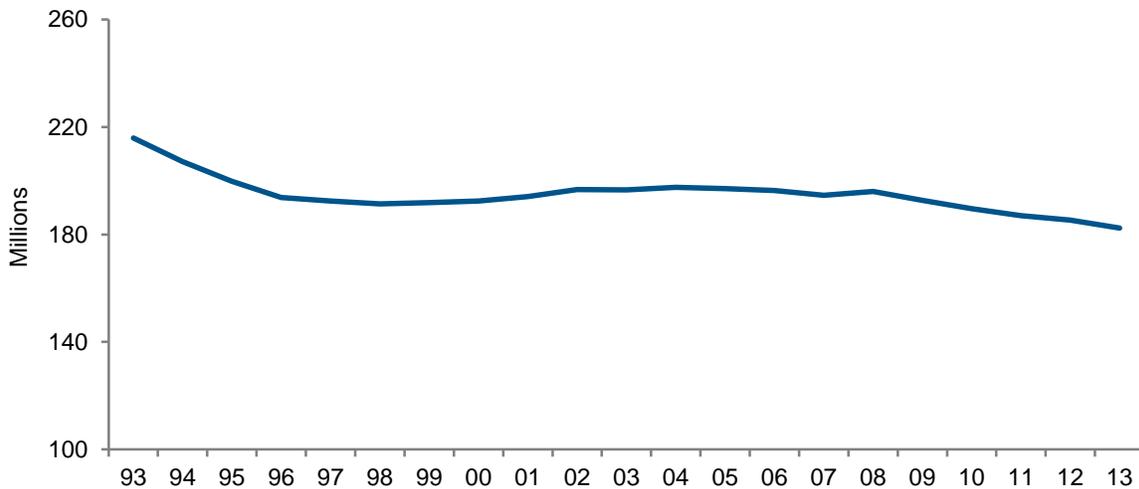
Utilization and Volume

Chart 3.1: Inpatient Admissions in Community Hospitals, 1993 – 2013



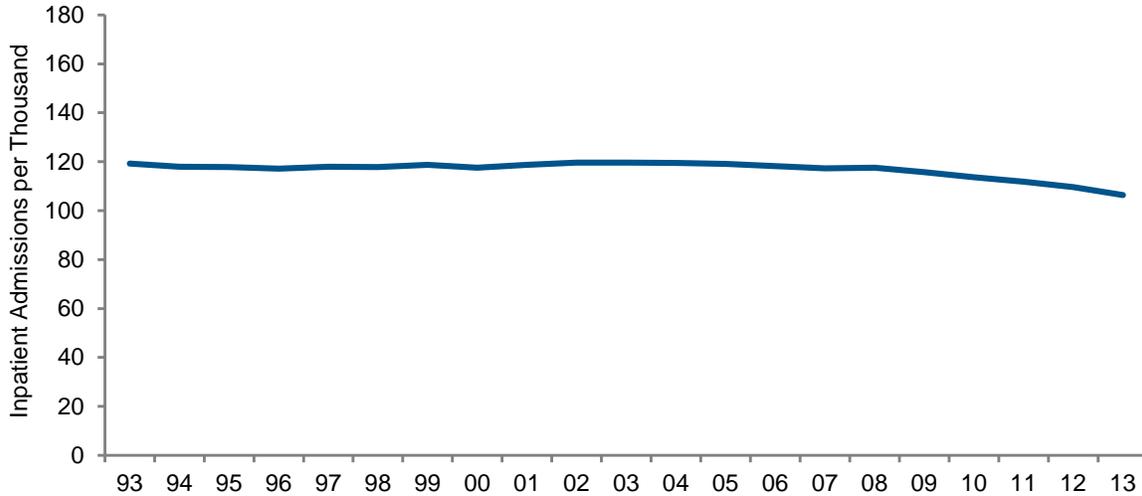
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

Chart 3.2: Total Inpatient Days in Community Hospitals, 1993 – 2013



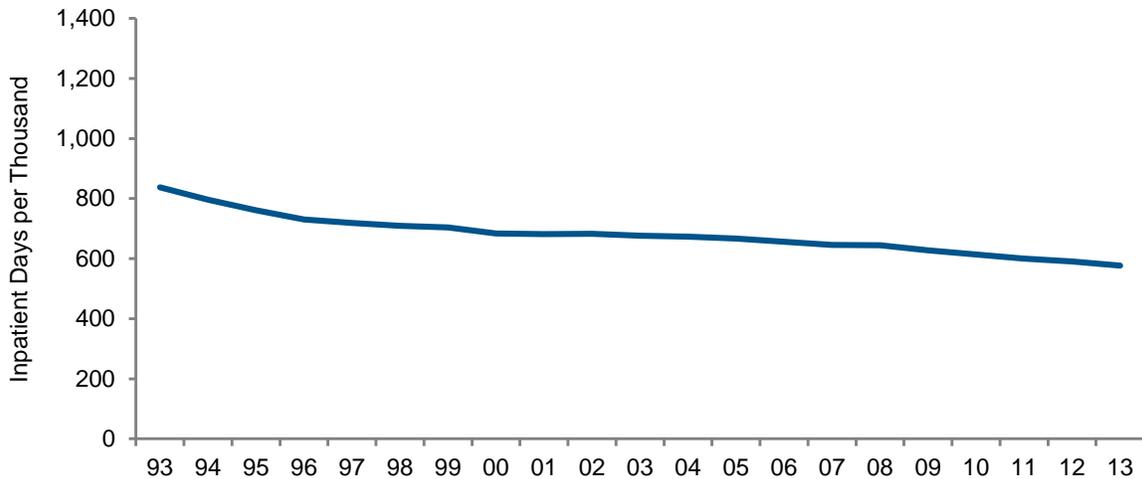
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

Chart 3.3: Inpatient Admissions per 1,000 Persons, 1993 – 2013



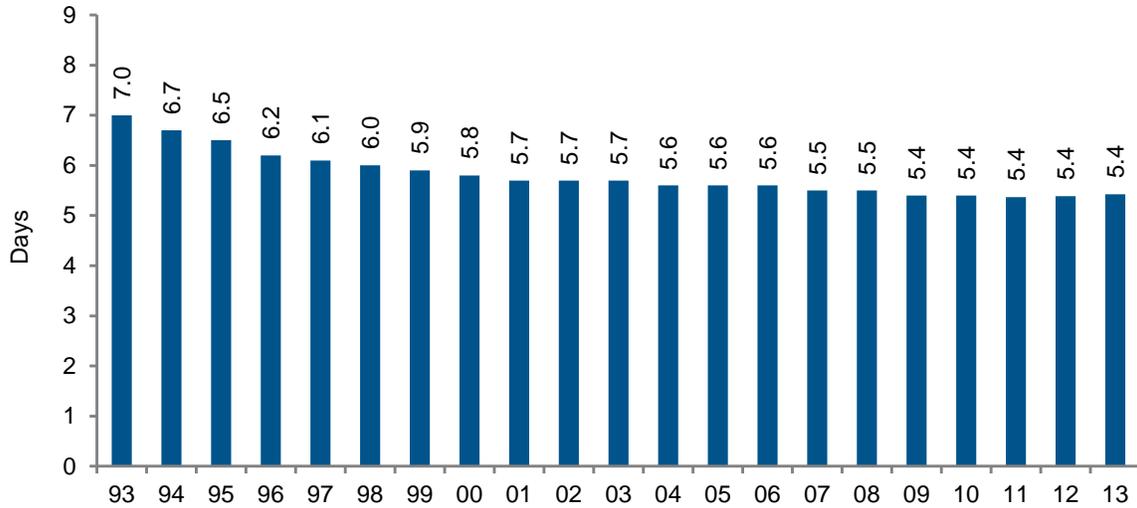
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2013.
Link: <https://www.census.gov/popest/data/national/asrh/2013/index.html>.

Chart 3.4: Inpatient Days per 1,000 Persons, 1993 – 2013



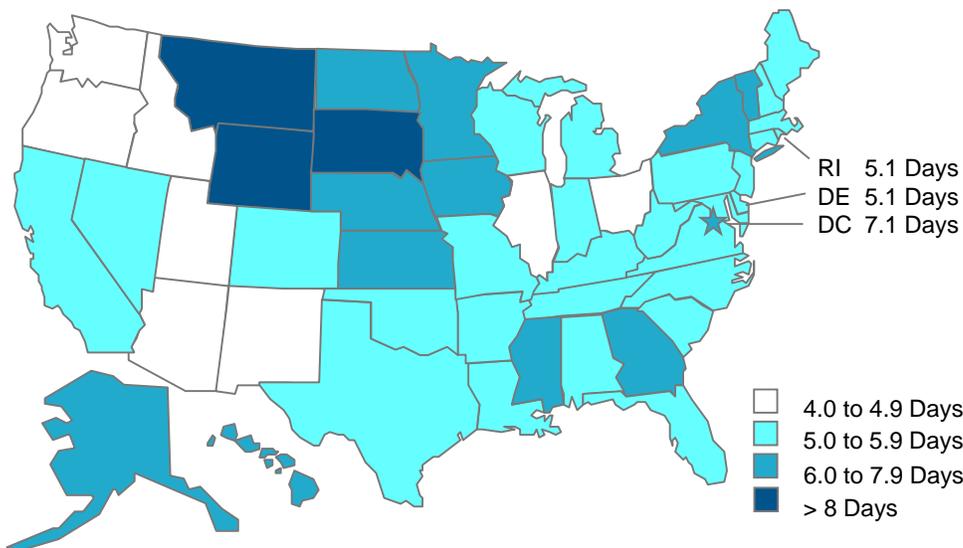
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2013.
Link: <http://www.census.gov/popest/data/state/totals/2013/index.html>.

Chart 3.5: Average Length of Stay in Community Hospitals, 1993 – 2013



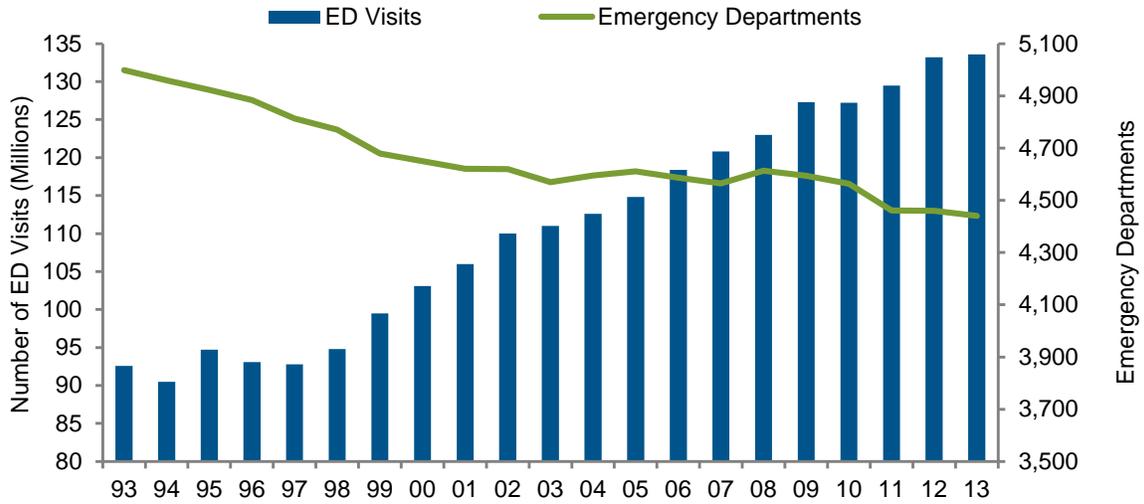
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

Chart 3.6: Average Length of Stay in Community Hospitals by State, 2013



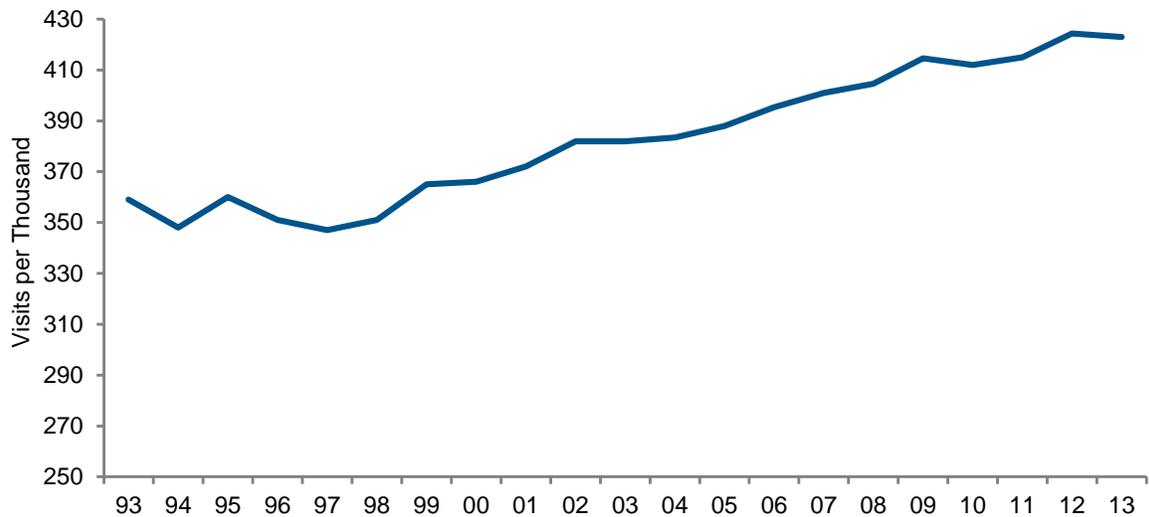
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

Chart 3.7: Emergency Department Visits and Emergency Departments⁽¹⁾ in Community Hospitals, 1993 – 2013



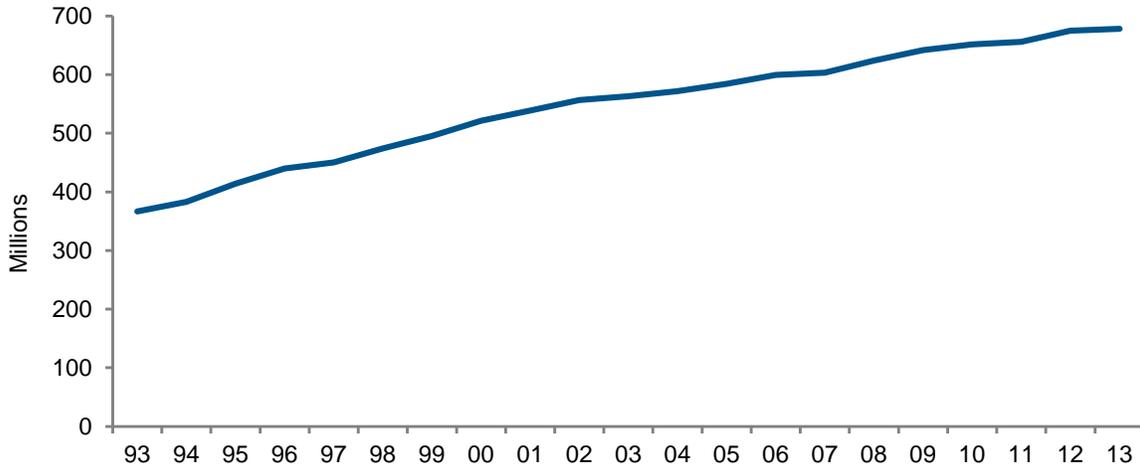
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.
(1) Defined as hospitals reporting ED visits in the AHA Annual Survey.

Chart 3.8: Hospital Emergency Department Visits per 1,000 Persons, 1993 – 2013



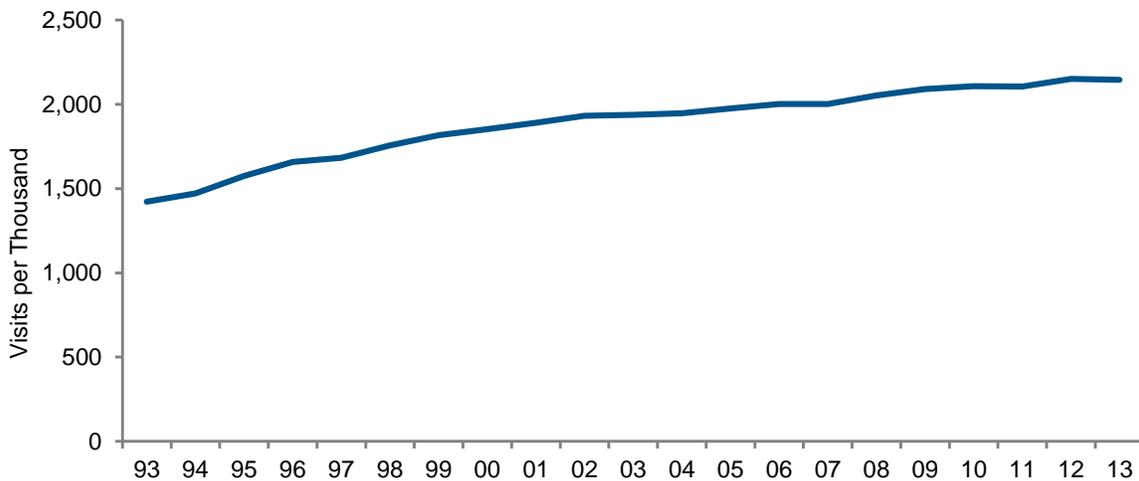
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2013.
Link: <http://www.census.gov/popest/data/state/totals/2013/index.html>.

Chart 3.9: Total Hospital Outpatient Visits in Community Hospitals, 1993 – 2013



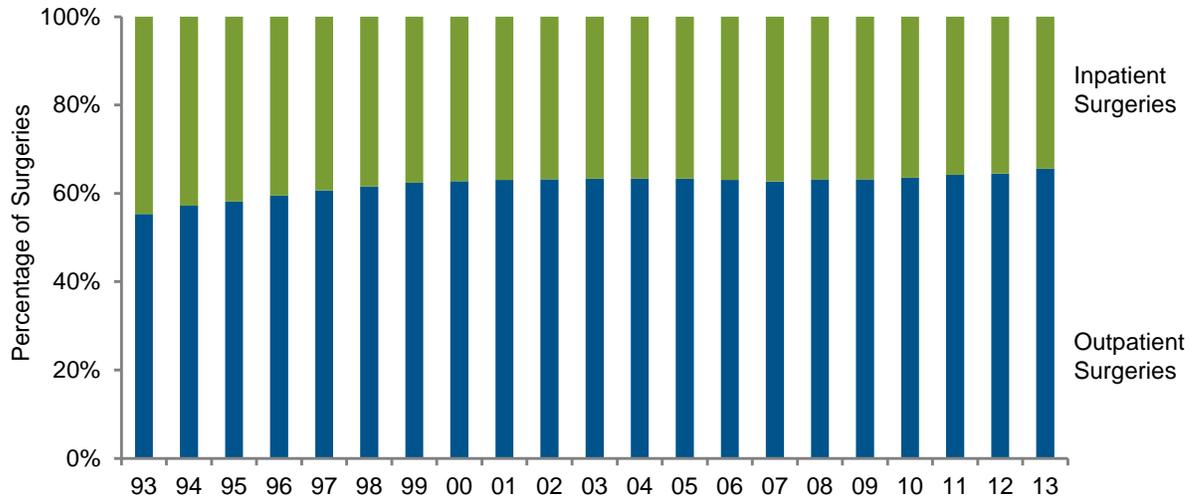
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals. Previously Chart 3.12 in 2013 and earlier years' Chartbooks.

Chart 3.10: Hospital Outpatient Visits per 1,000 Persons, 1993 – 2013



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2013. Link: <http://www.census.gov/popest/data/state/totals/2013/index.html>. Previously Chart 3.13 in 2013 and earlier years' Chartbooks.

Chart 3.11: Percentage Share of Inpatient vs. Outpatient Surgeries, 1993 – 2013



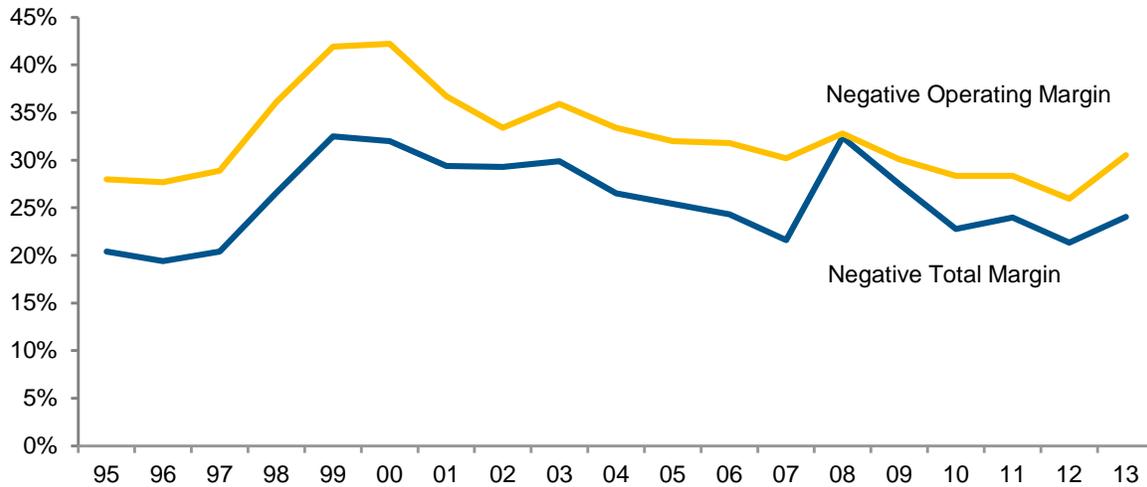
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals. Previously Chart 3.14 in 2013 and earlier years' Chartbooks.



CHAPTER 4

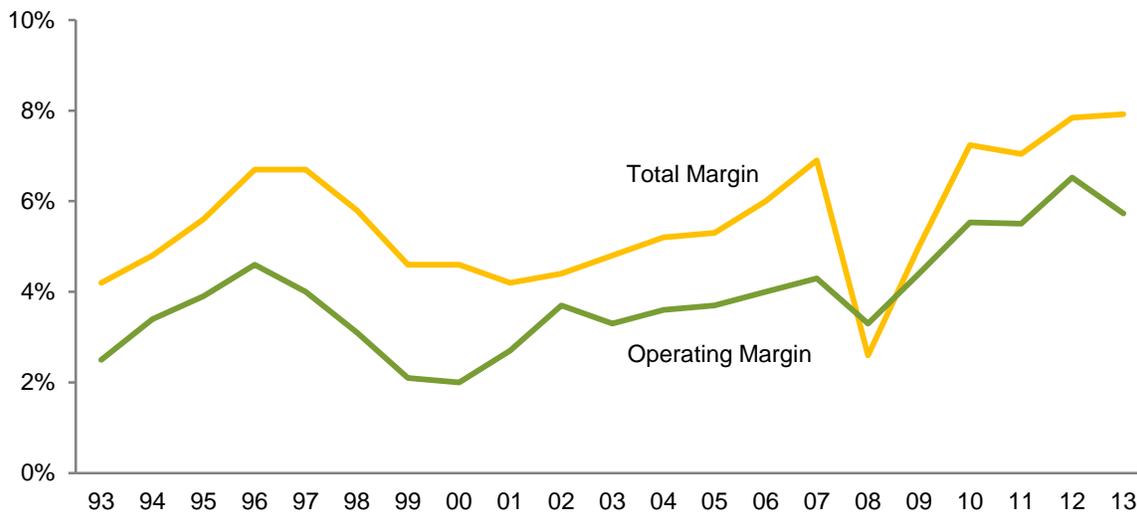
Trends in Hospital
Financing

Chart 4.1: Percentage of Hospitals with Negative Total and Operating Margins, 1995 – 2013



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

Chart 4.2: Aggregate Total Hospital Margins⁽¹⁾ and Operating Margins⁽²⁾, 1993 – 2013

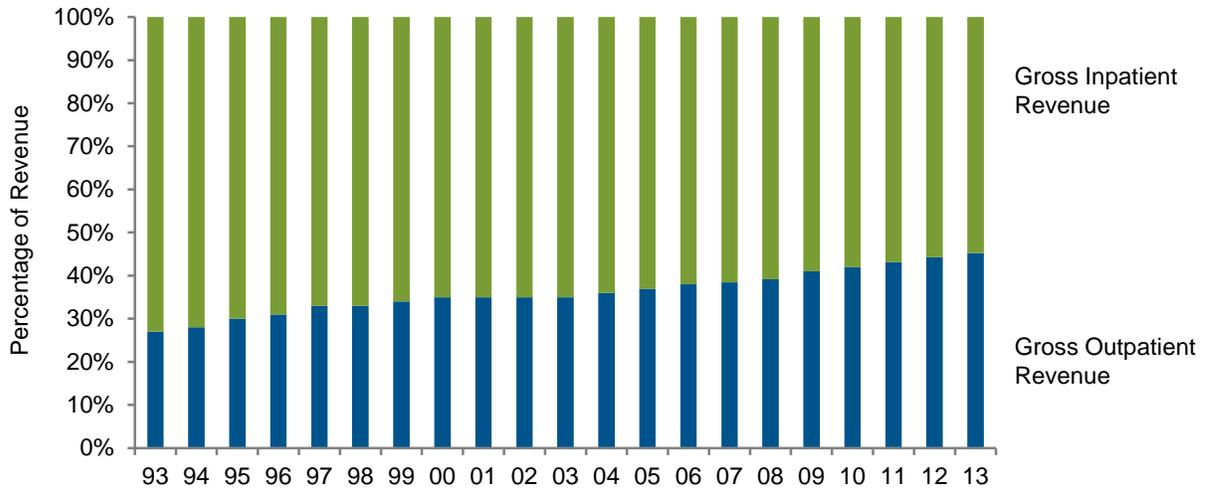


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

⁽¹⁾ Total Hospital Margin is calculated as the difference between total net revenue and total expenses divided by total net revenue.

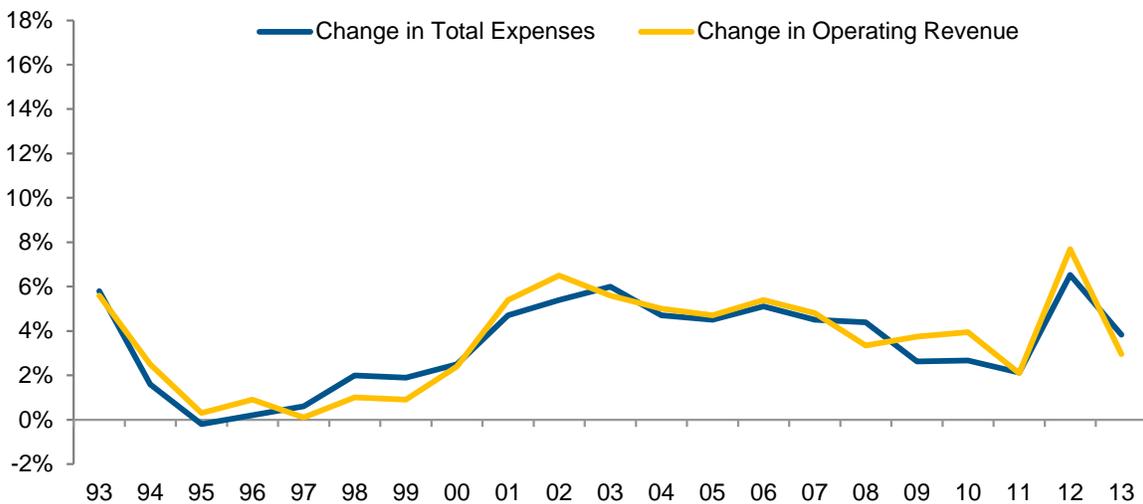
⁽²⁾ Operating Margin is calculated as the difference between operating revenue and total expenses divided by operating revenue.

Chart 4.3: Distribution of Outpatient vs. Inpatient Revenues, 1993 – 2013



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

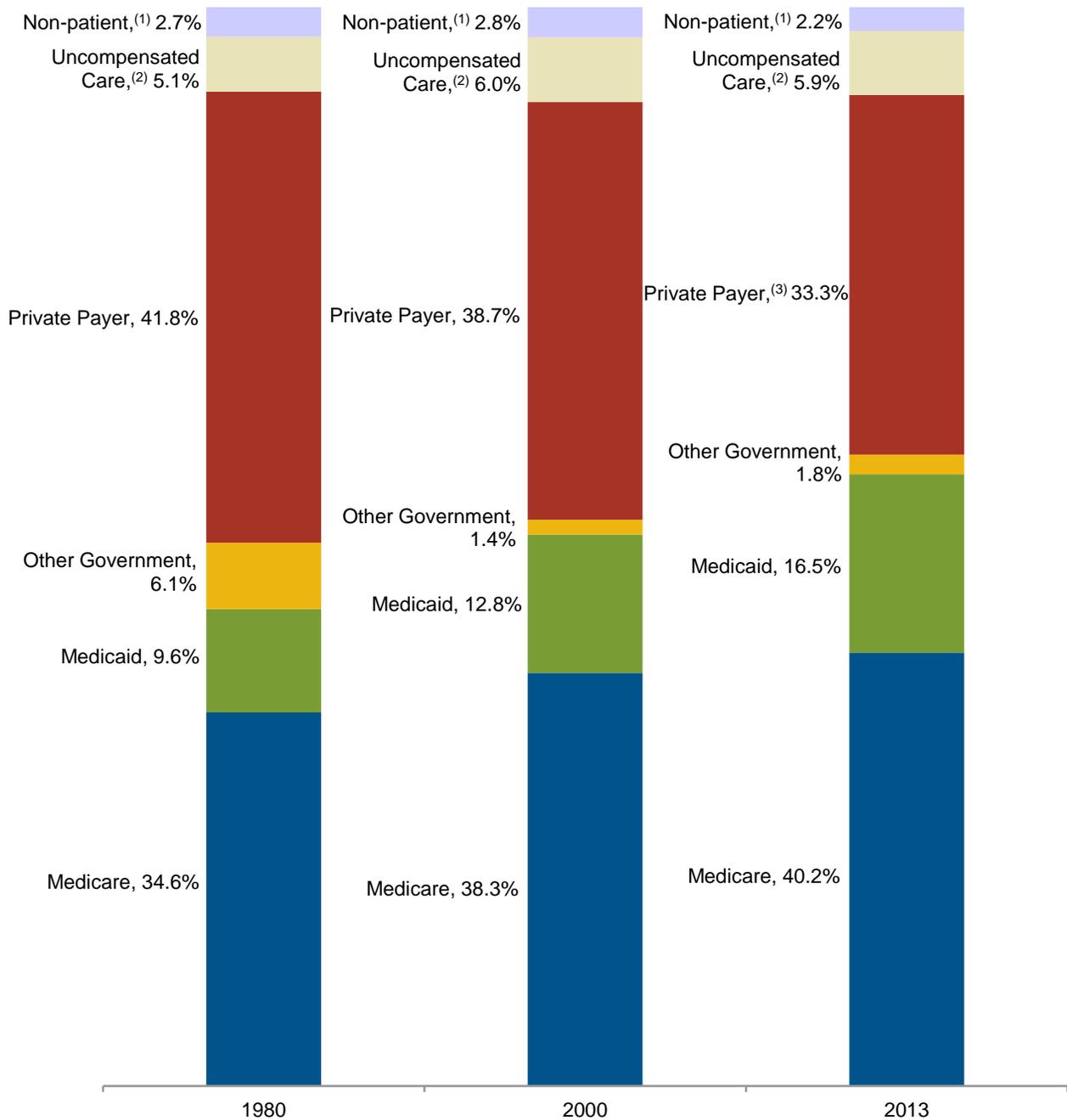
Chart 4.4: Annual Change in Hospital Operating Revenue and Expenses per Adjusted Admission,⁽¹⁾ 1993 – 2013



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

⁽¹⁾ An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

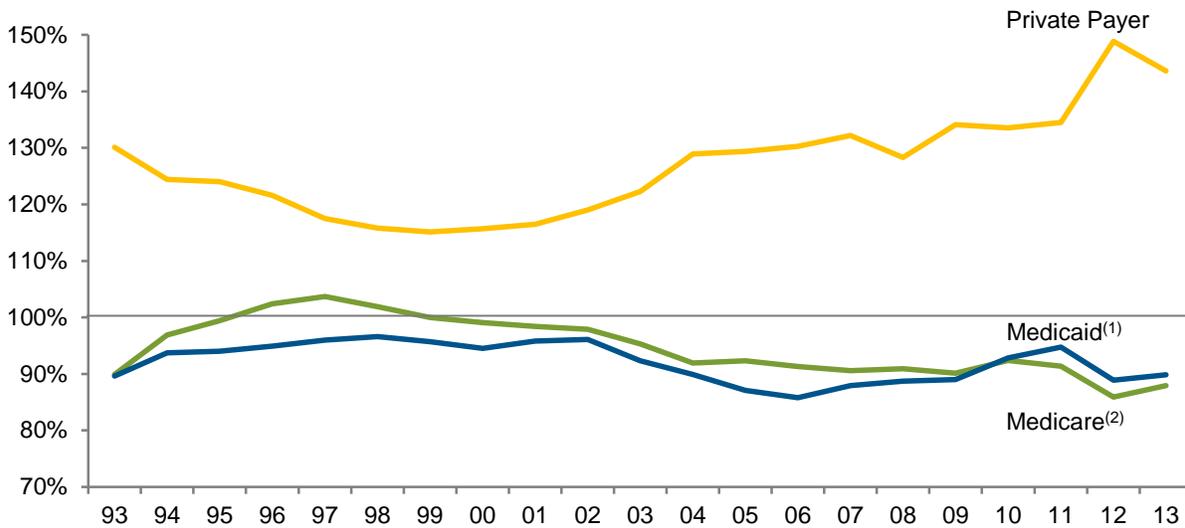
Chart 4.5: Distribution of Hospital Cost by Payer Type, 1980, 2000 and 2013



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

- (1) Non-patient represents costs for cafeterias, parking lots, gift shops and other non-patient care operating services and are not attributed to any one payer.
- (2) Uncompensated care represents bad debt expense and charity care, at cost.
- (3) Private payer formulas were updated in 2014 to account for the change in bad debt calculations, which is now reported as a deduction from revenue rather than a expense.
- (4) Percentages were rounded, so they do not add to 100 percent in all years.

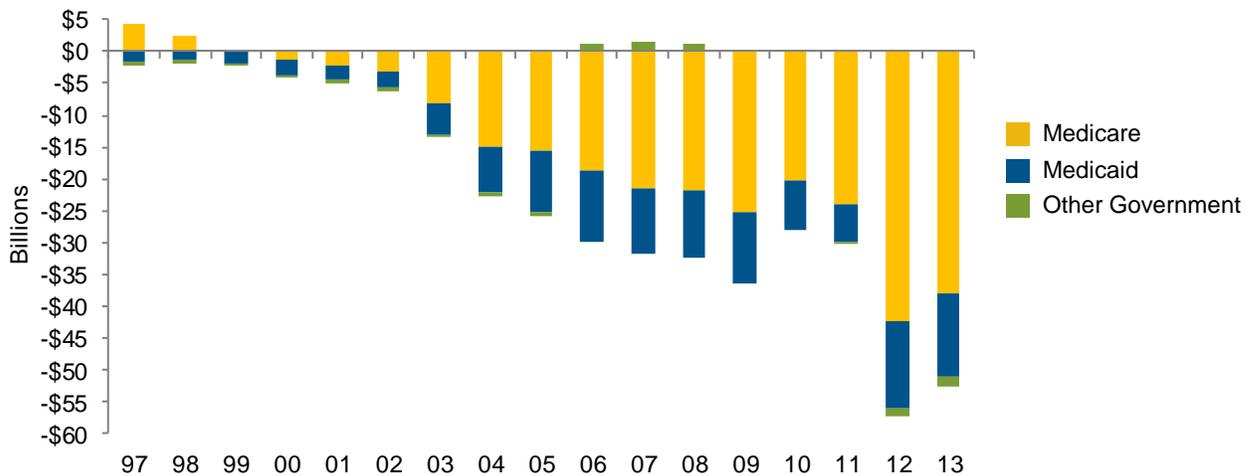
Chart 4.6: Aggregate Hospital Payment-to-cost Ratios for Private Payers, Medicare and Medicaid, 1993 – 2013



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

- (1) Includes Medicaid Disproportionate Share payments.
- (2) Includes Medicare Disproportionate Share payments.

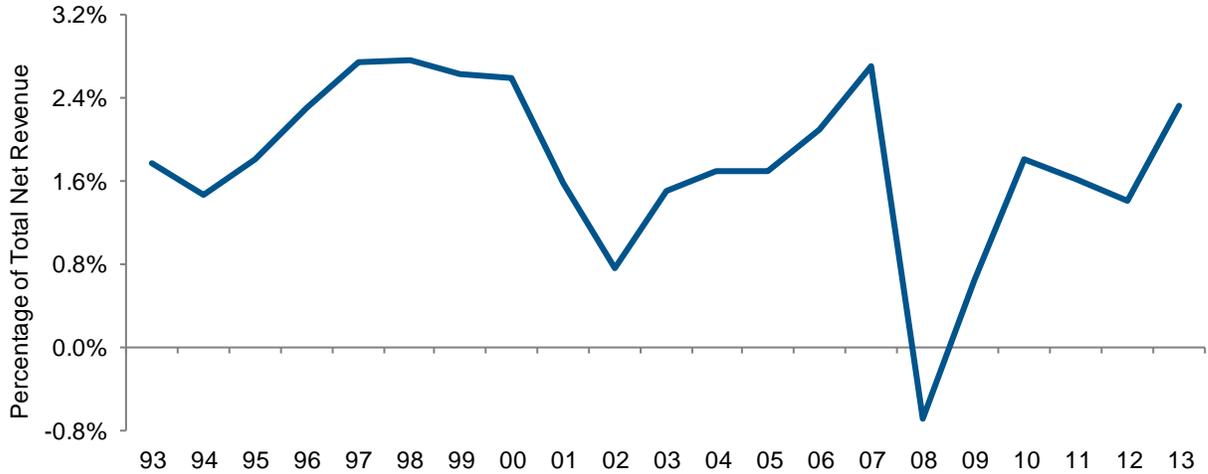
Chart 4.7: Hospital Payment Shortfall Relative to Costs for Medicare, Medicaid and Other Government, 1997 – 2013⁽¹⁾



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

- (1) Costs reflect a cap of 1.0 on the cost-to-charge ratio.

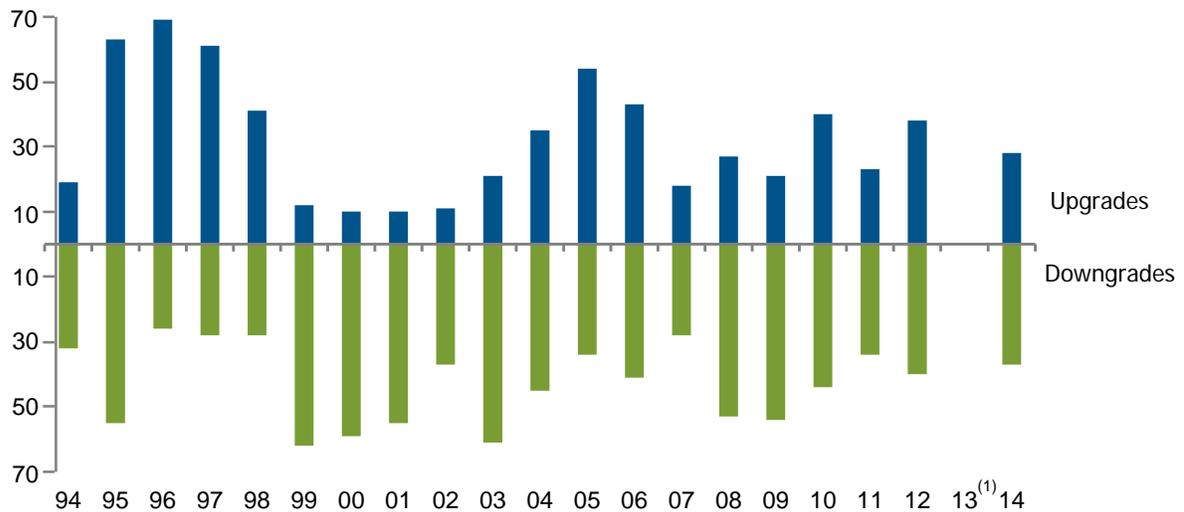
Chart 4.8: Income from Investments and Other Non-operating Gains⁽¹⁾ as a Percentage of Total Net Revenue, 1993 – 2013



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

⁽¹⁾ Non-operating gains include income from non-operating activities, including investments, endowments and extraordinary gains, as well as the value of non-realized gains from investments.

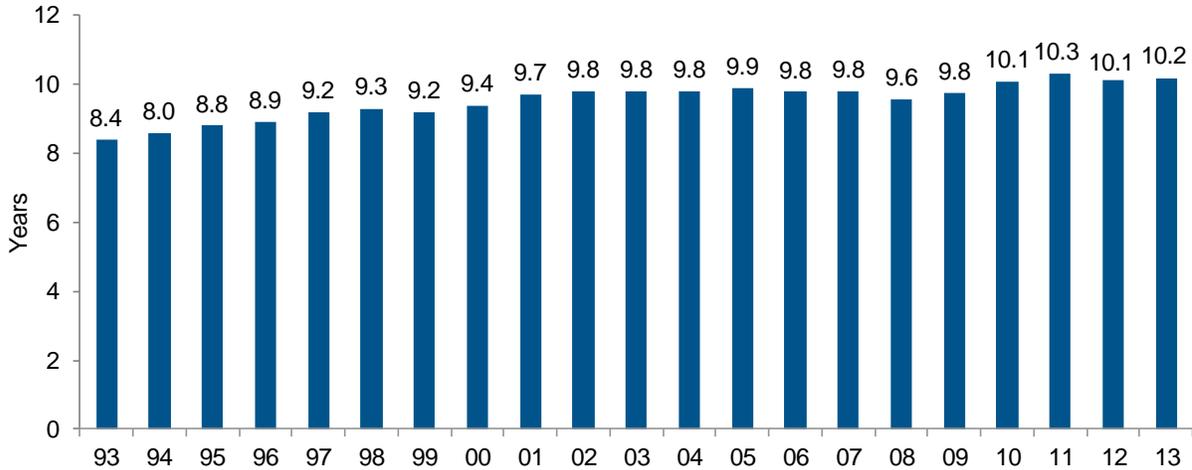
Chart 4.9: Number of Bond Rating Upgrades and Downgrades, Not-for-profit Health Care, 1994 – 2014



Source: Moody's Investors Services. *Moody's: Public Finance Upgrades Outperform in Fourth Quarter; Downgrades Prevail in 2014*. February 10, 2015.

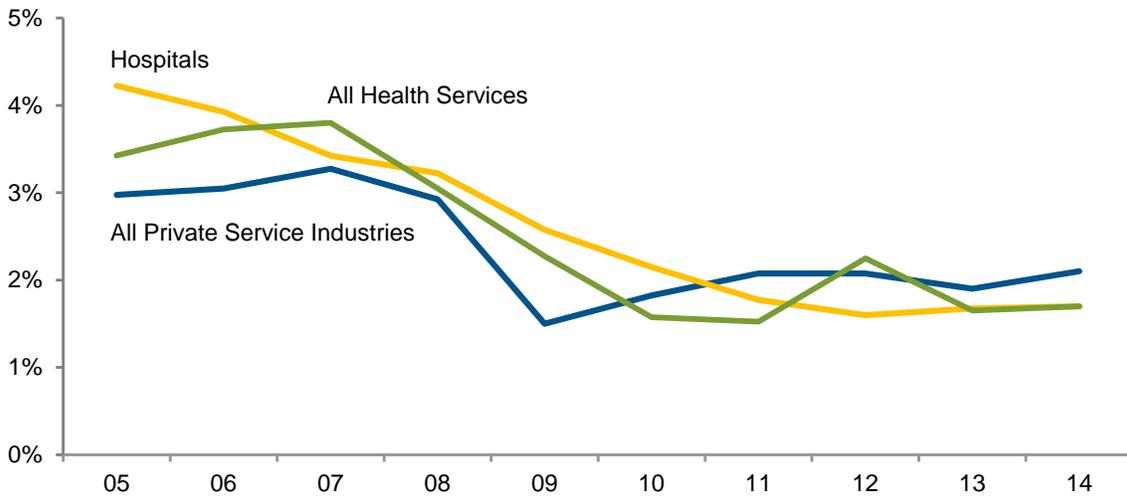
⁽¹⁾ Data for 2013 not publicly available.

Chart 4.10: Median Average Age of Plant, 1993 – 2013



Source: Optum, *Almanac of Hospital Financial and Operating Indicators*, 2005, 2008, 2009, 2010, 2011, 2013, 2014 and 2015 and CHIPS, *The Almanac of Hospital and Financial Operating Indicators*, 1994 and 1996-7.

Chart 4.11: Percent Change in Employment Cost Index⁽¹⁾, All Private Service Industries, All Health Services and Hospitals, 2005 – 2014⁽²⁾



Source: Bureau of Labor Statistics, Employment Cost Index, 12 months ending December 2014. Link: www.bls.gov.

⁽¹⁾ Total compensation.

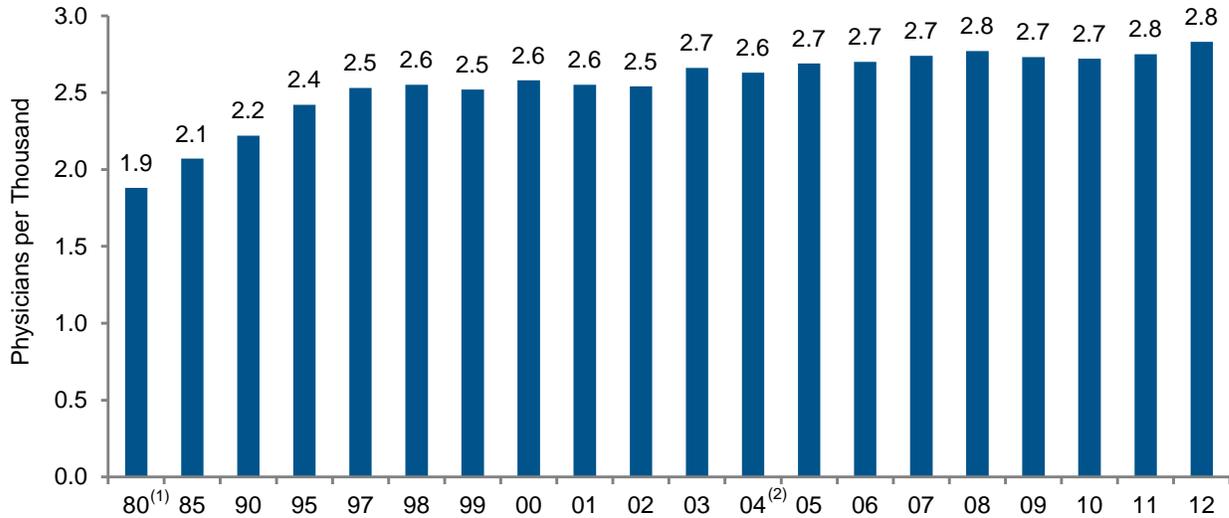
⁽²⁾ Data represent annualized 12 month percent change.



CHAPTER 5

Workforce

Chart 5.1: Total Number of Active Physicians per 1,000 Persons, 1980 – 2012

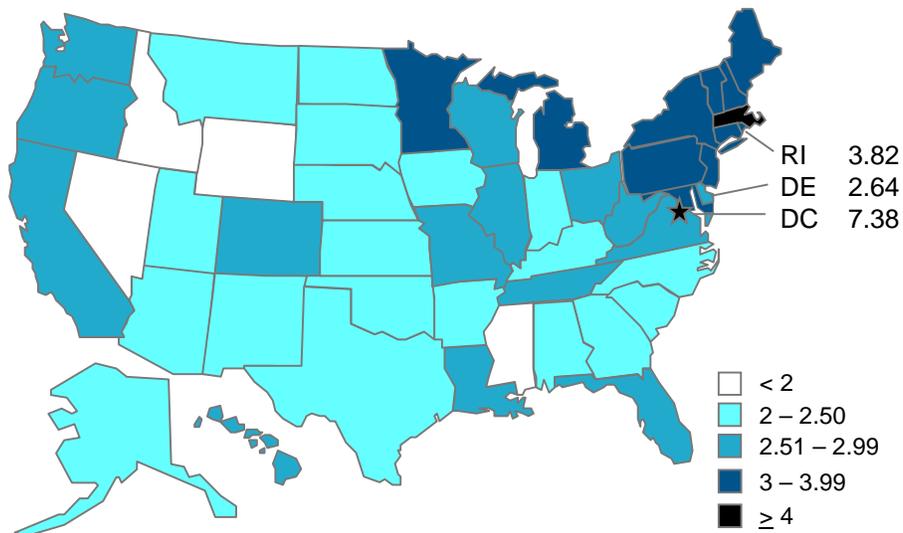


Source: National Center for Health Statistics. *Health, United States, 1982, 1996-97, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013 and 2014.* Hyattsville, MD.

⁽¹⁾ 1980 does not include doctors of osteopathy.

⁽²⁾ 2004 and later years include both federal and non-federal physicians. Prior to 2003, data included non-federal physicians only.

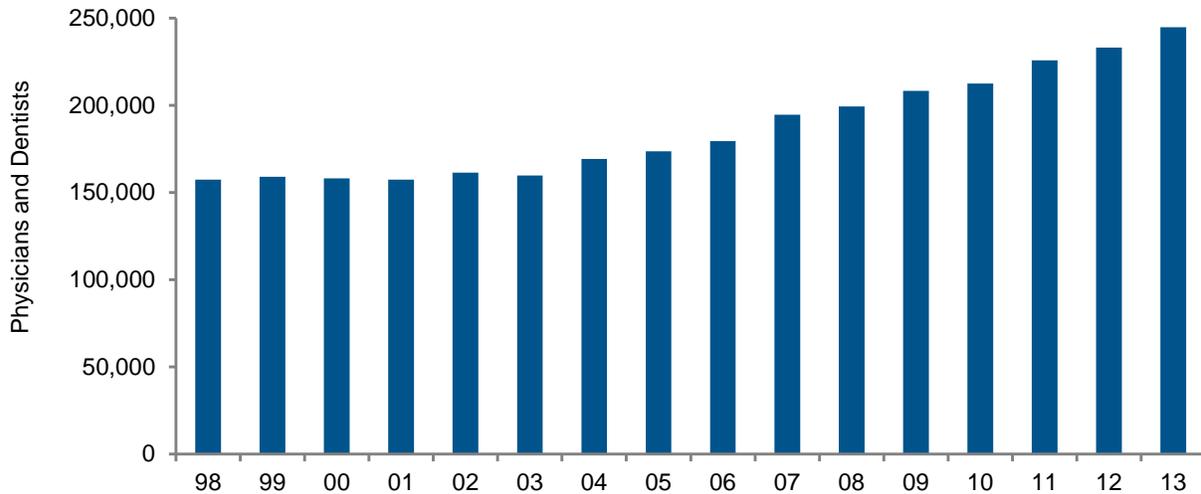
Chart 5.2: Total Number of Active Physicians⁽¹⁾ per 1,000 Persons by State, 2012



Source: National Center for Health Statistics. (2015). *Health, United States, 2014.* Hyattsville, MD.

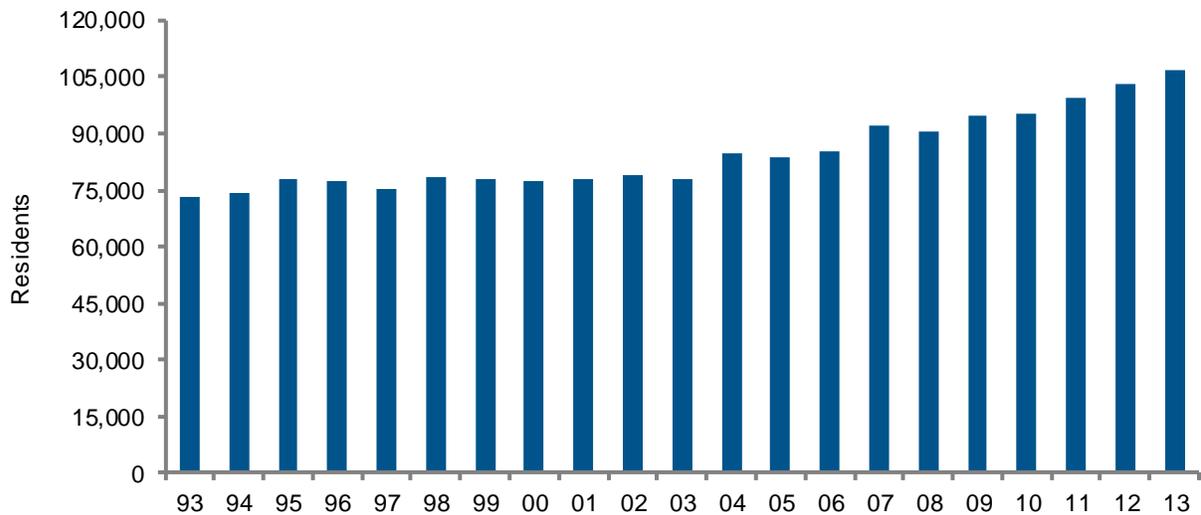
⁽¹⁾ Includes active federal and non-federal doctors of medicine and active doctors of osteopathy.

Chart 5.3: Number of Physicians and Dentists⁽¹⁾ Employed by Community Hospitals, 1998 – 2013



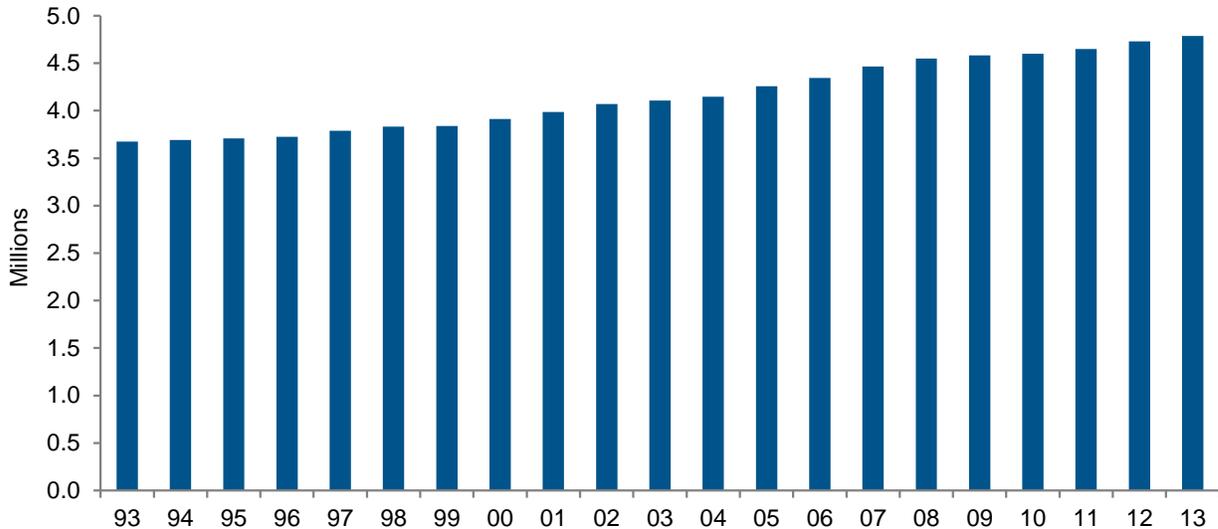
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.
⁽¹⁾ Includes full-time and part-time physicians, dentists, medical interns and residents, and dental interns and residents.
 Chart added in Chartbook 2015.

Chart 5.4: Medical and Dental Residents⁽¹⁾ in Training in Community Hospitals, 1993 – 2013



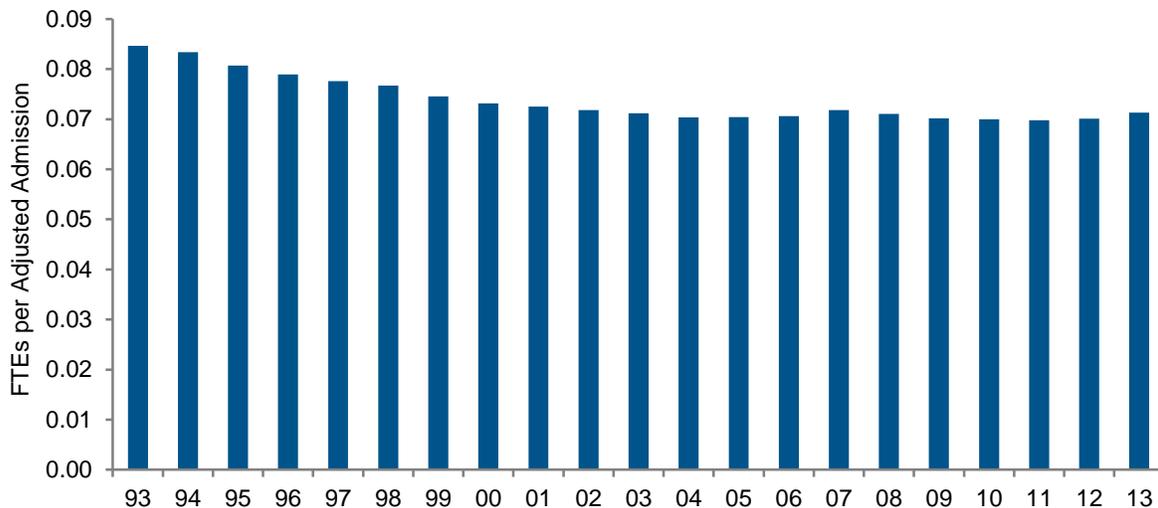
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.
⁽¹⁾ Includes full-time equivalent interns and residents.
 Previously Chart 5.3 in 2014 and earlier years' Chartbooks.

Chart 5.5: Total Full-time Equivalent Employees Working in Hospitals, 1993 – 2013



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals. Previously Chart 5.4 in 2014 and earlier years' Chartbooks.

Chart 5.6: Full-time Equivalent Employees per Adjusted Admission,⁽¹⁾ 1993 – 2013

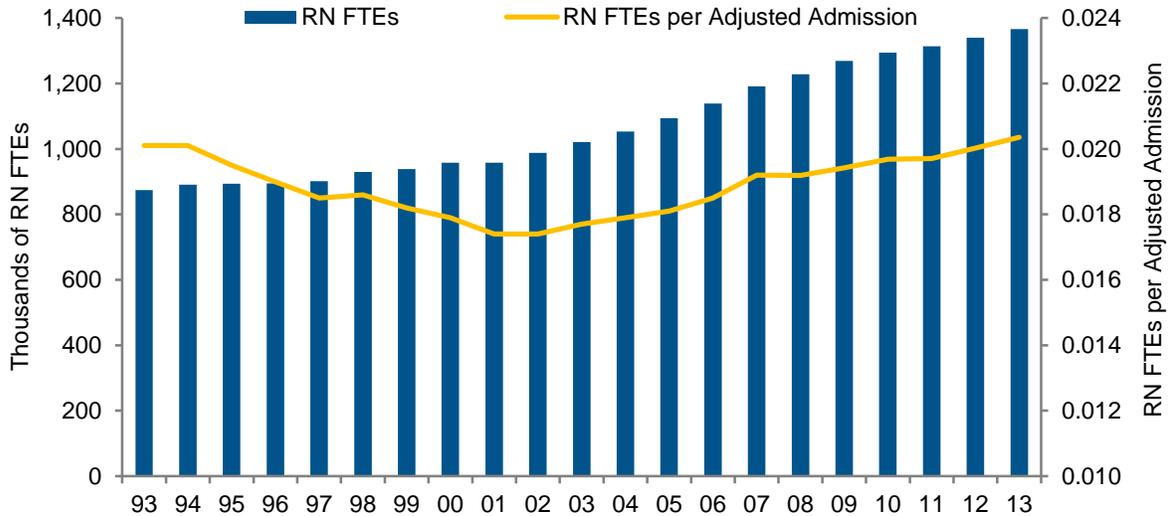


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

⁽¹⁾ An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

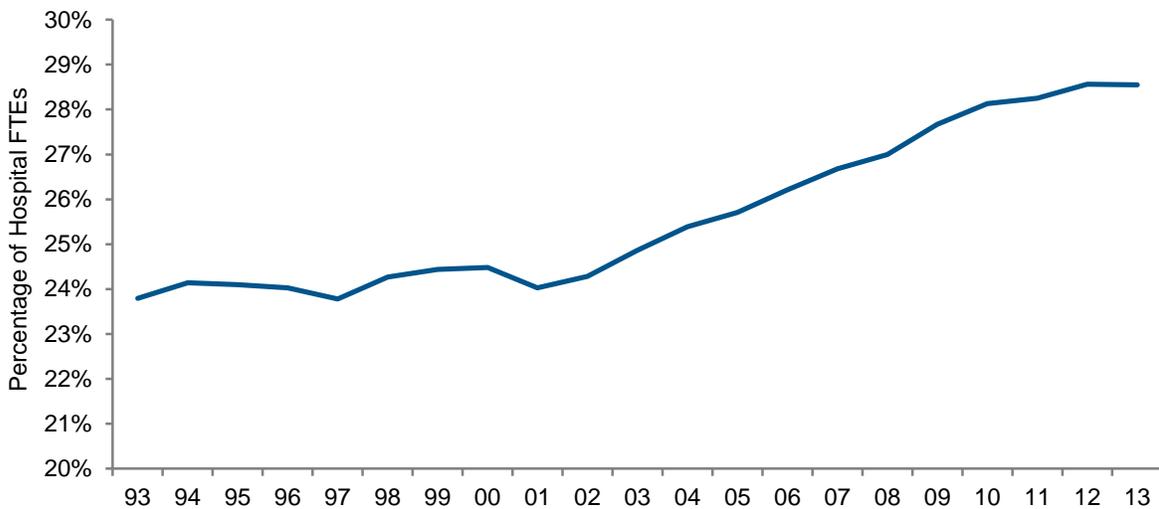
Previously Chart 5.5 in 2014 and earlier years' Chartbooks.

Chart 5.7: Number of RN Full-time Equivalent Employees and RN FTEs per Adjusted Admission, 1993 – 2013



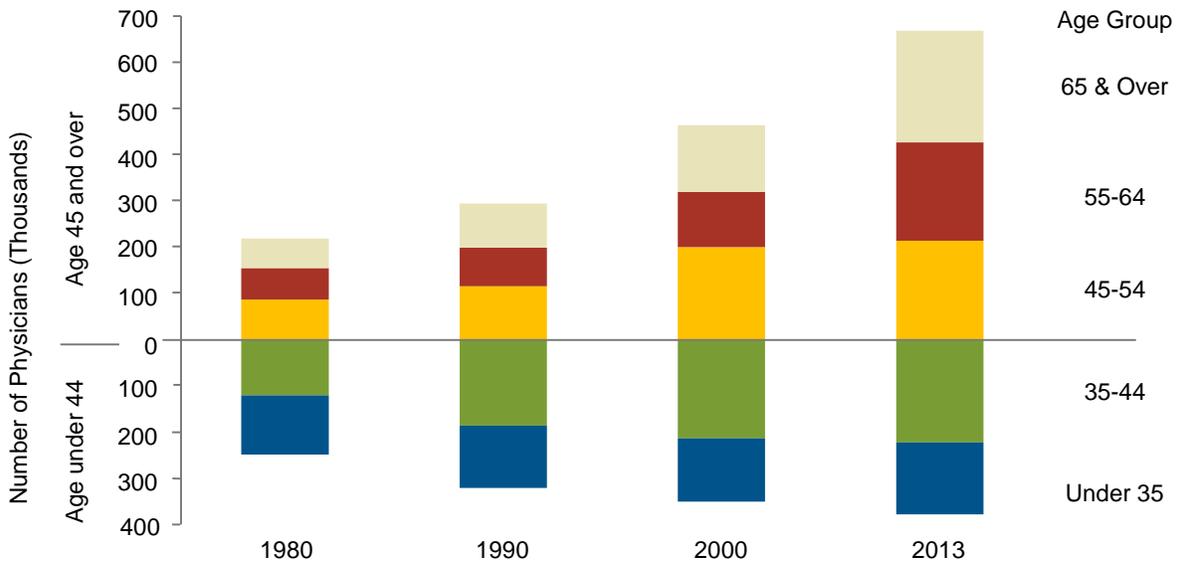
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals. Previously Chart 5.6 in 2014 and earlier years' Chartbooks.

Chart 5.8: RN Full-time Equivalents as a Percentage of Total Hospital Full-time Equivalents, 1993 – 2013



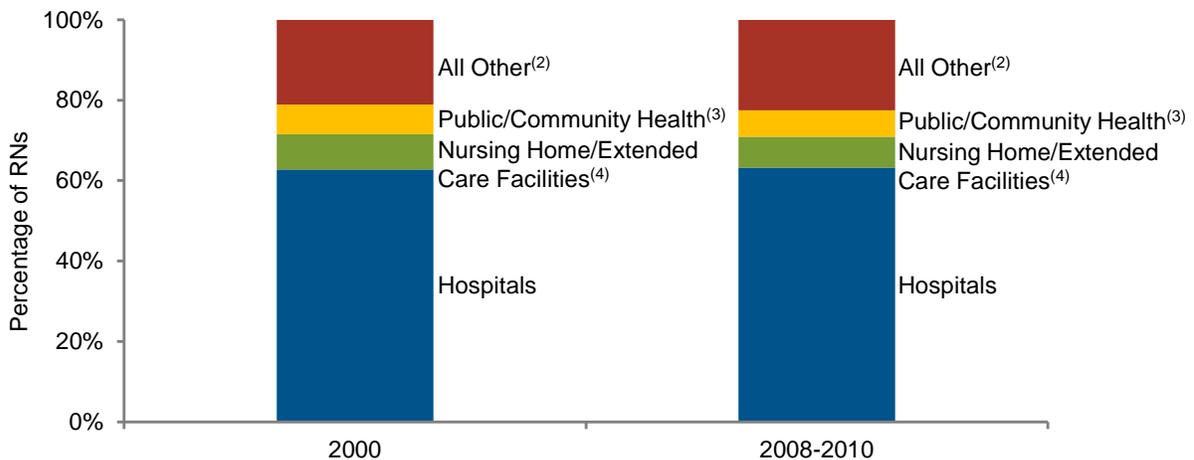
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals. Previously Chart 5.7 in 2014 and earlier years' Chartbooks.

Chart 5.9: Number of Physicians⁽¹⁾ by Age, 1980, 1990, 2000 and 2013



Source: American Medical Association. (2015 Edition). *Physician Characteristics and Distribution in the U.S.*
⁽¹⁾ Includes inactive physicians and residents.
 Previously Chart 5.8 in 2014 and earlier years' Chartbooks.

Chart 5.10: RN Employment by Type of Provider, 2000 and 2008 – 2010⁽¹⁾



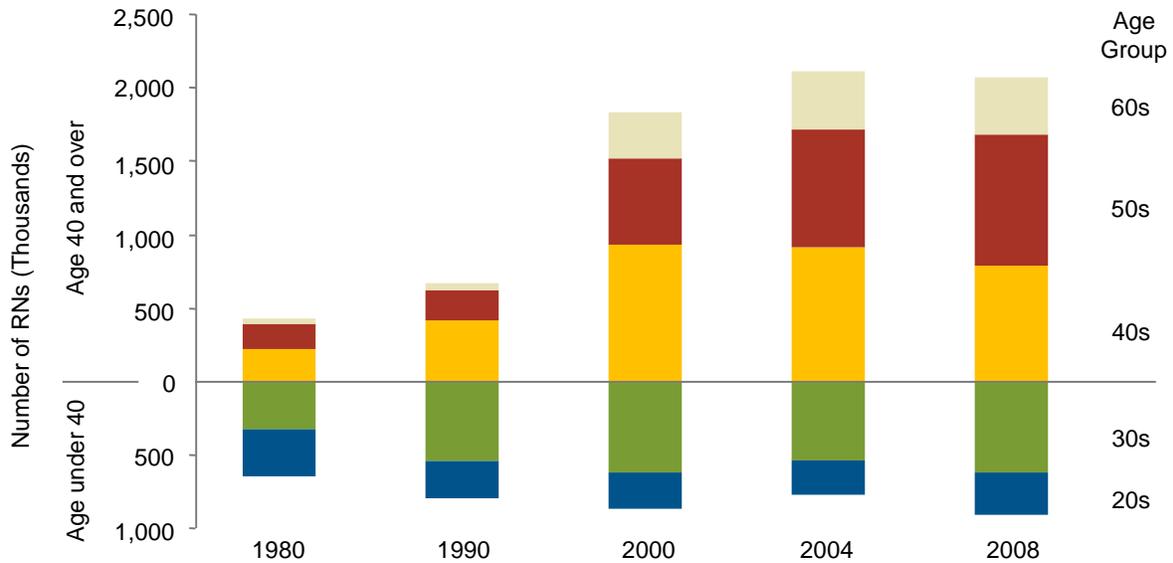
Source: Bureau of Health Professions, Health Resources and Services Administration. (2013). *The U.S. Nursing Workforce: Trends in Supply and Education.*

Link: <http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/nursingworkforce/nursingworkforcefullreport.pdf>.

- ⁽¹⁾ Total percent by setting may not equal the estimated total of all registered nurses due to incomplete information provided by respondents and the effect of rounding.
- ⁽²⁾ Category includes offices of physicians, outpatient care centers, other health care services, employment services, insurance carriers and related activities, administration of human resource programs, offices of other health practitioners, colleges and universities (including junior colleges) and all other settings.
- ⁽³⁾ Category includes home health care services, elementary and secondary schools and justice, public order and safety activities.
- ⁽⁴⁾ Category includes nursing care facilities and residential care facilities, without nursing.

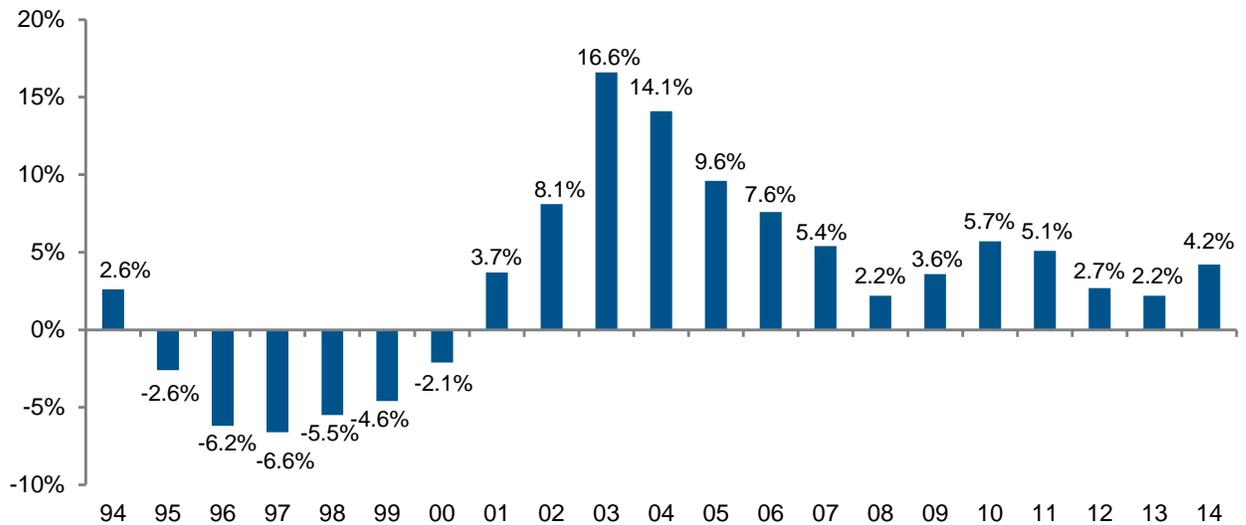
Previously Chart 5.9 in 2014 and earlier years' Chartbooks.

Chart 5.11: Distribution of RN Workforce by Age Group, 1980 – 2008



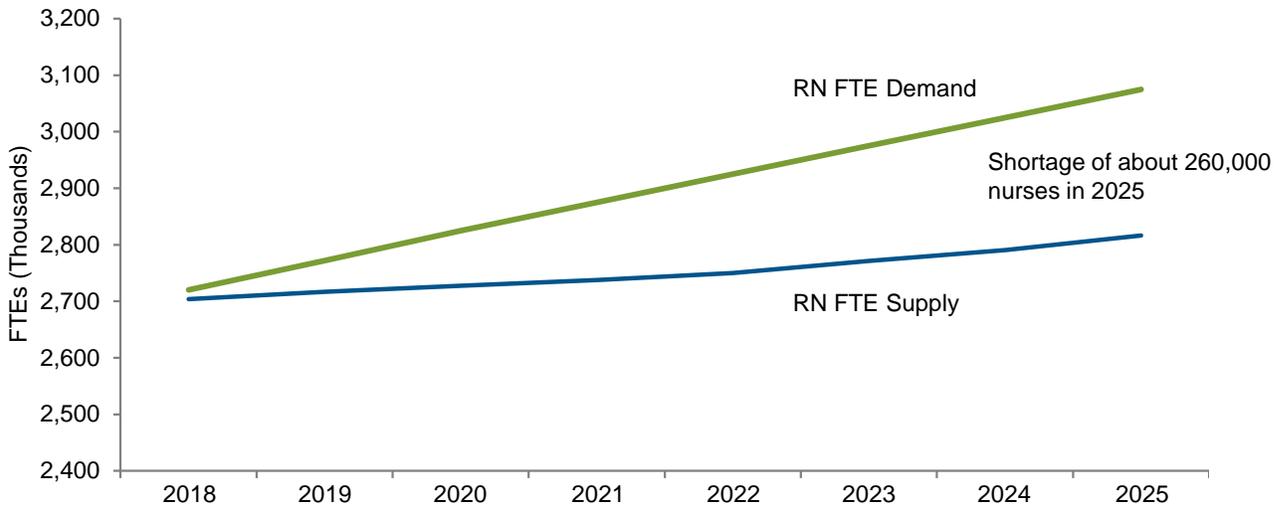
Source: Bureau of Health Professions, Health Resources and Services Administration. (1980-2004). *Findings from the National Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/rnsamplesurvey/rnsurvey2004.pdf>. Bureau of Health Professions, Health Resources and Services Administration. (2010). *Findings from the 2008 National Sample Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyfinal.pdf>. Previously Chart 5.10 in 2014 and earlier years' Chartbooks.

Chart 5.12: Annual Percentage Change in Entry Level Baccalaureate Nursing Enrollment, 1994 – 2014



Source: American Association of Colleges of Nursing. (2014). *New AACN Data Confirm Enrollment Surge in Schools of Nursing*, March 9, 2015. American Association of Colleges of Nursing (1994-2013). *Annual Report 2014*. Link: <http://www.aacn.nche.edu/aacn-publications/annual-reports/AnnualReport14.pdf>. Berlin, L.E. et al. *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, DC: AACN. Previously Chart 5.11 in 2014 and earlier years' Chartbooks.

Chart 5.13: National Supply and Demand Projections for FTE RNs, 2018 – 2025



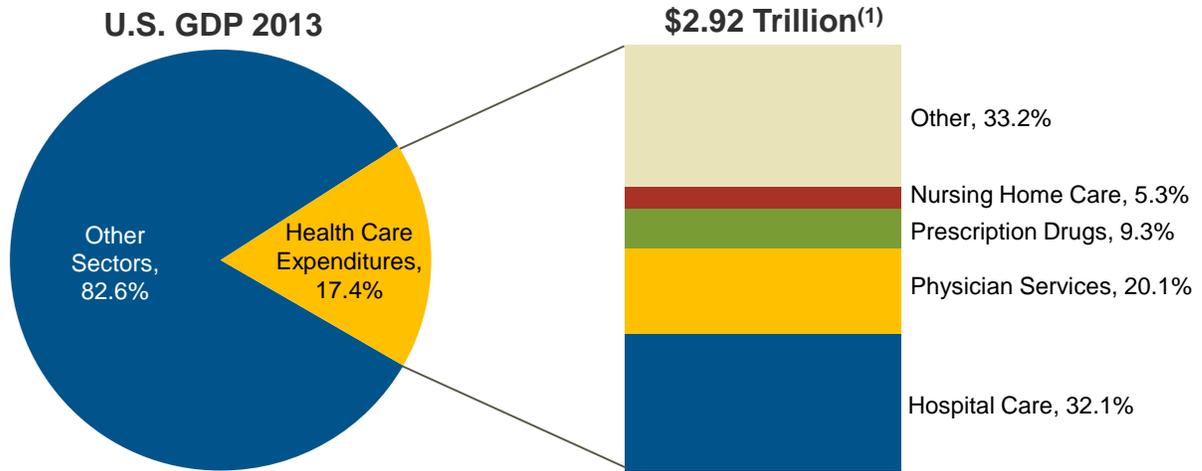
Source: Copyrighted and published by Project HOPE/*Health Affairs* as Buerhaus PI, Auerbach DI, Staiger DO. The Recent Surge In Nurse Employment: Causes and Implications. *Health Affairs*, 2009; 28(4):w657-68. The published article is archived and available online at www.healthaffairs.org. Previously Chart 5.12 in 2014 and earlier years' Chartbooks.



CHAPTER 6

The Economic Contribution
of Hospitals

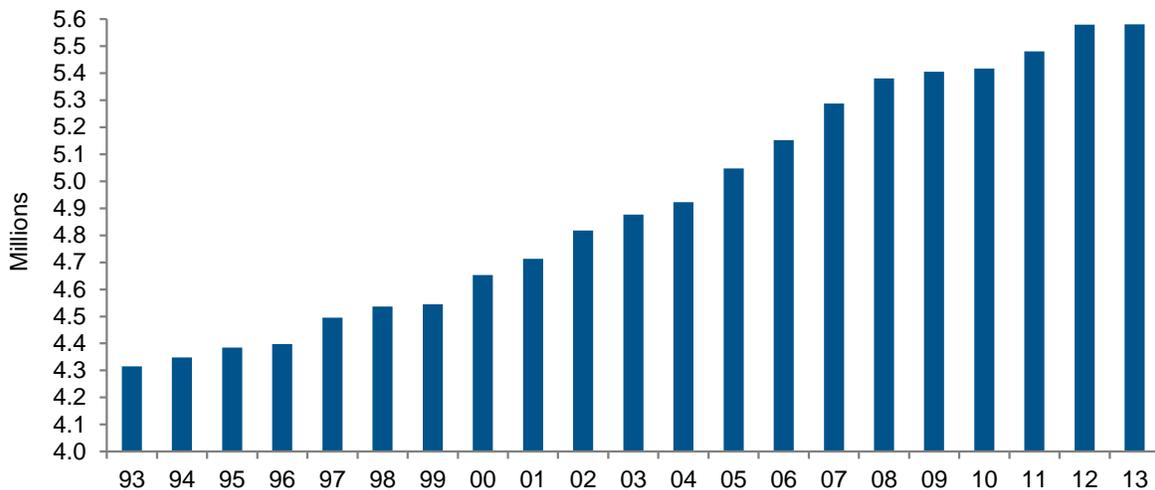
Chart 6.1: National Health Expenditures as a Percentage of Gross Domestic Product and Breakdown of National Health Expenditures, 2013



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December 3, 2014.

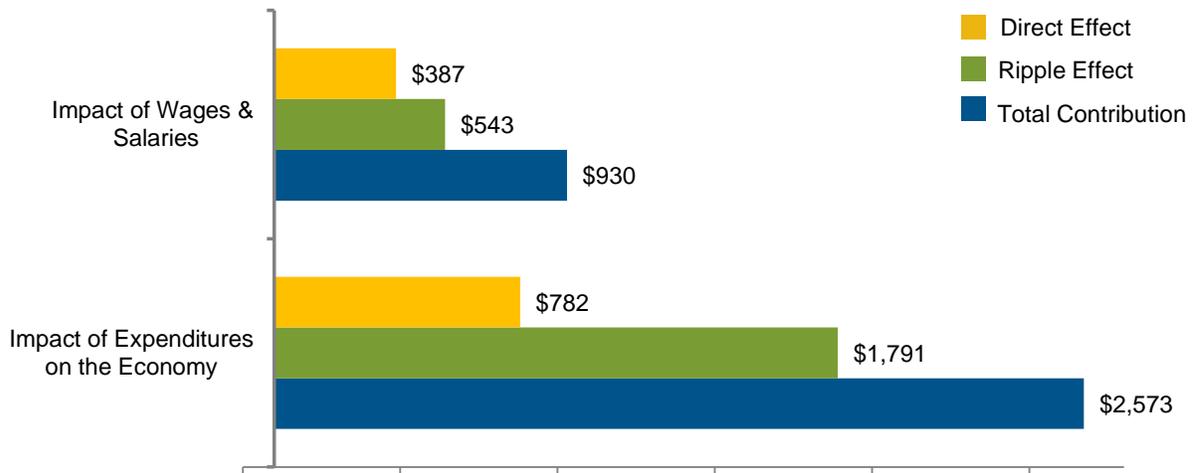
⁽¹⁾ Percentages were rounded, so they may not sum to 100 percent.

Chart 6.2: Number of Full-time and Part-time Hospital Employees, 1993 – 2013



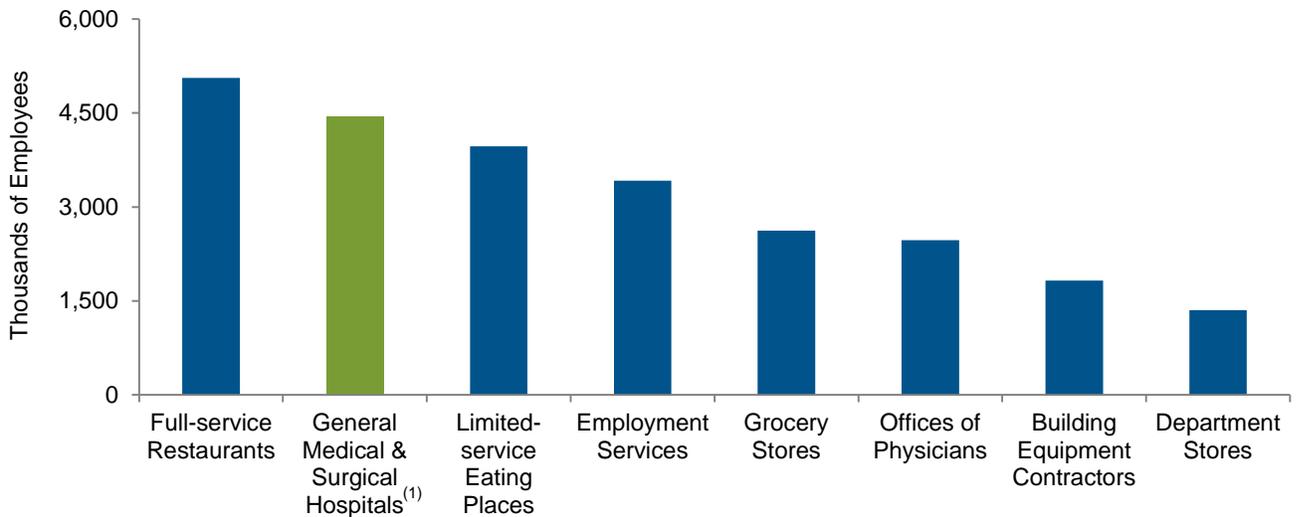
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

Chart 6.3: Impact of Community Hospitals on U.S. Economy (in \$ billions), 2013



Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers, released in 2008, applied to 2013 American Hospital Association Annual Survey data. Note: Multipliers released in 2010 and subsequent years no longer include the national level multipliers needed for this chart. The sum of the direct and ripple effect may be less than or greater than the total contribution due to rounding.

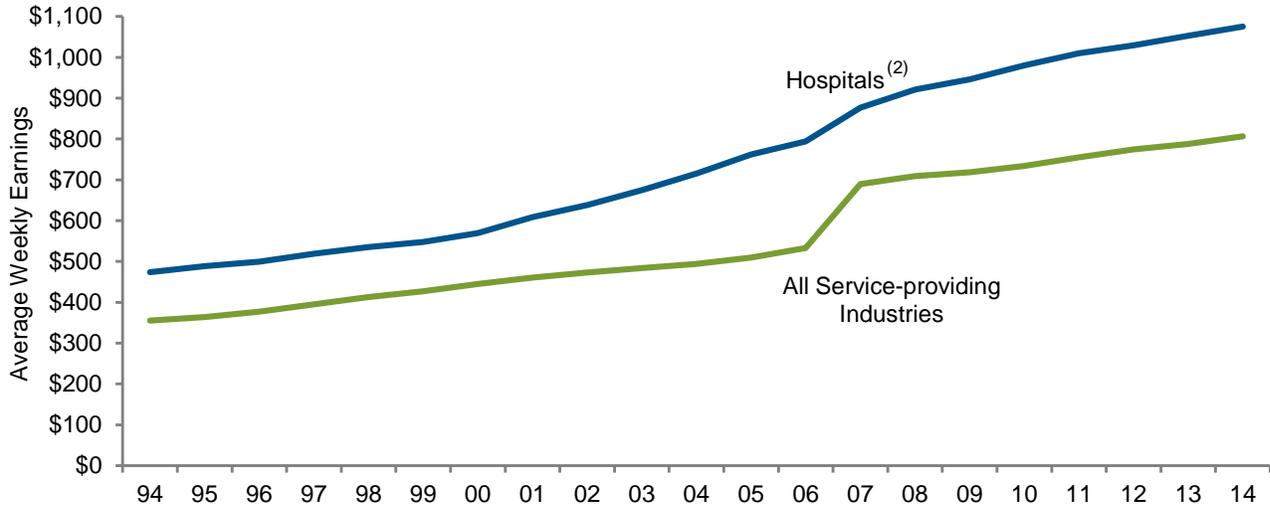
Chart 6.4: Hospital Employment vs. Employment in Other Industries, 2014



Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2015. Link: <http://www.bls.gov/ces>.

⁽¹⁾ Does not include public hospitals.

Chart 6.5: Average Weekly Earnings of Workers, Hospitals⁽¹⁾ vs. All Service-providing Industries, 1994 – 2014

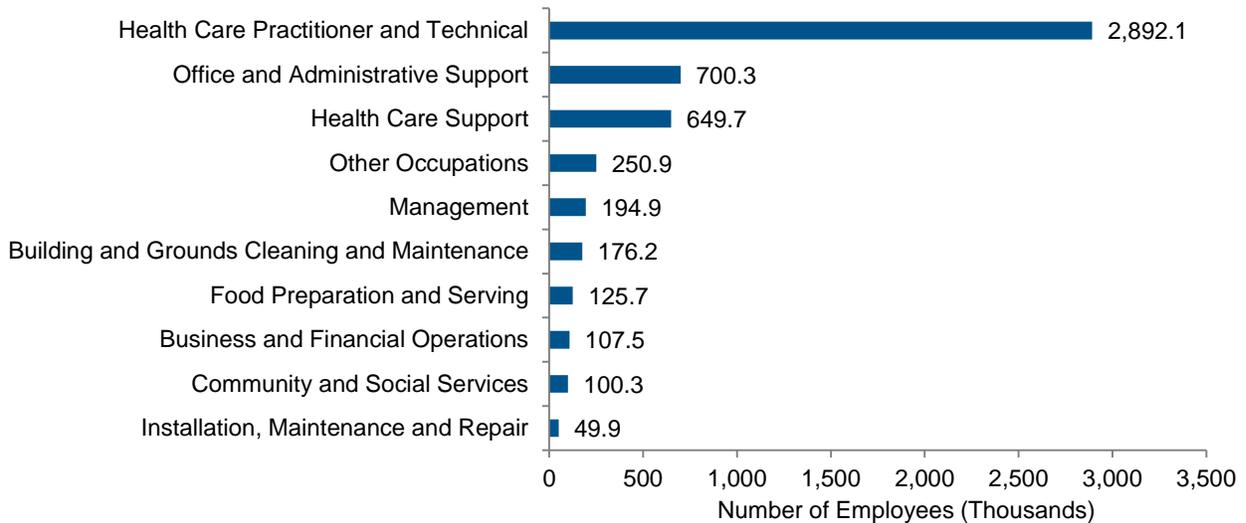


Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2015. Link: <http://www.bls.gov/ces>.

(1) Includes physicians employed by hospitals.

(2) Does not include public hospitals.

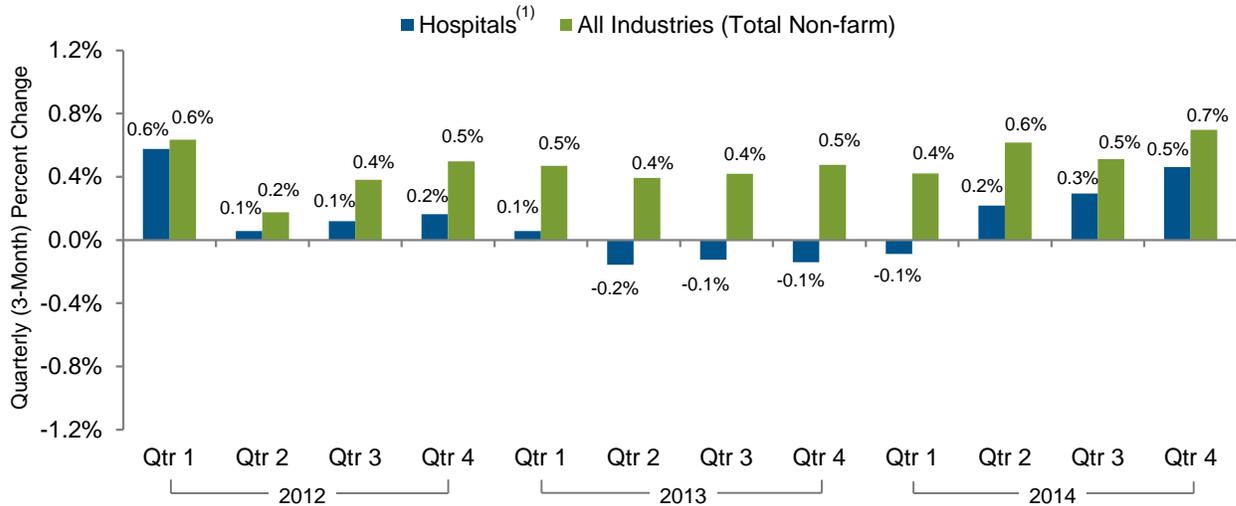
Chart 6.6: Hospital Employment by Occupation Type, 2014⁽¹⁾



Source: Department of Labor, Bureau of Labor Statistics, May 2014 National Industry-Specific Occupational Employment and Wage Estimates. Data released May 2015. Link: http://www.bls.gov/oes/2014/may/naics4_622100.htm.

(1) Does not include public hospitals.

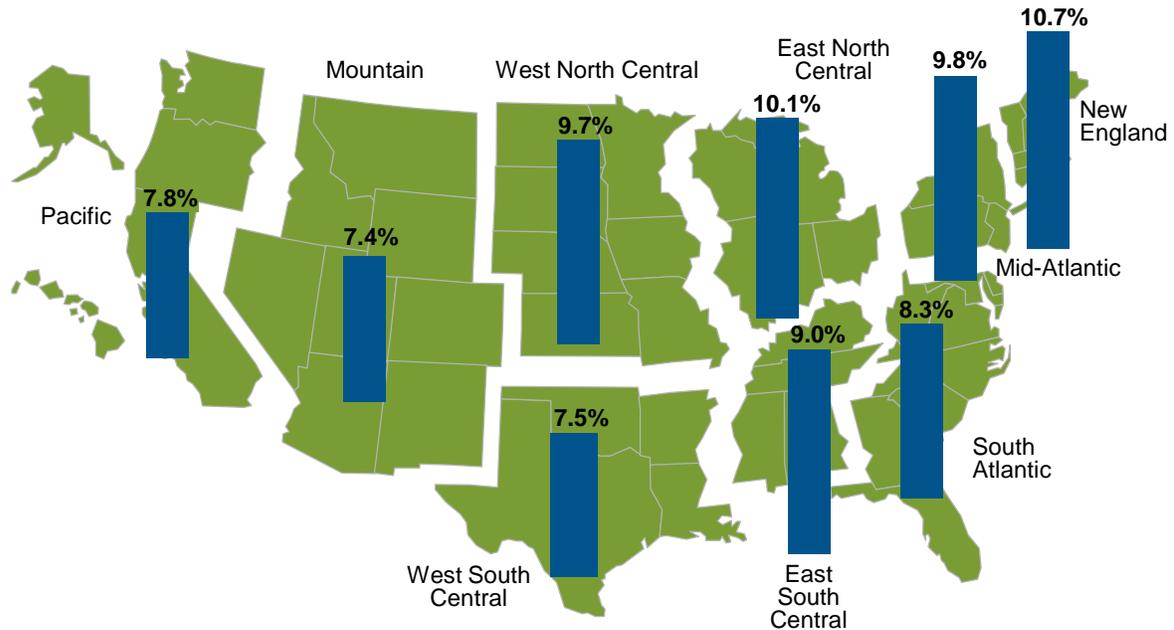
Chart 6.7: Percent Change in Employment, Seasonally-adjusted: Hospital vs. All Industries (Total Non-farm), 2012 – 2014



Source: Department of Labor, Bureau of Labor Statistics. Data released 2015. Link: <http://www.bls.gov/ces>.

(1) Does not include public hospitals.

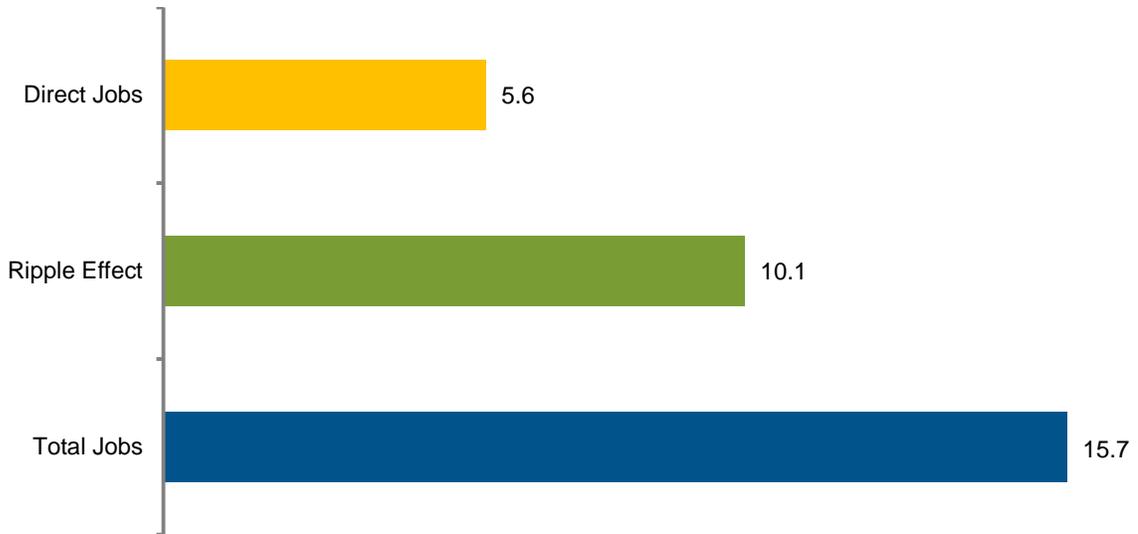
Chart 6.8: Percent of Total Regional Employment⁽¹⁾ by Hospitals, 2013



Source: Avalere Health analysis of American Hospital Association 2013 Annual Survey data and 2013 total non-farm employment data from the Bureau of Labor Statistics.

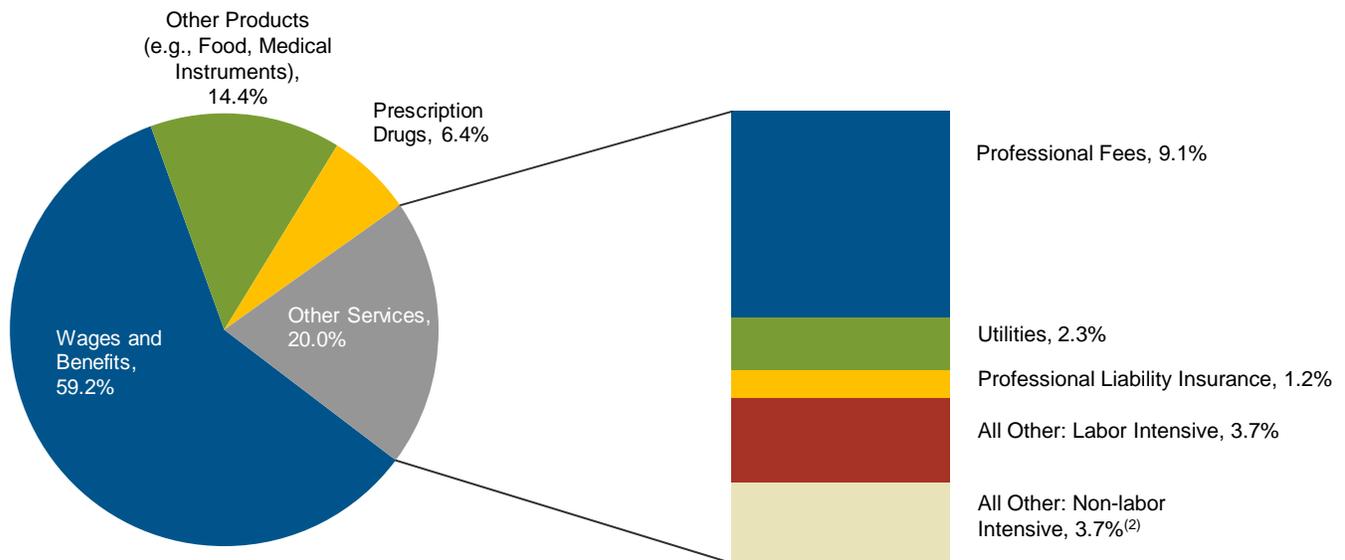
(1) Does not include farm employment.

Chart 6.9: Impact of Community Hospitals on U.S. Jobs (in millions), 2013



Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers, released in 2008, applied to 2013 American Hospital Association Annual Survey data. Note: Multipliers released in 2010 and subsequent years no longer include the national level multipliers needed for this chart. The sum of the direct and ripple effect may be less than or greater than the total contribution due to rounding.

Chart 6.10: Percent of Hospital Costs⁽¹⁾ by Type of Expense, 2014



Source: AHA analysis of Centers for Medicare and Medicaid Services data, using base year 2010 weights.

⁽¹⁾ Does not include capital.

⁽²⁾ Includes postage and telephone expenses.

Chart 6.11: Hospital Impact on Sectors of the U.S. Economy
(in \$ billions), 2013

Industry	Economic Impact
Health care and social assistance	\$905.0
Manufacturing	\$385.4
Real estate and rental and leasing	\$243.6
Finance and insurance	\$164.4
Professional, scientific and technical services	\$106.9
Retail trade	\$105.1
Wholesale trade	\$84.2
Information	\$84.1
Transportation and warehousing	\$80.1
Administrative and waste management services	\$79.7
Accommodation and food services	\$66.1
Other services	\$64.4
Management of companies and enterprises	\$51.7
Utilities	\$45.7
Agriculture, forestry, fishing and hunting	\$37.8
Educational services	\$20.7
Arts, entertainment, and recreation	\$18.4
Mining	\$16.3
Construction	\$12.7
Total⁽¹⁾	\$2,572.6

Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers, released in 2008, applied to 2013 American Hospital Association Annual Survey data. Note: Multipliers released in 2010 and subsequent years no longer include the national level multipliers needed for this chart.

⁽¹⁾ Industries may not sum to total due to rounding

Chart 6.12: Impact of Community Hospitals on U.S. Economy; All States, DC, and Total U.S., 2013

State Name	Number of Hospital Jobs (FT and PT)	Multiplier for Employment	Effect of Hospital Jobs on Total Jobs in State Economy	Percent of Total Employment Supported by Hospital Employment	Hospital Payroll and Benefits (\$ millions)	Multiplier for Earnings	Effect of Hospital Payroll and Benefits on Total Labor Income (\$ millions)	Hospital Expenditures (\$ millions)	Multiplier for Output	Effect of Hospital Expenditures on Total State Economic Output (\$ millions)
Alabama	84,136	2.0293	170,737	8.97%	\$4,506	1.6538	\$7,452	\$9,699	1.9782	\$19,187
Alaska	11,090	1.8145	20,123	5.99%	\$952	1.4829	\$1,412	\$1,824	1.7423	\$3,178
Arizona	81,810	2.3261	190,298	7.57%	\$5,948	1.7473	\$10,392	\$12,378	2.0921	\$25,896
Arkansas	48,554	1.8577	90,199	7.66%	\$2,779	1.5592	\$4,332	\$5,917	1.8417	\$10,898
California	500,775	2.3233	1,163,451	7.68%	\$43,647	1.8782	\$81,977	\$86,711	2.3155	\$200,779
Colorado	75,129	2.3607	177,357	7.45%	\$5,353	1.8929	\$10,133	\$11,469	2.3212	\$26,621
Connecticut	65,670	2.1168	139,010	8.40%	\$5,416	1.7191	\$9,310	\$10,400	2.0802	\$21,633
Delaware	20,837	2.0789	43,318	10.14%	\$1,583	1.5948	\$2,524	\$2,745	1.8967	\$5,206
District of Columbia	27,109	1.6374	44,388	5.96%	\$2,153	1.3241	\$2,850	\$3,946	1.3378	\$5,279
Florida	287,673	2.2413	644,761	8.51%	\$18,882	1.7906	\$33,810	\$41,035	2.1546	\$88,414
Georgia	142,456	2.3002	327,677	8.12%	\$9,213	1.8813	\$17,333	\$19,520	2.3035	\$44,964
Hawaii	17,221	2.1635	37,258	11.73%	\$1,553	1.6503	\$2,562	\$2,917	1.9679	\$5,741
Idaho	30,983	1.886	58,434	9.15%	\$1,760	1.5086	\$2,655	\$3,549	1.7539	\$6,225
Illinois	238,894	2.2589	539,638	9.31%	\$15,813	1.9129	\$30,249	\$32,753	2.3704	\$77,637
Indiana	128,318	2.0612	264,489	9.02%	\$8,358	1.7103	\$14,295	\$17,894	2.0808	\$37,233
Iowa	68,067	1.7103	116,415	7.61%	\$3,942	1.4704	\$5,796	\$7,833	1.7231	\$13,497
Kansas	55,614	1.7657	98,198	7.15%	\$3,378	1.5244	\$5,149	\$6,617	1.8186	\$12,033
Kentucky	81,625	2.0314	165,813	9.04%	\$4,935	1.6948	\$8,363	\$10,884	2.0341	\$22,139
Louisiana	92,123	1.9489	179,539	9.20%	\$4,966	1.6285	\$8,087	\$10,690	1.8985	\$20,295
Maine	35,625	2.1174	75,432	12.54%	\$2,509	1.6767	\$4,207	\$4,501	1.9987	\$8,997
Maryland	101,491	2.0626	209,335	8.06%	\$6,845	1.7266	\$11,819	\$13,836	2.0773	\$28,742
Massachusetts	183,179	2.1805	399,422	11.90%	\$11,956	1.8188	\$21,746	\$24,671	2.2142	\$54,625
Michigan	205,985	2.2037	453,929	11.06%	\$13,613	1.7709	\$24,107	\$27,272	2.1390	\$58,336
Minnesota	145,815	2.235	325,897	11.73%	\$8,680	1.8076	\$15,689	\$15,886	2.2165	\$35,212
Mississippi	58,658	1.8678	109,561	9.85%	\$3,495	1.5474	\$5,408	\$7,101	1.8228	\$12,945
Missouri	137,701	2.1876	301,235	11.04%	\$8,679	1.8001	\$15,623	\$18,734	2.1788	\$40,819
Montana	24,128	1.8443	44,499	9.92%	\$1,509	1.4740	\$2,224	\$2,874	1.7012	\$4,890
Nebraska	40,929	1.7205	70,418	7.20%	\$2,398	1.4993	\$3,596	\$4,870	1.7508	\$8,527
Nevada	28,050	2.2397	62,824	5.34%	\$2,181	1.6295	\$3,554	\$4,408	1.9298	\$8,507
New Hampshire	32,161	2.0467	65,824	10.28%	\$2,283	1.7353	\$3,962	\$4,090	2.0070	\$8,208
New Jersey	141,385	2.2526	318,484	8.09%	\$10,526	1.8654	\$19,636	\$20,200	2.3092	\$46,646
New Mexico	28,638	2.0145	57,691	7.11%	\$1,897	1.5475	\$2,935	\$3,818	1.7898	\$6,834
New York	442,689	1.9938	882,633	9.91%	\$37,200	1.6732	\$62,244	\$64,889	2.0617	\$133,782
North Carolina	174,496	2.2429	391,377	9.65%	\$10,660	1.8107	\$19,302	\$22,436	2.2120	\$49,629
North Dakota	25,241	1.6142	40,744	9.17%	\$1,501	1.4083	\$2,114	\$2,967	1.6154	\$4,793
Ohio	279,238	2.2008	614,547	11.70%	\$18,991	1.8469	\$35,074	\$37,050	2.2541	\$83,515
Oklahoma	57,738	1.9603	113,184	6.93%	\$3,456	1.6445	\$5,684	\$7,684	1.9496	\$14,981
Oregon	58,566	2.3049	134,989	8.07%	\$4,767	1.7395	\$8,292	\$9,359	2.0820	\$19,485
Pennsylvania	279,805	2.2071	617,558	10.75%	\$18,105	1.8641	\$33,749	\$38,184	2.2768	\$86,938
Rhode Island	20,855	2.1003	43,802	9.30%	\$1,776	1.7022	\$3,023	\$3,151	2.0206	\$6,368
South Carolina	73,644	2.2139	163,040	8.60%	\$4,545	1.7258	\$7,844	\$10,033	2.1104	\$21,174
South Dakota	24,059	1.5601	37,534	9.00%	\$1,440	1.3914	\$2,004	\$2,672	1.6058	\$4,291
Tennessee	110,869	2.164	239,921	8.73%	\$6,943	1.8163	\$12,610	\$15,003	2.2215	\$33,328
Texas	352,571	2.2946	809,009	7.23%	\$24,727	1.8783	\$46,444	\$53,271	2.3343	\$124,351
Utah	43,041	2.3204	99,872	7.74%	\$2,422	1.8470	\$4,473	\$5,365	2.2759	\$12,210
Vermont	15,031	1.9799	29,760	9.73%	\$1,155	1.5510	\$1,791	\$2,043	1.7831	\$3,642
Virginia	115,026	2.0564	236,539	6.28%	\$7,977	1.7199	\$13,719	\$17,003	2.1081	\$35,844
Washington	115,294	2.2617	260,760	8.73%	\$9,090	1.7321	\$15,744	\$17,865	2.1029	\$37,568
West Virginia	46,162	1.8046	83,304	10.92%	\$2,571	1.5245	\$3,919	\$5,372	1.7444	\$9,371
Wisconsin	113,945	2.0695	235,809	8.37%	\$7,458	1.7308	\$12,908	\$15,412	2.0677	\$31,867
Wyoming	10,014	1.6148	16,171	5.57%	\$668	1.3738	\$918	\$1,234	1.5703	\$1,937
United States*	5,580,113	2.8048	15,651,101	11.49%	\$387,155	2.4031	\$930,373	\$782,035	3.2896	\$2,572,583

Source: Avalere Health, using BEA RIMS-II (2002/2010) multipliers for hospital NAICS Code 622, released 2008, applied to American Hospital Association Annual Survey data for 2013. Hospital jobs are total part time and full time jobs. Hospital labor income is defined as payroll plus benefits. The percent of total employment supported by direct and indirect hospital employment is based on 2013 BLS data. Expenditures are defined as total expenditures minus bad debt. In previous years, expenditures were defined as net patient revenue plus other operating revenue.

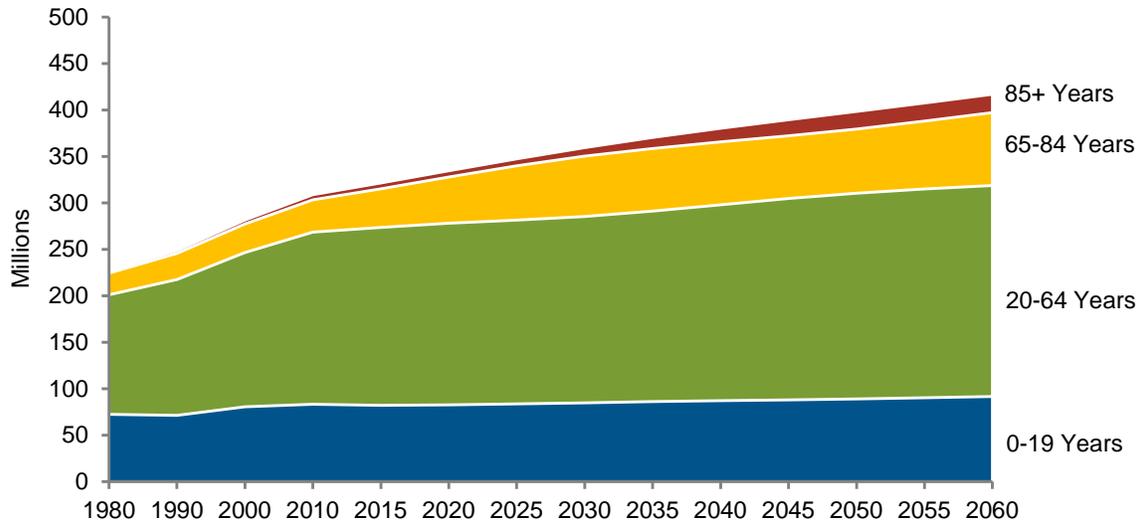
*Multipliers released in 2010 and subsequent years no longer include the national level multipliers needed for the U.S. summary row. BEA RIMS-II (1997/2006) multipliers released in 2008 and applied to 2013 AHA annual survey data were used instead.



CHAPTER 7

Community Health
Indicators

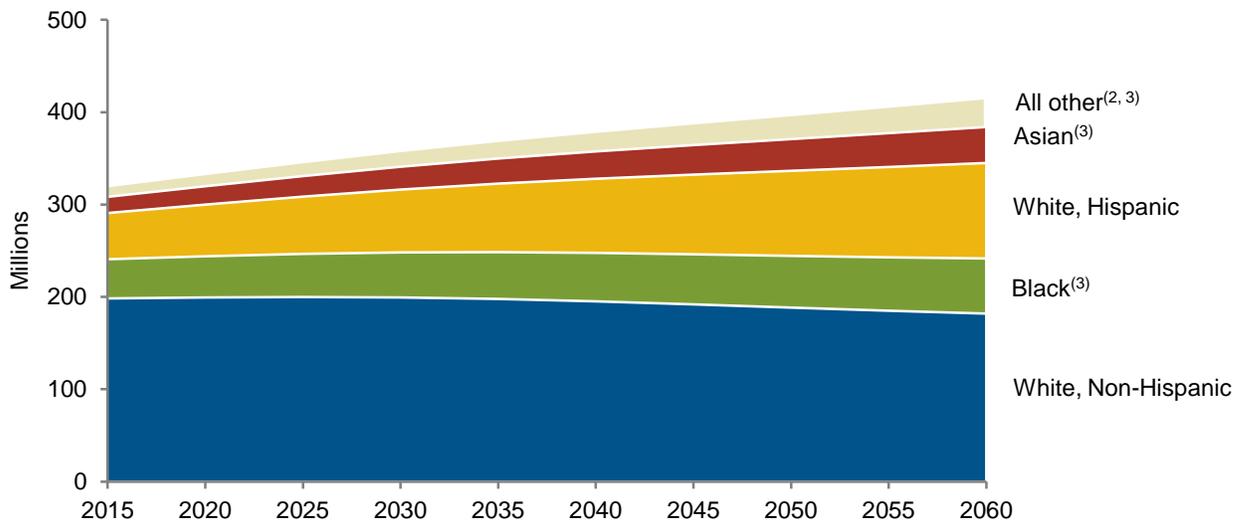
Chart 7.1: U.S. Population Trends and Projections by Age, 1980 – 2060⁽¹⁾



Source: U.S. Department of Commerce, Bureau of the Census. *Projections of the Population by Sex and Age for the United States: 2015-2060.*

⁽¹⁾ Years 2015 through 2060 are projections.

Chart 7.2: U.S. Population Trends and Projections by Race, 2015 – 2060⁽¹⁾



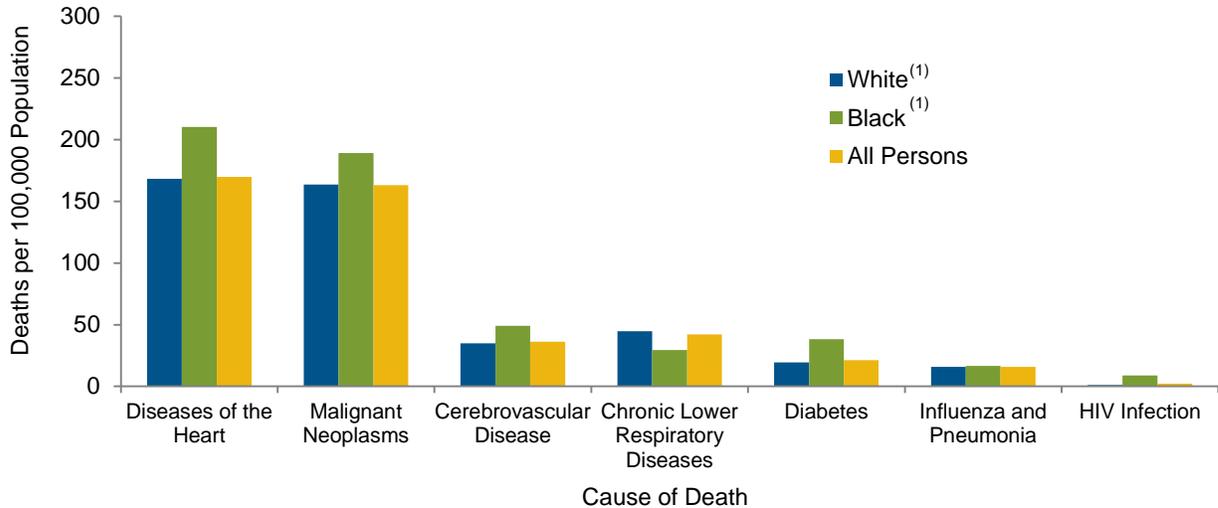
Source: U.S. Department of Commerce, Bureau of the Census. *Projections of the Population by Sex, Race, and Hispanic Origin for the United States: 2015-2060.*

⁽¹⁾ Years 2015 through 2060 are projections.

⁽²⁾ All other includes American Indian, Native Alaskan, Native Hawaiian, other Pacific Islander and two or more races.

⁽³⁾ Black, Asian, and all other categories include Hispanic and non-Hispanic individuals.

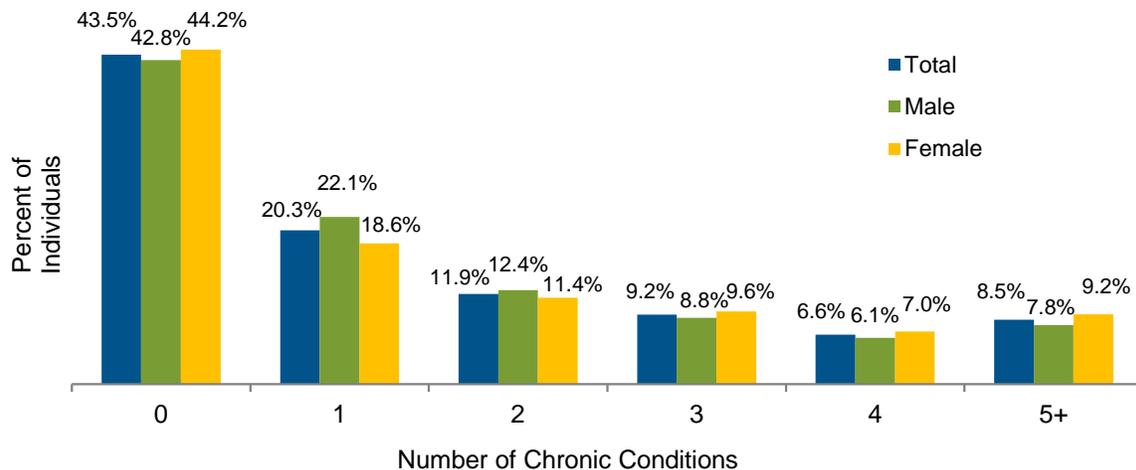
Chart 7.3: Age-adjusted Death Rates, Selected Causes, by Race, 2013



Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

⁽¹⁾ Racial categories include individuals of both Hispanic and non-Hispanic origin.

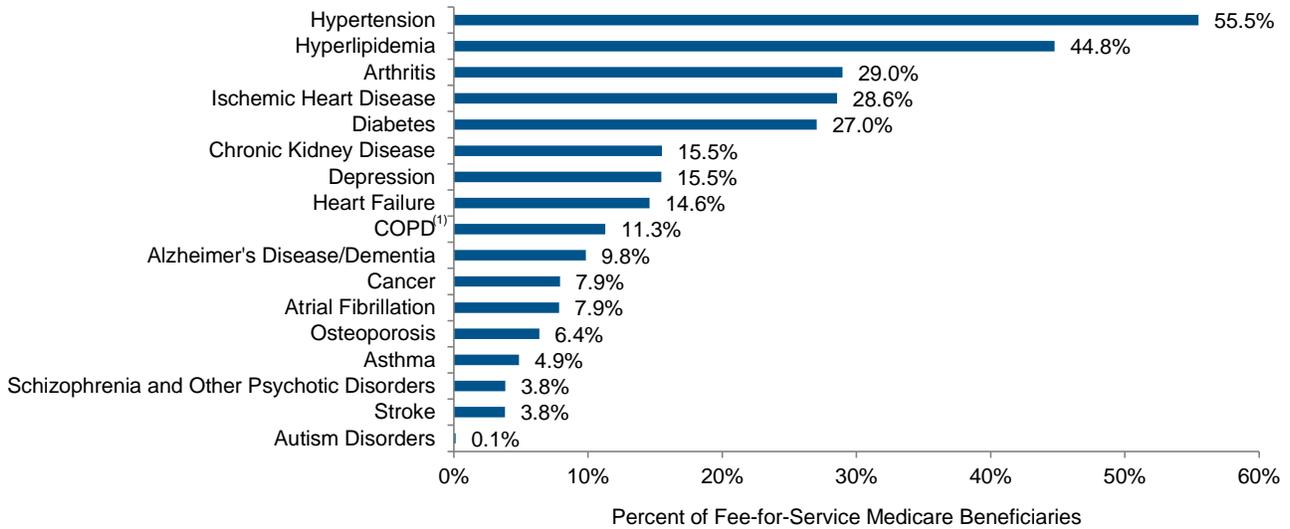
Chart 7.4: Percent of People with Chronic Conditions by Number and Sex,⁽¹⁾ 2012



Source: Avalere Health analysis of 2012 Medical Expenditure Panel Survey data.

⁽¹⁾ The analysis was based on the following study: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation. There were two distinct differences between Avalere's analysis and the study's methodologies. First, Avalere used the Chronic Conditions as defined by the Agency for Healthcare Research and Quality Medical Expenditure Panel Survey (MEPS) documentation. Second, Avalere solely relied on MEPS 2012 data and did not use the two additional data sources that were referenced in the Anderson 2010 study (i.e., three opinion telephone surveys commissioned by the Partnership for Solutions and designed by Johns Hopkins and the 1996 Survey of Income and Program Participation data for characteristics of family caregivers).

Chart 7.5: Percent of Fee-for-Service Medicare Beneficiaries with Chronic Conditions, 2012

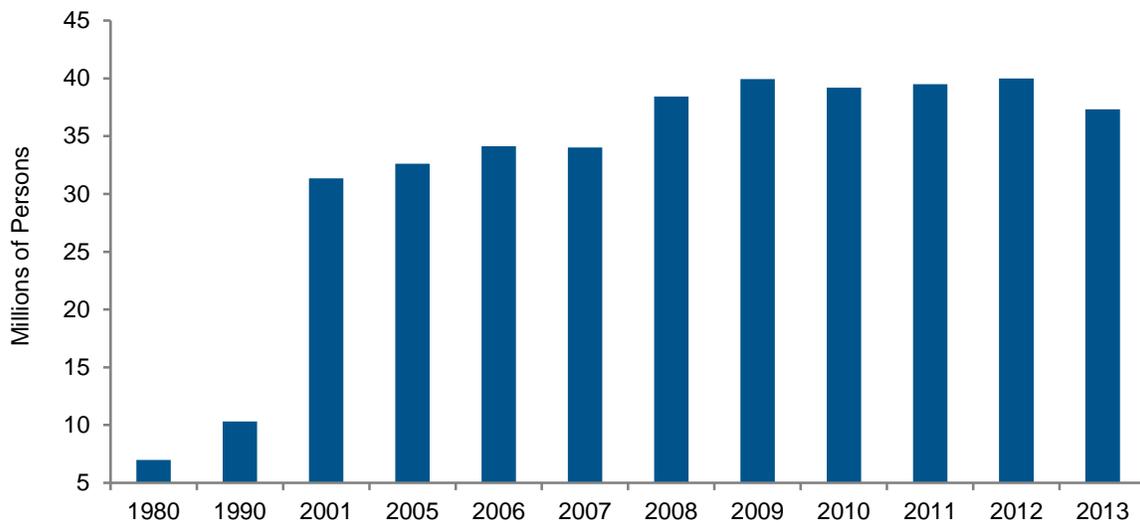


Source: Centers for Medicare & Medicaid Services. Medicare Chronic Condition Dashboard. Data released June 2, 2014. Available at: <https://www.ccmdata.org/web/guest/interactive-data/chronic-conditions-dashboard>.

⁽¹⁾ Chronic obstructive pulmonary disease.

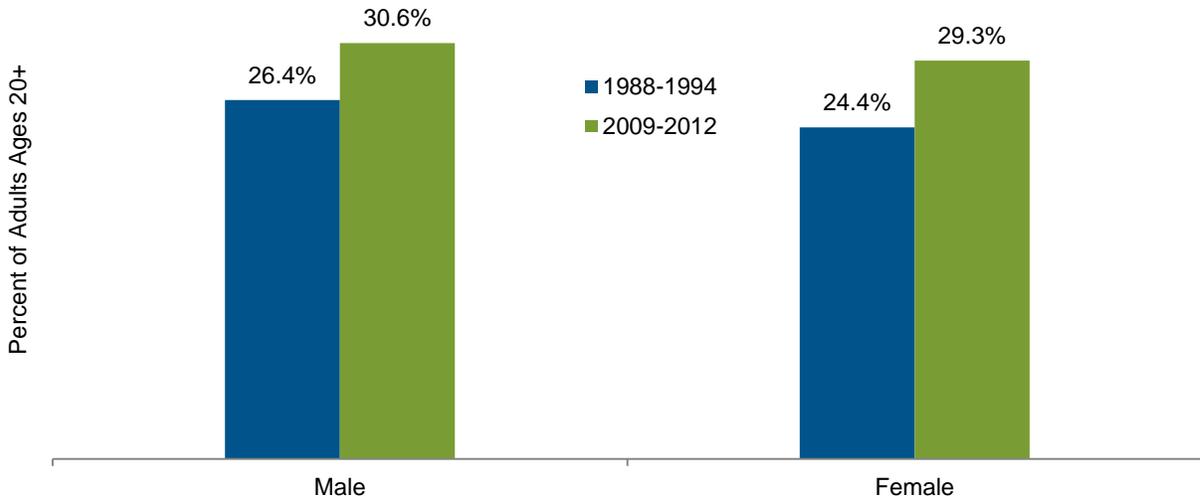
Previously *Percent of People with Chronic Conditions by Type, 2006*. Source: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation.

Chart 7.6: Number of Persons with Asthma, 1980 – 2013



Source: Centers for Disease Control and Prevention. (2002). *Surveillance of Asthma – United States, 1980-1999*. National Center for Health Statistics. National Health Interview Survey 2001, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012 and 2013.

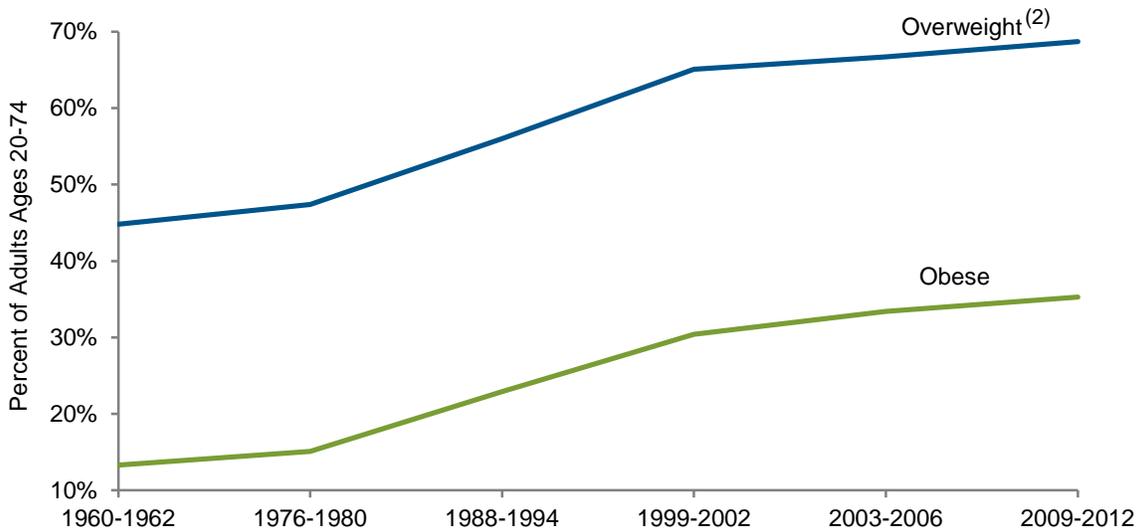
Chart 7.7: Percent of Adults with Hypertension by Sex,⁽¹⁾ 1988 – 1994 and 2009 – 2012



Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

(1) Data are age-adjusted to 2000 standard population.

Chart 7.8: Percent of Adults Who Are Overweight and Obese,⁽¹⁾ 1960 – 2012

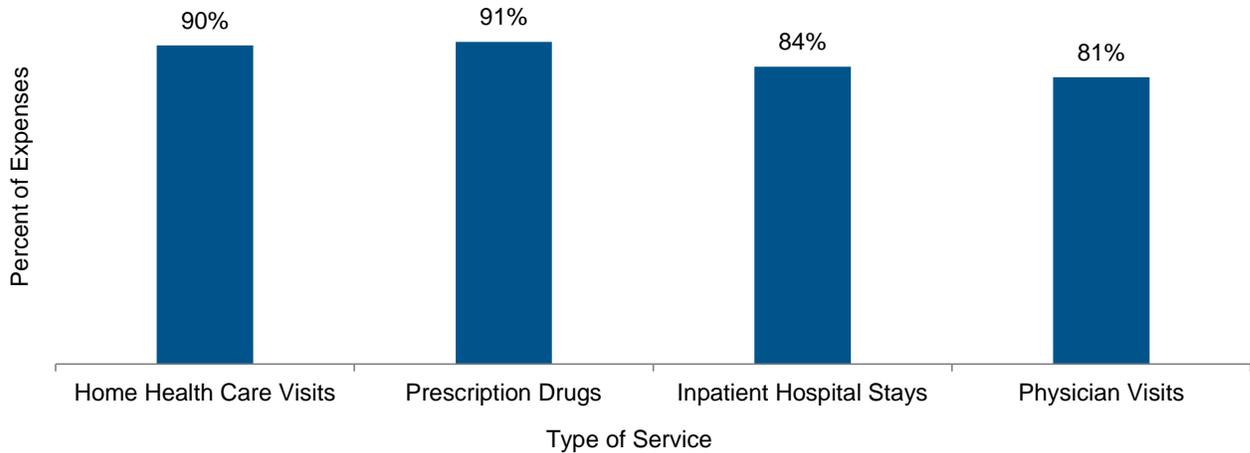


Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

(1) Data are age-adjusted to 2000 standard population.

(2) Overweight includes obese.

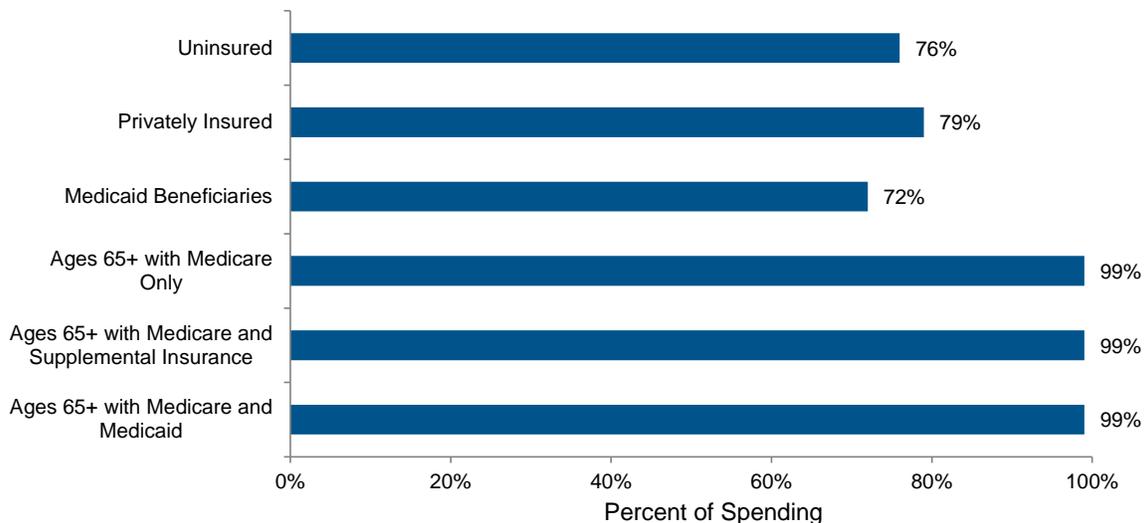
Chart 7.9: Percent of Expenses Used by People with Chronic Conditions by Service Type,⁽¹⁾ 2012



Source: Avalere Health analysis of 2012 Medical Expenditure Panel Survey data.

⁽¹⁾ The analysis was based on the following study: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation. There were two distinct differences between Avalere's analysis and the study's methodologies. First, Avalere used the Chronic Conditions as defined by the Agency for Healthcare Research and Quality Medical Expenditure Panel Survey (MEPS) documentation. Second, Avalere solely relied on MEPS 2012 data and did not use the two additional data sources that were referenced in the Anderson 2010 study (i.e., three opinion telephone surveys commissioned by the Partnership for Solutions and designed by Johns Hopkins and the 1996 Survey of Income and Program Participation data for characteristics of family caregivers).

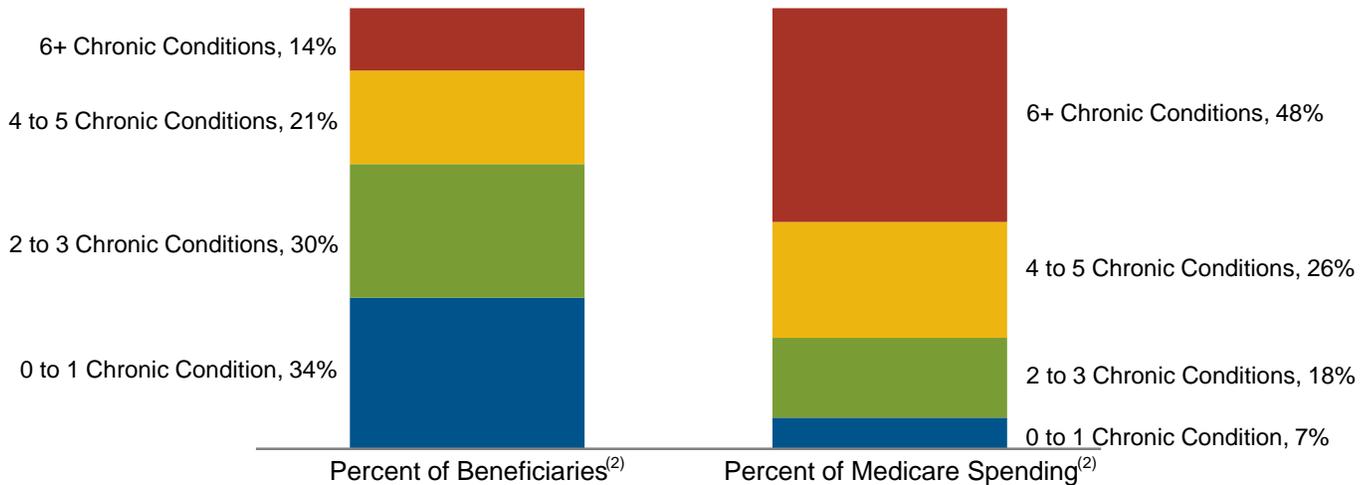
Chart 7.10: Percent of Spending for Individuals with Chronic Conditions by Insurance Status,⁽¹⁾ 2012



Source: Avalere Health analysis of 2012 Medical Expenditure Panel Survey data.

⁽¹⁾ The analysis was based on the following study: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation. There were two distinct differences between Avalere's analysis and the study's methodologies. First, Avalere used the Chronic Conditions as defined by the Agency for Healthcare Research and Quality Medical Expenditure Panel Survey (MEPS) documentation. Second, Avalere solely relied on MEPS 2012 data and did not use the two additional data sources that were referenced in the Anderson 2010 study (i.e., three opinion telephone surveys commissioned by the Partnership for Solutions and designed by Johns Hopkins and the 1996 Survey of Income and Program Participation data for characteristics of family caregivers).

Chart 7.11: Percent of Medicare Fee-for-Service Beneficiaries vs. Percent of Medicare Spending, by Number of Chronic Conditions,⁽¹⁾ 2012



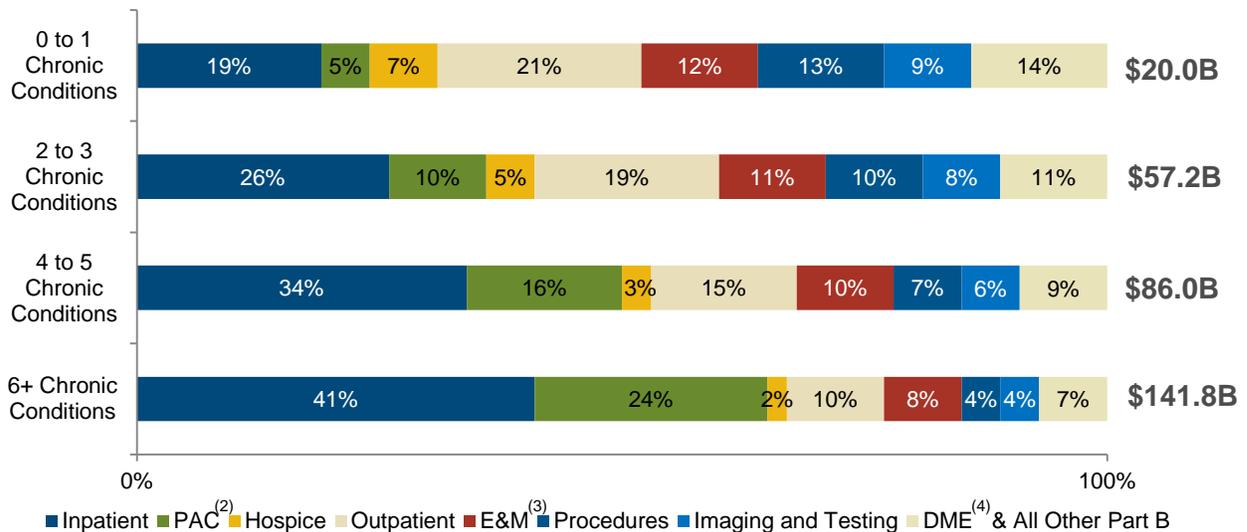
Source: Centers for Medicare & Medicaid Services. Medicare Chronic Condition Dashboard. Data released June 2, 2014. Available at: <https://www.ccwdata.org/web/guest/interactive-data/chronic-conditions-dashboard>.

(1) Includes 15 CMS identified chronic conditions.

(2) Percentages were rounded, so they do not add to 100 percent.

Previously *Percent of Population vs. Percent of Spending, by Number of Chronic Conditions, 2006*. Source: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation.

Chart 7.12: Percent of Medicare Fee-for-Service Spending on Chronic Conditions by Type of Service,⁽¹⁾ 2010



Source: Centers for Medicare & Medicaid Services. *Chronic Conditions Among Medicare Beneficiaries Chartbook 2012*.

Available at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Downloads/2012Chartbook.pdf>.

(1) Includes 15 CMS identified chronic conditions.

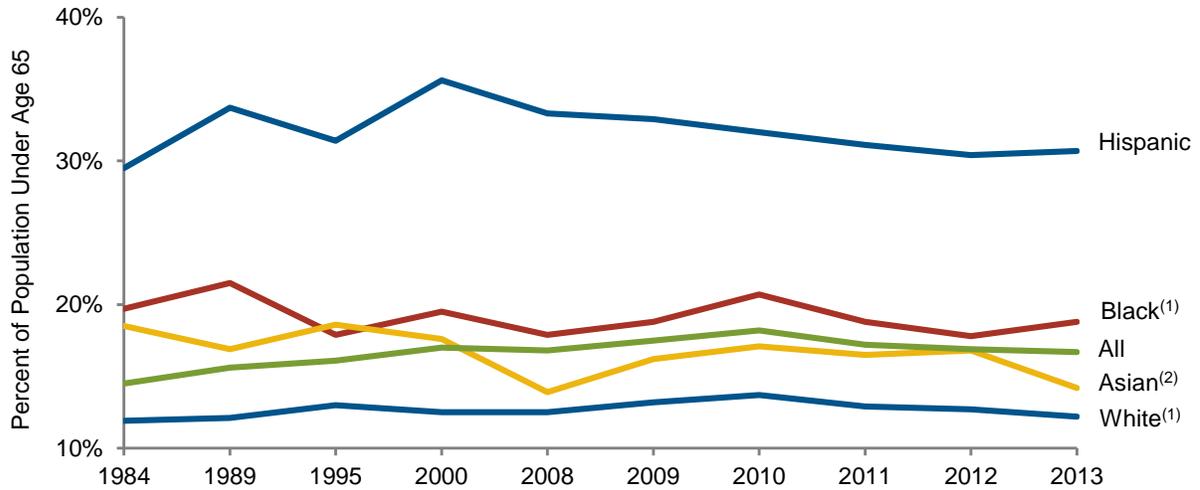
(2) PAC = Post-Acute Care.

(3) E&M = Evaluation & Management.

(4) DME = Durable Medical Equipment.

Chart added in Chartbook 2013. Replaced: *Working Age Adults with Activity Limitations Due to Chronic Conditions, by Condition and Age, 2006-2007*. Source: National Center for Health Statistics. (2010). *Health, United States, 2009*. Hyattsville, MD.

Chart 7.13: Percent Uninsured by Race, 1984 – 2013

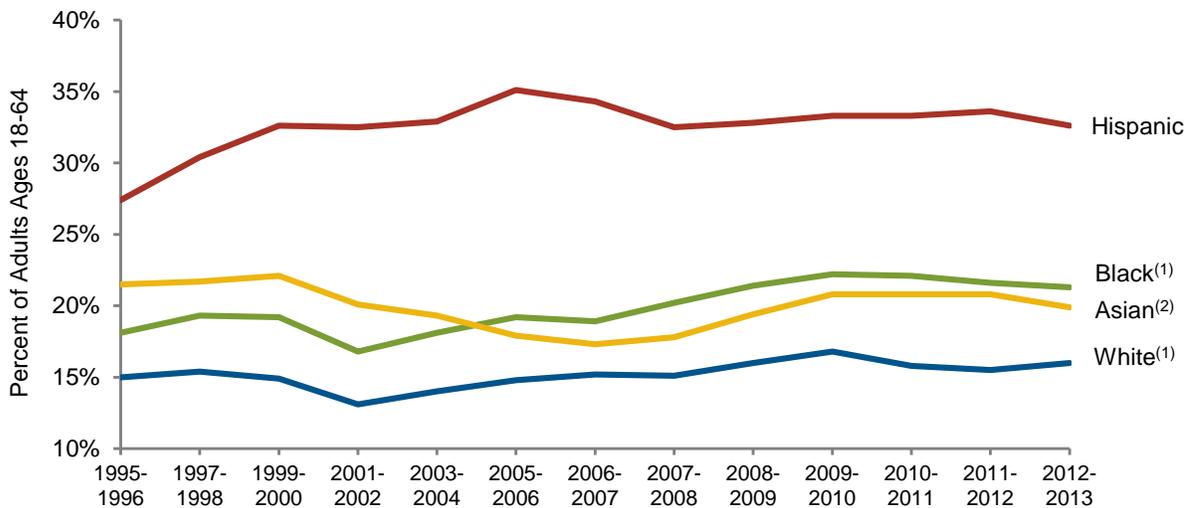


Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD

(1) Includes individuals of non-Hispanic origin only.

(2) Includes individuals of Hispanic and non-Hispanic origin.

Chart 7.14: Percent of Adults with No Usual Source of Care by Race, 1995 – 2013

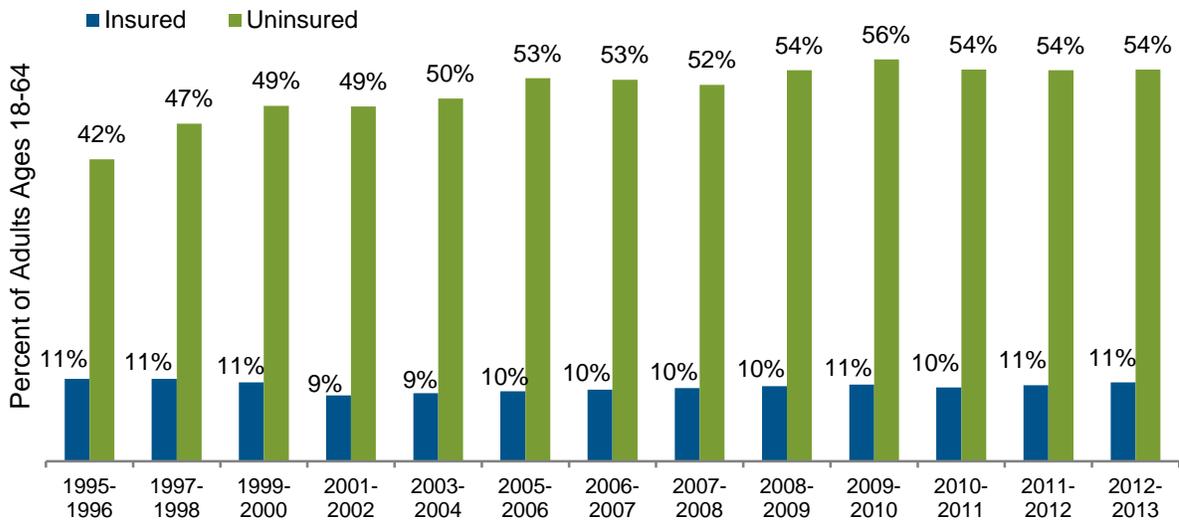


Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

(1) Includes individuals of non-Hispanic origin only.

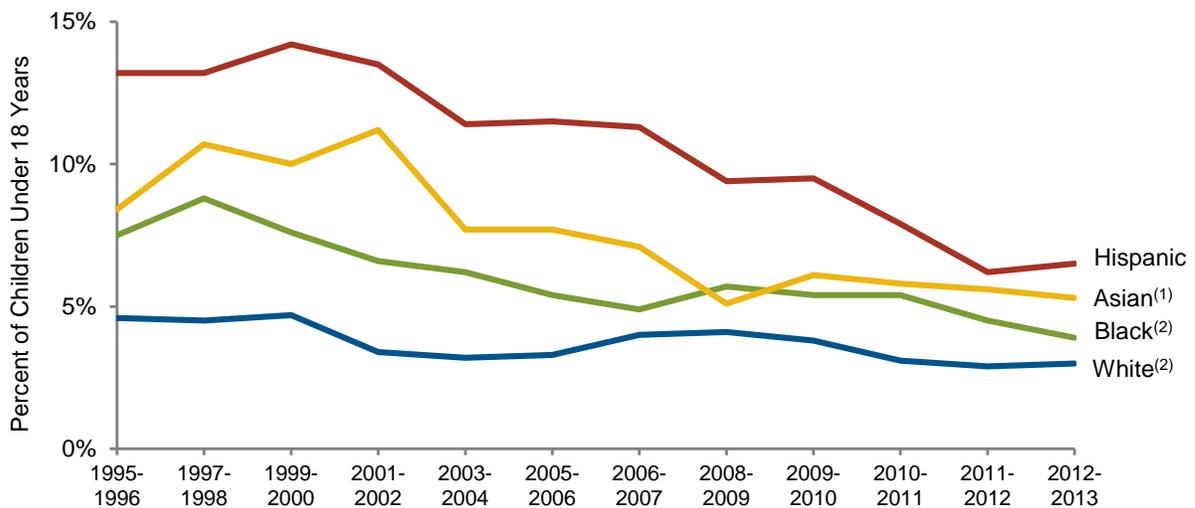
(2) Includes individuals of Hispanic and non-Hispanic origin.

Chart 7.15: Percent of Adults with No Usual Source of Care by Insurance Status, 1995 – 2013



Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

Chart 7.16: Percent of Children with No Usual Source of Care by Race, 1995 – 2013

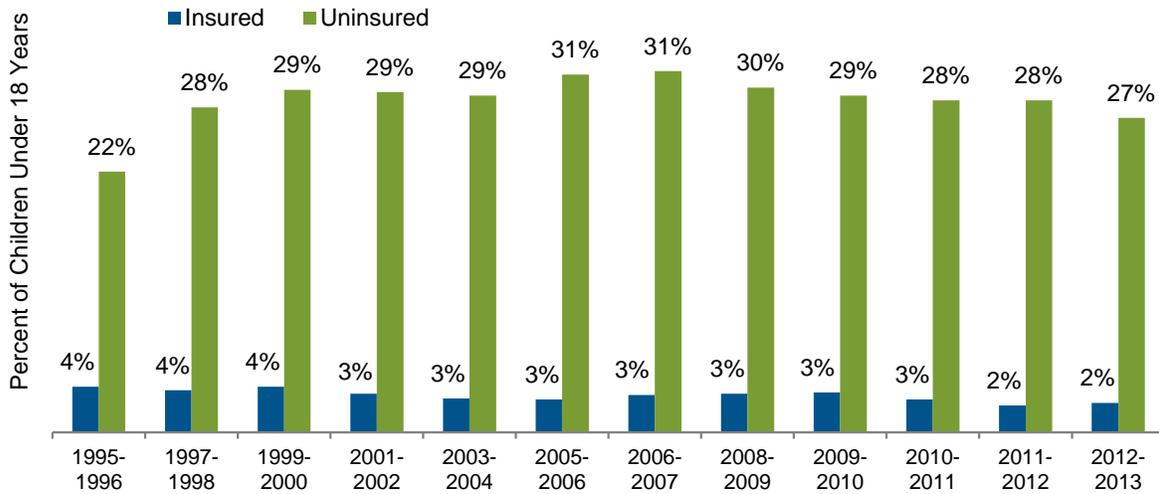


Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

⁽¹⁾ Includes individuals of Hispanic and non-Hispanic origin.

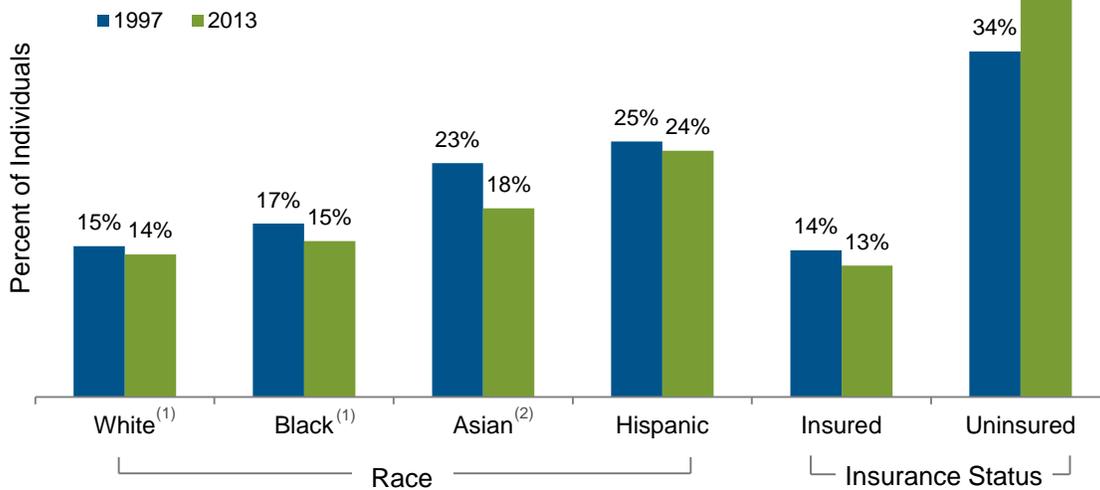
⁽²⁾ Includes individuals of non-Hispanic origin only.

Chart 7.17: Percent of Children with No Usual Source of Care by Insurance Status, 1995 – 2013



Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

Chart 7.18: Percent of Individuals with No Health Care Visits by Race, Insurance Status, 1997 and 2013

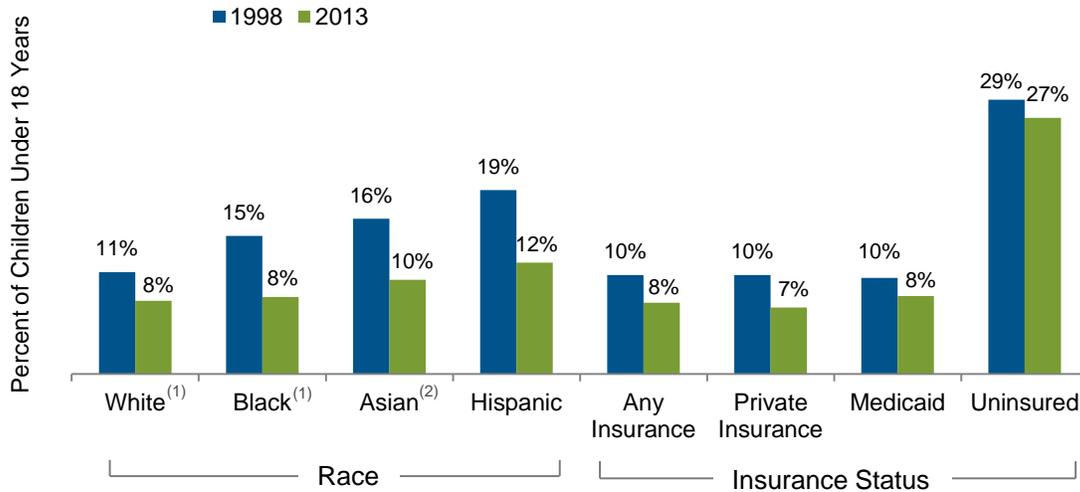


Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

(1) Includes individuals of non-Hispanic origin only.

(2) Includes individuals of Hispanic and non-Hispanic origin.

Chart 7.19: Percent of Children with No Health Care Visits by Race, Insurance Status, 1998 and 2013

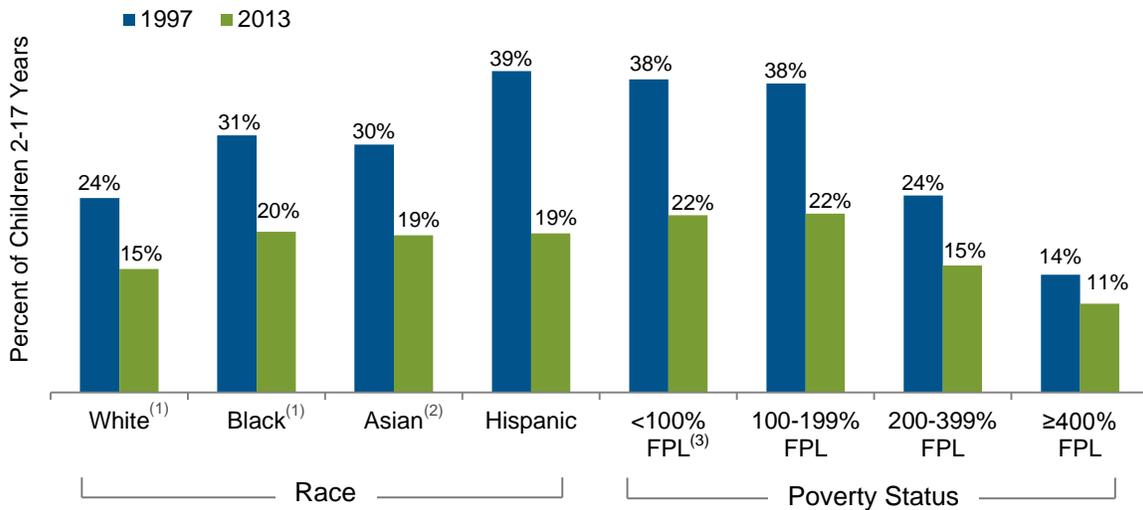


Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

(1) Includes individuals of non-Hispanic origin only.

(2) Includes individuals of Hispanic and non-Hispanic origin.

Chart 7.20: Percent of Children with No Dental Visits by Race, Poverty Status, 1997 and 2013



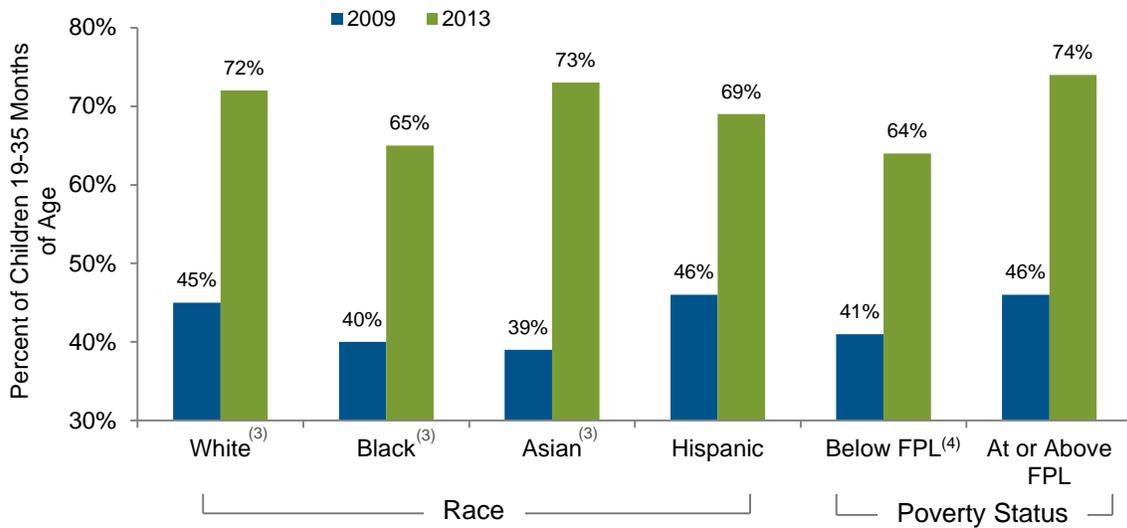
Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

(1) Includes individuals of non-Hispanic origin only.

(2) Includes individuals of Hispanic and non-Hispanic origin.

(3) FPL = federal poverty level.

Chart 7.21: Percent of Children Vaccinated⁽¹⁾ by Race, Poverty Status, 2009⁽²⁾ and 2013



Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

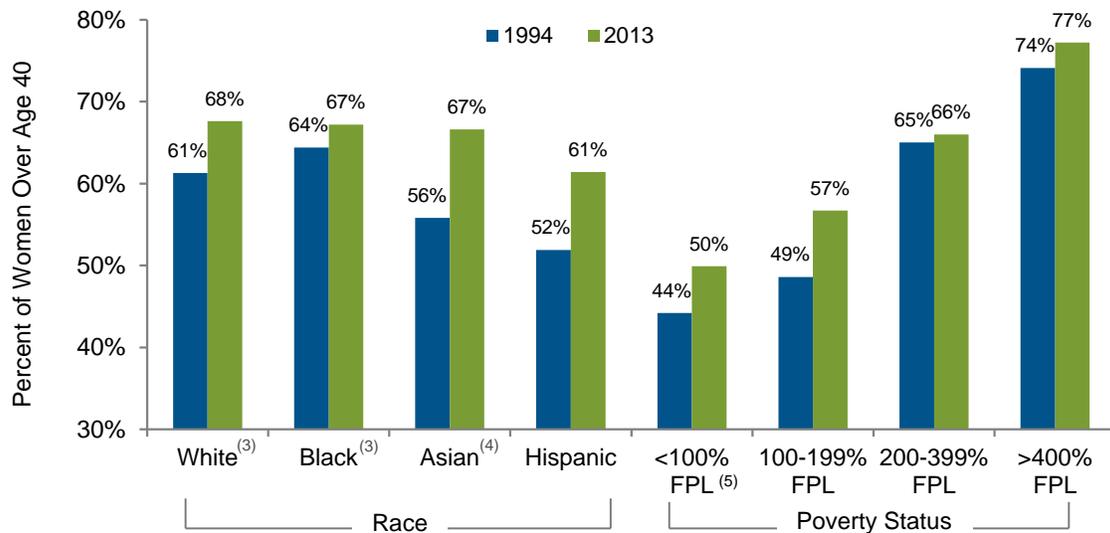
(1) Vaccinations include DTP, Polio, MMR, Hib, Hepatitis B, Varicella and PCV.

(2) Classification methodology changed for the Influenza Type B vaccine—before January 2009, NIS did not distinguish between Hib vaccine product types, so children who received three doses of the vaccine that required four doses were misclassified as fully vaccinated.

(3) Includes individuals of non-Hispanic origin only.

(4) FPL = federal poverty level.

Chart 7.22: Percent of Women⁽¹⁾ Receiving Mammography⁽²⁾ by Race, Poverty Status, 1994 and 2013



Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

(1) Women over 40 years of age.

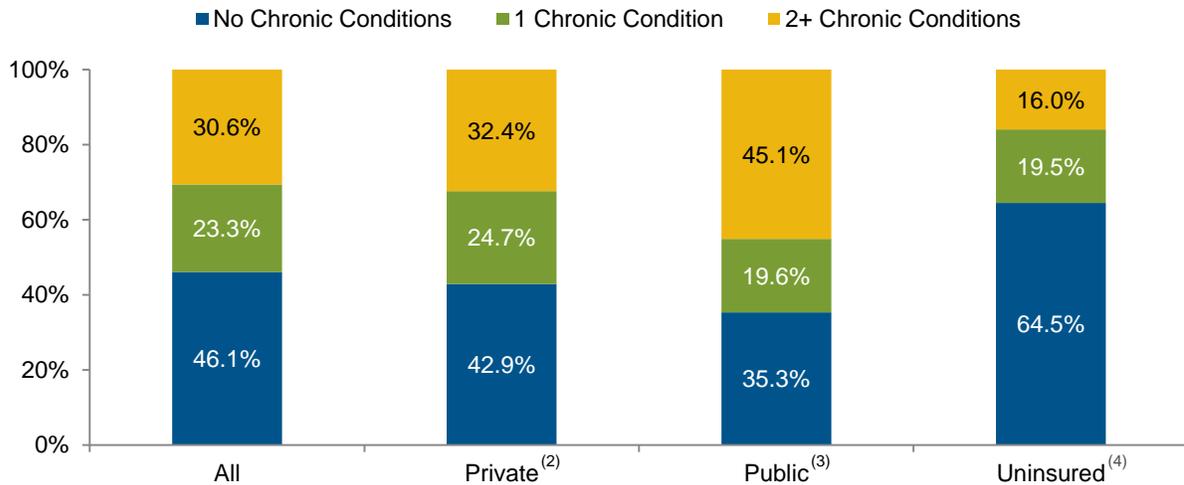
(2) Indicates use of mammography in two years prior to 1994 and 2013.

(3) Includes individuals of non-Hispanic origin only.

(4) Includes individuals of Hispanic and non-Hispanic origin.

(5) FPL = federal poverty level.

Chart 7.23: Percent of Adults⁽¹⁾ with Chronic Conditions by Insurance Type, 2007 – 2008



Source: Agency for Healthcare Research and Quality. Center for Financing, Access, and Cost Trends. Household Component of the Medical Expenditure Panel Survey, 2007-2008. Available at: http://meps.ahrq.gov/data_files/publications/st320/stat320.shtml.

(1) Includes individuals 18-64 years of age.

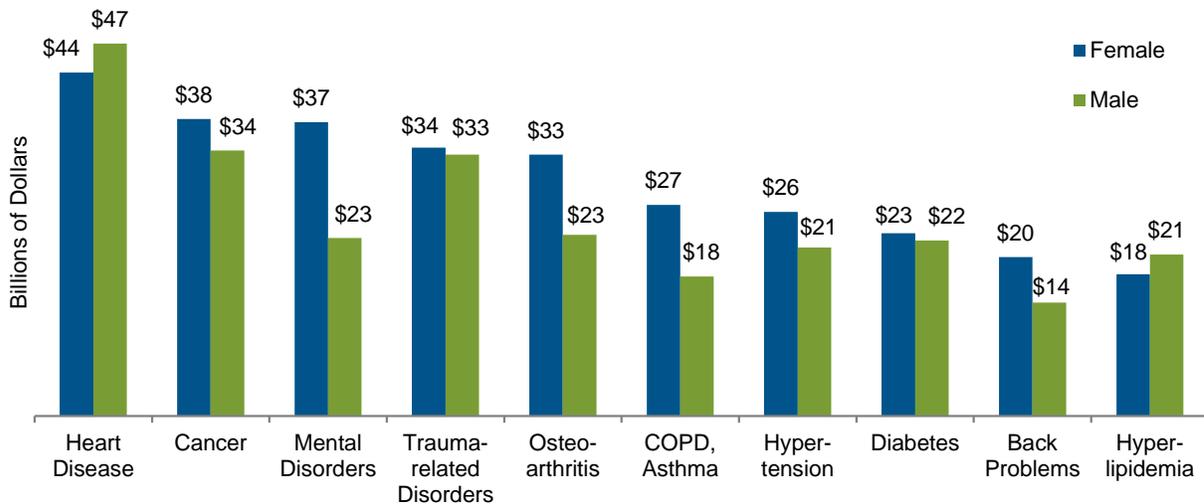
(2) Includes individuals who had any private insurance coverage (including TRICARE) anytime between 2007 to 2008.

(3) Includes individuals who had only public insurance coverage for all or part of the year between 2007 to 2008.

(4) Includes individuals who were uninsured all of the year between 2007 to 2008.

Chart added in Chartbook 2013.

Chart 7.24: Total Expenditures on Top 10 Most Costly Conditions Among Adults⁽¹⁾ by Sex, 2008

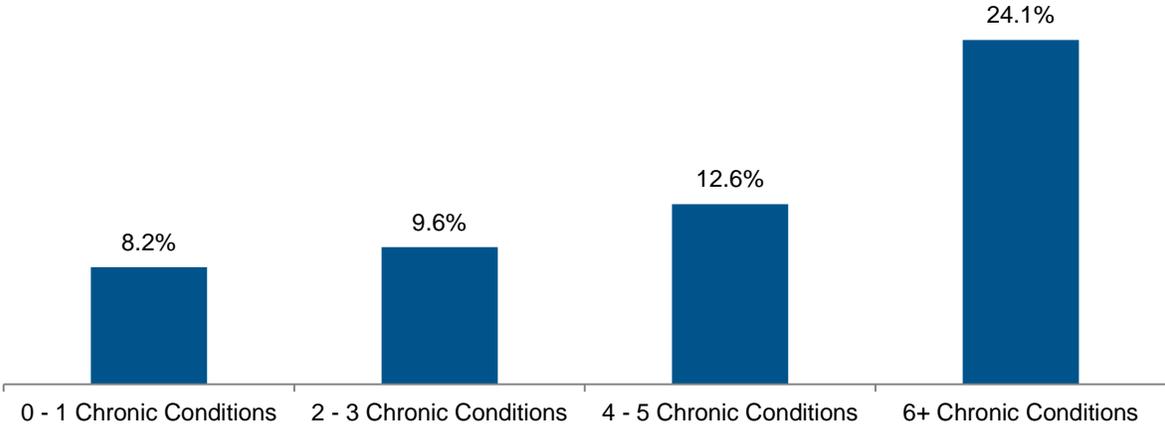


Source: Agency for Healthcare Research and Quality. Center for Financing, Access, and Cost Trends. Household Component of the Medical Expenditure Panel Survey, 2008. Available at: http://meps.ahrq.gov/mepsweb/data_files/publications/st331/stat331.shtml.

(1) Only includes adults ages 18 and older.

Chart added in Chartbook 2013.

Chart 7.25: 30-Day Readmission Rate for Medicare Fee-for-Service Beneficiaries by Number of Chronic Conditions,⁽¹⁾ 2012



Source: Centers for Medicare & Medicaid Services. Medicare Chronic Condition Dashboard. Data released June 2, 2014. Available at: <https://www.ccwdata.org/web/guest/interactive-data/chronic-conditions-dashboard>.

⁽¹⁾ Includes 15 CMS identified chronic conditions.

Chart added in Chartbook 2013.



APPENDICES



APPENDIX 1

Supplementary Data Tables
Trends in the Overall
Health Care Market

Table 1.1: Total National Health Expenditures, 1980 – 2013⁽¹⁾

Year	Total National Health Expenditures				Prescription Drugs Total	
	Total		Per Capita		Nominal Dollars (billions)	Real Dollars ⁽²⁾ (billions)
	Nominal Dollars (billions)	Real Dollars ⁽²⁾ (billions)	Nominal Dollars	Real Dollars ⁽²⁾		
1980	\$255.8	\$255.8	\$1,112	\$1,112	\$12.0	\$12.0
1981	\$296.7	\$269.0	\$1,274	\$1,154	\$13.4	\$12.1
1982	\$334.7	\$285.8	\$1,424	\$1,216	\$15.0	\$12.8
1983	\$369.0	\$305.3	\$1,557	\$1,288	\$17.3	\$14.3
1984	\$406.5	\$322.4	\$1,701	\$1,349	\$19.6	\$15.6
1985	\$444.6	\$340.5	\$1,837	\$1,407	\$21.8	\$16.7
1986	\$476.9	\$358.5	\$1,954	\$1,469	\$24.3	\$18.3
1987	\$519.1	\$376.5	\$2,110	\$1,531	\$26.9	\$19.5
1988	\$581.7	\$405.2	\$2,346	\$1,634	\$30.6	\$21.3
1989	\$647.5	\$430.3	\$2,580	\$1,714	\$34.8	\$23.1
1990	\$724.3	\$456.6	\$2,851	\$1,798	\$40.3	\$25.4
1991	\$791.5	\$478.9	\$3,080	\$1,863	\$44.4	\$26.9
1992	\$857.9	\$503.9	\$3,300	\$1,938	\$47.0	\$27.6
1993	\$921.5	\$525.5	\$3,504	\$1,998	\$49.6	\$28.3
1994	\$972.7	\$540.8	\$3,657	\$2,033	\$53.1	\$29.5
1995	\$1,027.4	\$555.5	\$3,820	\$2,065	\$59.8	\$32.3
1996	\$1,081.9	\$568.2	\$3,992	\$2,097	\$68.1	\$35.8
1997	\$1,142.7	\$586.7	\$4,170	\$2,141	\$77.6	\$39.9
1998	\$1,209.1	\$611.2	\$4,365	\$2,207	\$88.4	\$44.7
1999	\$1,286.7	\$636.4	\$4,595	\$2,273	\$104.7	\$51.8
2000	\$1,378.0	\$659.4	\$4,886	\$2,338	\$121.2	\$58.0
2001	\$1,494.6	\$695.4	\$5,244	\$2,440	\$139.1	\$64.7
2002	\$1,638.1	\$750.3	\$5,688	\$2,605	\$158.2	\$72.4
2003	\$1,778.3	\$796.4	\$6,132	\$2,746	\$177.0	\$79.3
2004	\$1,905.7	\$831.3	\$6,504	\$2,837	\$193.0	\$84.2
2005	\$2,034.8	\$858.5	\$6,898	\$2,910	\$205.3	\$86.6
2006	\$2,167.2	\$885.8	\$7,272	\$2,972	\$224.4	\$91.7
2007	\$2,303.9	\$915.6	\$7,654	\$3,042	\$236.0	\$93.8
2008	\$2,414.1	\$923.9	\$7,941	\$3,039	\$242.7	\$92.9
2009	\$2,505.8	\$962.4	\$8,162	\$3,135	\$255.0	\$97.9
2010	\$2,604.1	\$984.1	\$8,428	\$3,185	\$256.2	\$96.8
2011	\$2,705.3	\$991.0	\$8,699	\$3,187	\$263.0	\$96.3
2012	\$2,817.3	\$1011.1	\$9,001	\$3,230	\$264.4	\$94.9
2013	\$2,919.1	\$1032.5	\$9,267	\$3,278	\$271.1	\$95.9

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December 3, 2014.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

⁽²⁾ Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for Urban Consumers.

Data for Charts 1.1, 1.3 and 1.10

Table 1.2: Percent Change in National Expenditures for Selected Health Services and Supplies, 2003 – 2013⁽¹⁾

Year	Hospital Care	Prescription Drugs	Admin. & Net Cost of Private Health Insurance	Home Health Care	Nursing Home Care
2003	8.2%	11.9%	17.7%	8.7%	6.2%
2004	7.6%	9.0%	7.0%	10.1%	5.4%
2005	7.7%	6.4%	7.0%	11.2%	6.3%
2006	7.0%	9.3%	9.7%	8.0%	4.3%
2007	6.2%	5.2%	3.9%	9.9%	7.7%
2008	5.3%	2.8%	-1.0%	7.8%	4.9%
2009	6.6%	5.0%	-1.5%	8.0%	4.5%
2010	4.9%	0.5%	9.1%	5.8%	3.2%
2011	4.3%	2.6%	5.4%	3.7%	4.3%
2012	5.7%	0.5%	3.5%	4.5%	2.0%
2013	4.3%	2.5%	5.6%	3.4%	2.4%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December 3, 2014.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.7

Table 1.3: National Health Expenditures,⁽¹⁾ 1980 – 2023⁽²⁾

Year	Expenditures (billions)
1980	\$255.8
1990	\$724.3
2000	\$1,377.2
2001	\$1,493.4
2002	\$1,638.0
2003	\$1,778.0
2004	\$1,905.7
2005	\$2,035.4
2006	\$2,166.7
2007	\$2,302.9
2008	\$2,411.7
2009	\$2,504.2
2010	\$2,599.0
2011	\$2,692.8
2012	\$2,793.4
2013	\$2,894.7
2014	\$3,056.7
2015	\$3,207.3
2016	\$3,386.2
2017	\$3,579.0
2018	\$3,797.5
2019	\$4,042.5
2020	\$4,307.4
2021	\$4,577.8
2022	\$4,861.9
2023	\$5,158.8

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released September 2014.

⁽¹⁾ Years 2013 – 2023 are projections.

⁽²⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.8

Table 1.4: Consumer Out-of-pocket Payments for National Health Expenditures, 1993 – 2013⁽¹⁾

Year	Payment (billions)
1993	\$145.3
1994	\$143.4
1995	\$146.2
1996	\$152.0
1997	\$163.5
1998	\$179.1
1999	\$190.1
2000	\$201.5
2001	\$208.8
2002	\$221.9
2003	\$238.2
2004	\$251.7
2005	\$267.2
2006	\$277.4
2007	\$293.7
2008	\$300.9
2009	\$300.9
2010	\$306.2
2011	\$317.3
2012	\$328.8
2013	\$339.4

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December 3, 2014.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.9

Table 1.5: Growth in Total Prescription Drug Spending as a Percentage of Total Growth in National Health Expenditures, 1993 – 2013⁽¹⁾

Year	Percentage
1993	4.07%
1994	6.78%
1995	12.33%
1996	15.30%
1997	15.59%
1998	16.28%
1999	21.02%
2000	18.01%
2001	15.41%
2002	13.24%
2003	13.44%
2004	12.53%
2005	9.56%
2006	14.46%
2007	8.45%
2008	6.10%
2009	13.37%
2010	1.23%
2011	6.69%
2012	1.27%
2013	6.60%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December 3, 2014.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.11

Table 1.6: Consumer Out-of-pocket Spending vs. Private Health Insurance Spending for Prescription Drugs, 1993 – 2013⁽¹⁾

Year	Out-of-pocket Payment (billions)	Private Health Insurance (billions)
1993	\$23.859	\$16.246
1994	\$23.199	\$19.229
1995	\$23.223	\$24.504
1996	\$24.265	\$30.144
1997	\$25.704	\$36.204
1998	\$27.497	\$42.620
1999	\$30.554	\$52.210
2000	\$33.707	\$61.218
2001	\$36.417	\$71.302
2002	\$40.945	\$79.922
2003	\$45.641	\$87.232
2004	\$48.301	\$95.153
2005	\$51.507	\$102.202
2006	\$51.353	\$102.041
2007	\$52.071	\$107.460
2008	\$49.876	\$110.995
2009	\$49.578	\$118.290
2010	\$46.146	\$118.913
2011	\$46.839	\$120.899
2012	\$46.469	\$118.557
2013	\$45.911	\$117.937

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December 3, 2014.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthpenddata/downloads/benchmark2009.pdf>.

Data for Chart 1.12

Table 1.7: Number and Percent Uninsured, 1993 – 2013

Year	Number (millions)	Percent
1993	39.7	15.3%
1994	39.7	15.2%
1995	40.6	15.4%
1996	41.7	15.6%
1997	43.4	16.1%
1998	44.3	16.3%
1999	40.2	14.5%
2000	39.8	14.2%
2001	41.2	14.6%
2002	43.6	15.2%
2003	45.0	15.6%
2004	43.5	14.9%
2005	44.8	15.3%
2006	47.0	15.8%
2007	45.7	15.3%
2008	46.3	15.4%
2009	49.0	16.7%
2010	49.9	16.3%
2011	48.6	15.7%
2012	48.0	15.4%
2013	42.0	13.4%

Source: US Census Bureau, Health Insurance Coverage in the United States: 2013. Data released September 2014. Table 2. Type of Health Insurance Coverage by Age: 2013.

Link: <http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-250.pdf>.

Data for Chart 1.15

Table 1.8: Average Percent Uninsured by State, 2012 – 2013

State	Average Percent Uninsured	State	Average Percent Uninsured
Alabama	13.4	Montana	17.2
Alaska	19.5	Nebraska	11.3
Arizona	17.3	Nevada	21.4
Arkansas	16.2	New Hampshire	10.7
California	17.5	New Jersey	13.0
Colorado	14.4	New Mexico	18.5
Connecticut	9.3	New York	10.8
Delaware	9.0	North Carolina	16.1
District of Columbia	6.3	North Dakota	10.2
Florida	20.0	Ohio	11.3
Georgia	18.6	Oklahoma	18.0
Hawaii	6.8	Oregon	14.8
Idaho	16.2	Pennsylvania	9.7
Illinois	12.8	Rhode Island	11.3
Indiana	14.1	South Carolina	16.3
Iowa	8.3	South Dakota	11.4
Kansas	12.4	Tennessee	13.9
Kentucky	14.1	Texas	22.3
Louisiana	16.7	Utah	14.2
Maine	10.7	Vermont	6.8
Maryland	10.2	Virginia	12.4
Massachusetts	3.8	Washington	13.9
Michigan	11.2	West Virginia	14.2
Minnesota	8.1	Wisconsin	9.0
Mississippi	17.1	Wyoming	14.4
Missouri	13.3		

Source: US Census Bureau, Health Insurance in the United States: 2013. Data released September 2014.
 Link: <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2013/index.html>.

Data for Chart 1.16

Table 1.9: Medicaid Enrollees,⁽¹⁾ 1990, 1995, 2000 – 2014

Year	Aged (millions)	Blind/ Disabled (millions)	Children (millions)	Adults (millions)	Other Title XIX ⁽²⁾ (millions)	Total (millions)
1990	3.2	3.7	11.2	6.0	1.1	25.3
1995	4.2	6.0	17.6	7.8	0.6	36.3
2000	4.6	7.5	22.0	10.4		44.5
2001	4.8	8.0	23.7	12.0		48.4
2002	4.5	7.9	25.5	12.9		50.9
2003	4.8	8.3	25.3	14.0		52.4
2004	5.1	8.9	27.8	15.4		57.3
2005	5.4	9.4	28.3	15.5		58.6
2006	5.5	9.8	29.5	16.0		60.9
2007	5.6	9.6	29.5	15.7		60.5
2008	5.6	9.6	30.6	16.3		62.1
2009	5.8	10.0	34.0	18.0		67.8
2010	5.5	10.4	33.5	18.3		67.7
2011	5.0	11.0	33.0	18.0		67.0
2012	6.0	11.0	34.0	20.0		71.0
2013	6.0	11.0	34.0	21.0		72.0
2014	6.0	11.0	36.0	24.0		77.0

Source: Congressional Budget Office. Data released April 2014. Detail of Spending and Enrollment for CBO's April 2014 Baseline: Medicaid. Link: <http://www.cbo.gov/sites/default/files/cbofiles/attachments/44204-2014-04-Medicaid.pdf>.

⁽¹⁾ Does not include CHIP enrollees.

⁽²⁾ In 1997, the Other Title XIX category was dropped and the enrollees therein were subsumed in the remaining categories. Other Title XIX enrollees referred to others who received Medicaid benefits.

Data for Chart 1.18

Table 1.10: Percent Change in CHIP Enrollment by State, FY 2012 – FY 2013

State	Percent Change FY 12 - FY 13	State	Percent Change FY 12 - FY 13
Alabama	0.5%	Montana	12.9%
Alaska	22.7%	Nebraska	-0.9%
Arizona	124.9%	Nevada	-4.1%
Arkansas	-4.2%	New Hampshire	70.1%
California	-10.1%	New Jersey	2.7%
Colorado	-7.1%	New Mexico	-2.2%
Connecticut	-4.9%	New York	-10.5%
Delaware	2.6%	North Carolina	0.4%
District of Columbia	24.2%	North Dakota	44.8%
Florida	14.1%	Ohio	0.7%
Georgia	4.4%	Oklahoma	17.5%
Hawaii	2.8%	Oregon	5.0%
Idaho	-1.2%	Pennsylvania	-1.7%
Illinois	-3.1%	Rhode Island	-1.4%
Indiana	-1.2%	South Carolina	1.2%
Iowa	4.0%	South Dakota	1.2%
Kansas	18.6%	Tennessee	4.9%
Kentucky	-1.5%	Texas	3.5%
Louisiana	-0.5%	Utah	-4.5%
Maine	-18.2%	Vermont	-2.3%
Maryland	2.7%	Virginia	3.7%
Massachusetts	2.4%	Washington	1.1%
Michigan	3.1%	West Virginia	-2.0%
Minnesota	-6.6%	Wisconsin	-1.2%
Mississippi	-0.1%	Wyoming	1.1%
Missouri	0.1%		

Source: Centers for Medicare & Medicaid Services. Data released July 2014. Number of Children Ever Enrolled by Program Type. Link: <http://www.medicaid.gov/CHIP/Downloads/FY-2013-Childrens-Ever-Enrolled-Report.pdf>.

Data for Chart 1.20

Table 1.11: Percentage of Employees with Employer-based Coverage Who Can Choose Conventional, PPO, HMO, POS, and HDHP/SO Plans, 1988 – 2014

	1988	1996	1999	2002	2006	2007	2008	2009	2010	2011	2012	2013	2014
Conventional⁽¹⁾	90%	52%	26%	14%	10%	10%	8%	5%	6%	7%	4%	4%	3%
PPO	18%	45%	62%	74%	79%	79%	77%	80%	79%	76%	75%	76%	77%
HMO	46%	64%	56%	50%	43%	42%	41%	44%	42%	39%	37%	34%	31%
POS⁽²⁾		30%	45%	34%	23%	21%	24%	19%	14%	16%	14%	13%	13%
HDHP/SO⁽³⁾					14%	18%	25%	28%	32%	40%	39%	43%	45%

Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data released 2014. Employer Health Benefits: 1999, 2002, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013 and 2014. Link: <http://ehbs.kff.org/pdf/2013/8345.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

Data for Chart 1.21

Table 1.12: Percent Distribution of Employer-sponsored Health Insurance Enrollment by Type of Plan, 1988 – 2014

	1988	1996	1999	2002	2006	2007	2008	2009	2010	2011	2012	2013	2014
Conventional⁽¹⁾	73%	27%	10%	4%	3%	3%	2%	1%	1%	1%	0%	0%	1%
PPO	11%	28%	39%	52%	60%	57%	58%	60%	58%	55%	56%	57%	58%
HMO	16%	31%	28%	27%	20%	21%	20%	20%	19%	17%	16%	14%	13%
POS⁽²⁾		14%	24%	18%	13%	13%	12%	10%	8%	10%	9%	9%	8%
HDHP/SO⁽³⁾					4%	5%	8%	8%	13%	17%	19%	20%	20%

Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data released 2014. Employer Health Benefits: 1999, 2002, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013 and 2014. Link: <http://ehbs.kff.org/pdf/2013/8345.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

(3) In 2006, the survey began asking about HDHP/SO, high-deductible health plans with a savings option.

Data for Chart 1.22

Table 1.13: Growth in Medicare Spending per Beneficiary vs. Private Health Insurance Spending per Enrollee, 1993 – 2013^(1,2)

Year	Growth in Medicare Spending per Beneficiary	Growth in Private Health Insurance Spending per Enrollee
1993	6.6%	4.6%
1994	7.6%	1.7%
1995	7.2%	1.6%
1996	4.6%	1.6%
1997	4.2%	3.3%
1998	0.3%	4.8%
1999	2.8%	4.4%
2000	3.2%	6.1%
2001	8.4%	8.8%
2002	5.4%	9.3%
2003	4.9%	9.8%
2004	6.7%	8.1%
2005	5.8%	6.7%
2006	3.5%	6.4%
2007	2.6%	5.2%
2008	4.6%	6.3%
2009	3.2%	7.3%
2010	0.3%	4.9%
2011	1.4%	4.6%
2012	0.3%	5.5%
2013	-0.6%	2.9%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released December 3, 2014.

⁽¹⁾ CMS completed a benchmark revision in 2009, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.gov/nationalhealthexpenddata/downloads/benchmark2009.pdf>.

⁽²⁾ Data reflects spending on benefits commonly covered by Medicare and Private Health Insurance.

Data for Chart 1.24

Table 1.14: Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care by State, 2010 and 2011

State	% Enrolled		State	% Enrolled	
	10	11		10	11
Alabama	59.6%	61.1%	Montana	74.6%	76.1%
Alaska	0.0%	0.0%	Nebraska	85.6%	85.1%
Arizona	90.5%	88.7%	Nevada	85.1%	83.6%
Arkansas	78.4%	78.4%	New Hampshire	0.0%	0.0%
California	55.1%	60.1%	New Jersey	76.8%	77.7%
Colorado	94.6%	94.6%	New Mexico	73.1%	72.8%
Connecticut	69.9%	68.6%	New York	68.1%	76.7%
Delaware	77.4%	80.5%	North Carolina	77.5%	83.2%
District of Columbia	69.7%	67.4%	North Dakota	67.3%	63.6%
Florida	64.5%	63.8%	Ohio	73.5%	75.4%
Georgia	91.0%	91.3%	Oklahoma	90.1%	86.5%
Hawaii	98.0%	98.7%	Oregon	86.7%	98.2%
Idaho	87.6%	100.0%	Pennsylvania	81.7%	81.5%
Illinois	56.5%	67.8%	Rhode Island	67.4%	68.6%
Indiana	70.4%	70.3%	South Carolina	100.0%	100.0%
Iowa	90.1%	91.1%	South Dakota	80.3%	75.8%
Kansas	86.6%	87.4%	Tennessee	100.0%	100.0%
Kentucky	88.2%	89.4%	Texas	67.0%	70.7%
Louisiana	63.7%	65.3%	Utah	83.3%	99.8%
Maine	67.7%	49.3%	Vermont	56.7%	58.5%
Maryland	79.5%	74.6%	Virginia	59.2%	58.2%
Massachusetts	53.5%	53.1%	Washington	86.7%	88.1%
Michigan	86.2%	88.4%	West Virginia	48.6%	51.0%
Minnesota	63.8%	65.7%	Wisconsin	62.4%	63.7%
Mississippi	75.9%	87.2%	Wyoming	0.0%	0.0%
Missouri	99.1%	97.7%	Nation	71.5%	74.2%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Medicaid Managed Care Enrollment Report as of June 30, 2010 and July 1, 2011.

Data for Chart 1.26

Table 1.15: Operating Margins of the Top Insurers, 2012 – 2014

	2012	2013	2014
Aetna	8.2%	6.7%	7.3%
Anthem⁽¹⁾	7.3%	8.0%	5.9%
United HealthCare	8.4%	7.9%	7.9%
Cigna	9.5%	6.7%	9.5%
Humana	5.2%	5.0%	4.5%

Source: YCharts data used for 2014. Data from FactSet Research Systems Inc. used in 2012, 2013, and earlier years' Chartbooks.

⁽¹⁾ Wellpoint in 2014 and earlier years' Chartbooks. In December 2014, Wellpoint changed its name to Anthem.

Data for Chart 1.29



APPENDIX 2

Supplementary Data Tables
Organizational Trends

Table 2.1: Number of Community Hospitals,⁽¹⁾ 1993 – 2013

Year	All Hospitals	Urban ⁽²⁾	Rural ⁽²⁾	In Health System
1993	5,261	3,012	2,249	-
1994	5,229	2,993	2,236	-
1995	5,194	2,958	2,236	-
1996	5,134	2,908	2,226	-
1997	5,057	2,852	2,205	-
1998	5,015	2,816	2,199	-
1999	4,956	2,767	2,189	2,524
2000	4,915	2,740	2,175	2,542
2001	4,908	2,742	2,166	2,580
2002	4,927	2,749	2,178	2,606
2003	4,895	2,729	2,166	2,626
2004	4,919	2,916	2,003	2,668
2005	4,936	2,927	2,009	2,716
2006	4,927	2,926	2,001	2,755
2007	4,897	2,900	1,997	2,730
2008	5,010	3,012	1,998	2,868
2009	5,008	3,011	1,997	2,921
2010	4,985	2,998	1,987	2,941
2011	4,973	2,989	1,984	3,007
2012	4,999	3,019	1,980	3,100
2013	4,974	3,003	1,971	3,144

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

⁽¹⁾ All non-federal, short-term general, and specialty hospitals whose facilities and services are available to the public.

⁽²⁾ Data on the number of urban and rural hospitals in 2004 and beyond were collected using coding different from previous years to reflect new Centers for Medicare & Medicaid Services wage area designations.

Data for Charts 2.1 and 2.4

Table 2.2: Number of Beds and Number of Beds per 1,000 Persons, 1993 – 2013

Year	Number of Beds	Beds per 1,000
1993	917,847	3.56
1994	901,056	3.46
1995	871,976	3.32
1996	862,352	3.25
1997	853,287	3.19
1998	839,988	3.11
1999	829,575	3.04
2000	823,560	2.93
2001	825,966	2.90
2002	820,653	2.85
2003	813,307	2.80
2004	808,127	2.75
2005	802,311	2.71
2006	802,658	2.68
2007	800,892	2.66
2008	808,069	2.66
2009	805,593	2.62
2010	804,943	2.60
2011	797,403	2.56
2012	800,566	2.55
2013	795,603	2.52

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

Data for Chart 2.2

Table 2.3: Beds per 1,000 Persons by State, 2012 and 2013

State	Beds per 1,000 Persons		State	Beds per 1,000 Persons	
	12	13		12	13
Alabama	3.11	3.13	Montana	3.69	3.67
Alaska	2.12	2.12	Nebraska	3.77	3.63
Arizona	2.06	2.01	Nevada	1.99	2.03
Arkansas	3.19	3.19	New Hampshire	2.14	2.12
California	1.87	1.83	New Jersey	2.39	2.40
Colorado	1.97	1.96	New Mexico	1.95	1.83
Connecticut	2.26	2.17	New York	2.92	2.86
Delaware	2.18	2.20	North Carolina	2.33	2.30
District of Columbia	5.72	5.58	North Dakota	4.65	4.04
Florida	2.78	2.72	Ohio	2.92	2.87
Georgia	2.49	2.47	Oklahoma	2.97	2.95
Hawaii	2.01	2.01	Oregon	1.72	1.72
Idaho	2.07	2.08	Pennsylvania	3.08	3.05
Illinois	2.54	2.46	Rhode Island	2.34	2.14
Indiana	2.69	2.63	South Carolina	2.65	2.67
Iowa	3.24	3.18	South Dakota	5.03	4.92
Kansas	2.69	3.45	Tennessee	3.12	3.12
Kentucky	3.24	3.19	Texas	2.35	2.33
Louisiana	3.51	3.36	Utah	1.83	1.80
Maine	3.24	2.62	Vermont	1.97	1.92
Maryland	3.30	2.09	Virginia	2.22	2.18
Massachusetts	2.44	2.46	Washington	1.76	1.75
Michigan	2.54	2.53	West Virginia	3.89	3.80
Minnesota	2.77	2.73	Wisconsin	2.27	2.22
Mississippi	4.32	4.29	Wyoming	3.34	3.30
Missouri	3.16	3.13			

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.
 US Census Bureau: National and State Population Estimates, July 1, 2013.
 Link: <http://www.census.gov/popest/data/state/totals/2013/index.html>.

Data for Chart 2.3

Table 2.4: Percentage of Hospitals with Physician Affiliates⁽¹⁾ by Type of Relationship, 2003 – 2013

	03	04	05	06	07	08	09	10	11	12	13
Physician Hospital Organization	21%	19%	19%	19%	19%	18%	16%	16%	16%	16%	16%
Independent Practice Association	16%	15%	14%	14%	13%	12%	12%	11%	10%	10%	10%
Management Service Organization	10%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%
Group Practice without Walls	4%	3%	4%	3%	3%	3%	3%	3%	3%	3%	4%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

⁽¹⁾ A hospital is considered to have a physician relationship if the relationship exists as part of the hospital or a system or network of which the hospital is a part.

Previously Table 2.5 in 2009 and earlier years' Chartbooks.

Data for Chart 2.6

Table 2.5: Percentage of Hospitals with Insurance Products by Type of Insurance, 2003 – 2013

	03	04	05	06	07	08	09	10	11	12	13
Preferred Provider Organization	19%	18%	19%	18%	17%	14%	14%	15%	15%	12%	14%
Health Maintenance Organization	14%	14%	14%	13%	13%	12%	12%	12%	13%	13%	14%
Indemnity or Fee for Service	6%	6%	6%	6%	6%	5%	5%	5%	5%	4%	5%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

Previously Table 2.6 in 2009 and earlier years' Chartbooks.

Data for Chart 2.7

Table 2.6: Percentage of Hospitals Offering “Non-hospital” Services,⁽¹⁾ 2003 – 2013

	03	04	05	06	07	08	09	10	11	12	13
Home Health Service	64%	64%	63%	63%	63%	61%	61%	60%	60%	60%	60%
Skilled Nursing Facility	45%	43%	42%	42%	41%	40%	39%	37%	37%	38%	37%
Other Long-term Care	13%	14%	14%	14%	14%	14%	14%	12%	12%	14%	12%
Assisted Living	16%	16%	16%	16%	15%	15%	15%	15%	15%	15%	14%
Hospice	57%	59%	60%	62%	63%	62%	62%	61%	62%	64%	64%
Meals on Wheels	24%	24%	23%	23%	22%	22%	21%	21%	20%	20%	21%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

⁽¹⁾ Includes services offered in hospital, health system, network or joint venture.

Previously Table 2.7 in 2009 and earlier years' Chartbooks.

Data for Chart 2.8



APPENDIX 3

Supplementary Data Tables
Utilization and Volume

Table 3.1: Trends in Inpatient Utilization in Community Hospitals, 1993 – 2013

Year	Inpatient Admissions in Community Hospitals	Inpatient Admissions per 1,000	Total Inpatient Days in Community Hospitals	Inpatient Days per 1,000	Inpatient Surgeries	Average Length of Stay
1993	30,748,051	119.3	215,888,741	837.6	10,181,703	7.0
1994	30,718,136	118.0	207,180,278	796.0	9,833,938	6.7
1995	30,945,357	117.8	199,876,367	760.7	9,700,613	6.5
1996	31,098,959	117.2	193,747,004	730.4	9,545,612	6.2
1997	31,576,960	118.0	192,504,015	719.3	9,509,081	6.1
1998	31,811,673	117.8	191,430,450	709.0	9,735,705	6.0
1999	32,359,042	118.7	191,884,270	703.7	9,539,593	5.9
2000	33,089,467	117.6	192,420,368	683.7	9,729,336	5.8
2001	33,813,589	118.7	194,106,316	681.6	9,779,583	5.7
2002	34,478,280	119.7	196,690,099	682.7	10,105,010	5.7
2003	34,782,742	119.6	196,649,769	676.2	9,940,922	5.7
2004	35,086,061	119.5	197,564,172	672.8	10,050,346	5.6
2005	35,238,673	119.2	197,073,770	666.4	10,097,271	5.6
2006	35,377,659	118.2	196,366,512	655.9	10,095,683	5.6
2007	35,345,986	117.3	194,549,348	645.7	10,189,630	5.5
2008	35,760,750	117.6	196,078,468	644.9	10,105,156	5.5
2009	35,527,377	115.7	192,656,804	627.5	10,100,980	5.4
2010	35,149,427	113.7	189,593,349	613.5	9,954,821	5.4
2011	34,843,085	111.8	187,072,013	600.4	9,638,467	5.4
2012	34,422,071	109.7	185,423,035	590.7	9,513,598	5.4
2013	33,609,083	106.3	182,370,189	576.9	9,147,264	5.4

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2013.
Link: <http://www.census.gov/popest/data/state/totals/2013/index.html>.

Data for Charts 3.1, 3.2, 3.3, 3.4, 3.5 and 3.11

Table 3.2: Average Length of Stay in Community Hospitals by State, 2012 and 2013

State	Average Length of Stay		State	Average Length of Stay	
	12	13		12	13
Alabama	5.0	5.3	Montana	8.7	8.6
Alaska	6.1	6.5	Nebraska	6.9	6.7
Arizona	4.4	4.5	Nevada	5.2	5.5
Arkansas	5.2	5.2	New Hampshire	5.2	5.3
California	5.1	5.1	New Jersey	5.1	5.1
Colorado	5.1	5.3	New Mexico	4.8	4.6
Connecticut	5.4	5.5	New York	6.9	6.8
Delaware	5.0	5.1	North Carolina	5.6	5.7
District of Columbia	7.0	7.1	North Dakota	7.8	7.0
Florida	5.0	5.0	Ohio	4.9	4.9
Georgia	6.3	6.4	Oklahoma	5.3	5.4
Hawaii	6.8	6.9	Oregon	4.2	4.3
Idaho	4.9	4.8	Pennsylvania	5.5	5.6
Illinois	4.8	4.8	Rhode Island	5.0	5.1
Indiana	5.1	5.2	South Carolina	5.7	5.7
Iowa	6.0	6.1	South Dakota	8.9	9.2
Kansas	6.5	6.6	Tennessee	5.5	5.5
Kentucky	5.1	5.2	Texas	5.2	5.2
Louisiana	5.4	5.4	Utah	4.1	4.3
Maine	5.5	5.6	Vermont	6.3	6.3
Maryland	4.9	5.0	Virginia	5.7	5.7
Massachusetts	5.1	5.3	Washington	4.6	4.6
Michigan	5.1	5.1	West Virginia	5.7	5.8
Minnesota	6.0	6.0	Wisconsin	4.9	5.0
Mississippi	6.5	6.6	Wyoming	8.5	8.4
Missouri	5.2	5.2			

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

Data for Chart 3.6

Table 3.3: Emergency Department Visits, Emergency Department Visits per 1,000 Persons and Number of Emergency Departments, 1993 – 2013

Year	ED Visits (millions)	ED Visits per 1,000	Emergency Departments ⁽¹⁾
1993	92.6	359	4,998
1994	90.5	348	4,960
1995	94.7	360	4,923
1996	93.1	351	4,884
1997	92.8	347	4,813
1998	94.8	351	4,771
1999	99.5	365	4,679
2000	103.1	366	4,650
2001	106.0	372	4,621
2002	110.0	382	4,620
2003	111.0	382	4,570
2004	112.6	383	4,595
2005	114.8	388	4,611
2006	118.4	395	4,587
2007	120.8	401	4,565
2008	123.0	405	4,613
2009	127.3	415	4,594
2010	127.2	412	4,564
2011	129.5	415	4,461
2012	133.2	424	4,460
2013	133.6	423	4,440

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2013.

Link: <http://www.census.gov/popest/data/state/totals/2013/index.html>.

⁽¹⁾ Defined as hospitals reporting ED visits in the AHA Annual Survey.

Data for Charts 3.7 and 3.8

Table 3.4: Outpatient Utilization in Community Hospitals, 1993 – 2013

Year	Total Outpatient Visits	Outpatient Visits per 1,000	Outpatient Surgeries
1993	366,533,432	1,422.0	12,624,292
1994	382,780,358	1,470.6	13,154,838
1995	413,748,403	1,574.6	13,462,304
1996	439,863,107	1,658.3	14,023,651
1997	450,140,010	1,681.9	14,678,290
1998	474,193,468	1,756.3	15,593,614
1999	495,346,286	1,816.5	15,845,492
2000	521,404,976	1,852.8	16,383,374
2001	538,480,378	1,890.8	16,684,726
2002	556,404,212	1,931.1	17,361,176
2003	563,186,046	1,936.7	17,165,616
2004	571,569,334	1,946.4	17,351,490
2005	584,428,736	1,976.1	17,445,587
2006	599,553,025	2,002.5	17,235,141
2007	603,300,374	2,002.4	17,146,334
2008	624,098,296	2,052.6	17,354,282
2009	641,953,442	2,091.0	17,357,534
2010	651,423,717	2,107.8	17,357,177
2011	656,078,942	2,105.6	17,269,245
2012	674,971,331	2,150.2	17,297,633
2013	677,951,120	2,144.5	17,418,773

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.
 Data for Charts 3.9, 3.10 and 3.11



APPENDIX 4

Supplementary Data Tables
Trends in Hospital Financing

Table 4.1: Aggregate Total Hospital Margins⁽¹⁾ and Operating Margins⁽²⁾; Percentage of Hospitals with Negative Total Margins; and Aggregate Non-operating Gains as a Percentage of Total Net Revenue, 1993 – 2013

Year	Aggregate Total Hospital Margins	Aggregate Operating Margins	Percent of Hospitals with Negative Total Margins	Percent of Hospitals with Negative Operating Margins	Aggregate Non-operating Gains as a Percentage of Total Net Revenue
1993	4.2%	2.5%	24.2%		1.8%
1994	4.8%	3.4%	22.4%		1.5%
1995	5.6%	3.9%	20.4%	28.0%	1.8%
1996	6.7%	4.6%	19.4%	27.7%	2.3%
1997	6.7%	4.0%	20.4%	28.9%	2.7%
1998	5.8%	3.1%	26.6%	36.1%	2.8%
1999	4.6%	2.1%	32.5%	41.9%	2.6%
2000	4.6%	2.0%	32.0%	42.2%	2.6%
2001	4.2%	2.7%	29.4%	36.7%	1.6%
2002	4.4%	3.7%	29.3%	33.4%	0.8%
2003	4.8%	3.3%	29.9%	35.9%	1.5%
2004	5.2%	3.6%	26.5%	33.4%	1.7%
2005	5.3%	3.7%	25.4%	32.0%	1.7%
2006	6.0%	4.0%	24.3%	31.8%	2.1%
2007	6.9%	4.3%	21.6%	30.2%	2.7%
2008	2.6%	3.3%	32.4%	32.8%	-0.7%
2009	5.0%	4.4%	27.5%	30.1%	0.6%
2010	7.2%	5.5%	22.8%	28.3%	1.8%
2011	7.0%	5.5%	24.0%	28.4%	1.6%
2012	7.8%	6.5%	21.3%	25.9%	1.4%
2013	7.9%	5.7%	24.0%	30.5%	2.3%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

⁽¹⁾ Total Hospital Margin is calculated as the difference between total net revenue and total expenses divided by total net revenue.

⁽²⁾ Operating Margin is calculated as the difference between operating revenue and total expenses divided by operating revenue.

Data for Charts 4.1, 4.2 and 4.8



Table 4.2: Distribution of Inpatient vs. Outpatient Revenues, 1993 – 2013

Year	Gross Outpatient Revenue	Gross Inpatient Revenue
1993	27%	73%
1994	28%	72%
1995	30%	70%
1996	31%	69%
1997	33%	67%
1998	33%	67%
1999	34%	66%
2000	35%	65%
2001	35%	65%
2002	35%	65%
2003	35%	65%
2004	36%	64%
2005	37%	63%
2006	38%	62%
2007	38%	62%
2008	39%	61%
2009	41%	59%
2010	42%	58%
2011	43%	57%
2012	44%	56%
2013	45%	55%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

Data for Chart 4.3

Table 4.3: Annual Change in Hospital Operating Revenue and Expenses per Adjusted Admission,⁽¹⁾ 1993 – 2013

Year	Expenses per Adjusted Admission	Operating Revenue per Adjusted Admission	Percent Change Expenses	Percent Change Operating Revenue
1993	\$6,132	\$6,290	5.8%	5.6%
1994	\$6,230	\$6,446	1.6%	2.5%
1995	\$6,216	\$6,466	-0.2%	0.3%
1996	\$6,225	\$6,522	0.2%	0.9%
1997	\$6,262	\$6,526	0.6%	0.1%
1998	\$6,386	\$6,589	2.0%	1.0%
1999	\$6,509	\$6,647	1.9%	0.9%
2000	\$6,668	\$6,806	2.5%	2.4%
2001	\$6,980	\$7,172	4.7%	5.4%
2002	\$7,355	\$7,636	5.4%	6.5%
2003	\$7,796	\$8,065	6.0%	5.6%
2004	\$8,166	\$8,469	4.7%	5.0%
2005	\$8,535	\$8,865	4.5%	4.7%
2006	\$8,970	\$9,345	5.1%	5.4%
2007	\$9,377	\$9,797	4.5%	4.8%
2008	\$9,788	\$10,123	4.4%	3.3%
2009	\$10,045	\$10,503	2.6%	3.7%
2010	\$10,313	\$10,917	2.7%	3.9%
2011	\$10,533	\$11,146	2.1%	2.1%
2012	\$11,221	\$12,004	6.5%	7.7%
2013	\$11,651	\$12,359	3.8%	3.0%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

⁽¹⁾ An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

Data for Chart 4.4

Table 4.4: Aggregate Hospital Payment-to-cost Ratios for Private Payers, Medicare and Medicaid, 1993 – 2013

Year	Medicare ⁽¹⁾	Medicaid ⁽²⁾	Private Payer
1993	89.9%	89.6%	130.1%
1994	96.9%	93.7%	124.4%
1995	99.4%	94.0%	124.0%
1996	102.4%	94.9%	121.6%
1997	103.7%	96.0%	117.5%
1998	101.9%	96.6%	115.8%
1999	100.0%	95.7%	115.1%
2000	99.1%	94.5%	115.7%
2001	98.4%	95.8%	116.5%
2002	97.9%	96.1%	119.0%
2003	95.3%	92.3%	122.3%
2004	91.9%	89.9%	128.9%
2005	92.3%	87.1%	129.4%
2006	91.3%	85.8%	130.3%
2007	90.6%	87.9%	132.2%
2008	90.9%	88.7%	128.3%
2009	90.1%	89.0%	134.1%
2010	92.4%	92.8%	133.5%
2011	91.4%	94.7%	134.5%
2012	85.9%	88.9%	148.9%
2013	87.9%	89.8%	143.6%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

(1) Includes Medicare Disproportionate Share payments.

(2) Includes Medicaid Disproportionate Share payments.

Data for Chart 4.6

Table 4.5: Hospital Payment Shortfall Relative to Costs for Medicare, Medicaid, and Other Government, 1997 – 2013⁽¹⁾

Year	Medicare (billions)	Medicaid (billions)	Other Government (billions)
1997	\$4.3	-\$1.6	-\$0.7
1998	\$2.3	-\$1.4	-\$0.6
1999	-\$0.1	-\$1.8	-\$0.4
2000	-\$1.3	-\$2.5	-\$0.4
2001	-\$2.3	-\$2.0	-\$0.6
2002	-\$3.3	-\$2.3	-\$0.6
2003	-\$8.1	-\$4.9	-\$0.5
2004	-\$15.0	-\$7.1	-\$0.5
2005	-\$15.5	-\$9.8	-\$0.4
2006	-\$18.6	-\$11.3	\$1.1
2007	-\$21.5	-\$10.4	\$1.4
2008	-\$21.9	-\$10.5	\$1.2
2009	-\$25.2	-\$11.3	\$0.4
2010	-\$20.1	-\$7.8	\$0.4
2011	-\$23.8	-\$6.0	\$0.0
2012	-\$42.3	-\$13.7	-\$1.3
2013	-\$37.9	-\$13.2	-\$1.4

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

⁽¹⁾ Costs reflect a cap of 1.0 on the cost-to-charge ratio.

Data for Chart 4.7



APPENDIX 5

Supplementary Data Tables
Workforce

Table 5.1: Total Number of Active Physicians⁽¹⁾ per 1,000 Persons by State, 2011 and 2012

State	Physicians per 1,000 Persons		State	Physicians per 1,000 Persons	
	11	12		11	12
Alabama	2.14	2.18	Montana	2.21	2.24
Alaska	2.43	2.42	Nebraska	2.47	2.48
Arizona	2.38	2.42	Nevada	1.94	1.96
Arkansas	2.05	2.09	New Hampshire	3.01	3.06
California	2.62	2.69	New Jersey	3.20	3.25
Colorado	2.74	2.76	New Mexico	2.38	2.41
Connecticut	3.65	3.76	New York	3.74	3.83
Delaware	2.64	2.64	North Carolina	2.50	2.54
District of Columbia	7.64	7.38	North Dakota	2.42	2.50
Florida	2.58	2.65	Ohio	2.91	2.95
Georgia	2.19	2.23	Oklahoma	2.09	2.15
Hawaii	2.98	2.97	Oregon	2.90	2.91
Idaho	1.81	1.84	Pennsylvania	3.30	3.31
Illinois	2.85	2.87	Rhode Island	3.78	3.82
Indiana	2.22	2.26	South Carolina	2.30	2.34
Iowa	2.17	2.20	South Dakota	2.31	2.38
Kansas	2.43	2.45	Tennessee	2.64	2.68
Kentucky	2.32	2.33	Texas	2.18	2.23
Louisiana	2.60	2.68	Utah	2.15	2.19
Maine	3.17	3.20	Vermont	3.57	3.62
Maryland	3.93	3.95	Virginia	2.71	2.72
Massachusetts	4.45	4.46	Washington	2.71	2.74
Michigan	2.94	3.01	West Virginia	2.56	2.60
Minnesota	3.00	3.03	Wisconsin	2.68	2.73
Mississippi	1.85	1.86	Wyoming	1.93	1.92
Missouri	2.71	2.74			

Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.
⁽¹⁾ Includes active federal and non-federal doctors of medicine and active doctors of osteopathy.

Data for Chart 5.2



Table 5.2: Number of Physicians and Dentists⁽¹⁾ Employed by Community Hospitals, 1998 – 2013

Year	Residents
1998	157,421
1999	159,034
2000	158,057
2001	157,312
2002	161,467
2003	159,801
2004	169,251
2005	173,544
2006	179,420
2007	194,641
2008	199,289
2009	208,382
2010	212,418
2011	225,771
2012	233,025
2013	244,830

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.
⁽¹⁾ Includes full-time and part-time physicians, dentists, medical interns and residents, and dental interns and residents.

Data for Chart 5.3

Table 5.3: Medical and Dental Residents⁽¹⁾ in Training in Community Hospitals, 1993 – 2013

Year	Residents
1993	73,377
1994	74,027
1995	78,137
1996	77,160
1997	75,398
1998	78,345
1999	77,796
2000	77,411
2001	77,731
2002	78,715
2003	77,813
2004	84,628
2005	83,823
2006	85,320
2007	92,311
2008	90,543
2009	94,729
2010	95,270
2011	99,458
2012	102,904
2013	107,029

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

⁽¹⁾ Includes full-time equivalent interns and residents.
 Previously Table 5.2 in 2014 and earlier years' Chartbooks.

Data for Chart 5.4

Table 5.4: Total Full-time Equivalent Employees Working in Hospitals and Full-time Equivalents per Adjusted Admission,⁽¹⁾ 1993 – 2013

Year	FTE Personnel	FTE per Adjusted Admission
1993	3,674,250	0.085
1994	3,690,905	0.083
1995	3,707,958	0.081
1996	3,724,843	0.079
1997	3,789,752	0.078
1998	3,831,068	0.077
1999	3,837,964	0.075
2000	3,911,412	0.073
2001	3,987,274	0.073
2002	4,069,495	0.072
2003	4,108,628	0.071
2004	4,147,941	0.070
2005	4,256,899	0.070
2006	4,343,480	0.071
2007	4,465,028	0.072
2008	4,549,560	0.071
2009	4,584,624	0.070
2010	4,599,752	0.070
2011	4,649,615	0.070
2012	4,730,948	0.070
2013	4,786,087	0.071

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

⁽¹⁾ An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

Previously Table 5.3 in 2014 and earlier years' Chartbooks.

Data for Charts 5.5 and 5.6

Table 5.5: Number of RN Full-time Equivalent Employees, RN Full-time Equivalent Employees per Adjusted Admission and RN Full-time Equivalents as a Percentage of Total FTEs, 1993 – 2013

Year	RN FTEs (thousands)	RN FTEs per Adjusted Admission	RN FTEs as a Percent of Total FTEs
1993	874.1	0.0201	23.8%
1994	890.9	0.0201	24.1%
1995	893.7	0.0195	24.1%
1996	895.1	0.0190	24.0%
1997	901.2	0.0185	23.8%
1998	929.7	0.0186	24.3%
1999	938.1	0.0182	24.4%
2000	957.6	0.0179	24.5%
2001	958.0	0.0174	24.0%
2002	988.1	0.0174	24.3%
2003	1,021.3	0.0177	24.9%
2004	1,053.1	0.0179	25.4%
2005	1,094.2	0.0181	25.7%
2006	1,138.6	0.0185	26.2%
2007	1,191.2	0.0192	26.7%
2008	1,228.4	0.0192	27.0%
2009	1,268.7	0.0194	27.7%
2010	1,293.9	0.0197	28.1%
2011	1,313.6	0.0197	28.3%
2012	1,351.2	0.0200	28.6%
2013	1,366.4	0.0204	28.5%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals. Previously Table 5.4 in 2014 and earlier years' Chartbooks.

Data for Charts 5.7 and 5.8

Table 5.6: Number of Physicians⁽¹⁾ by Age, 1980, 1990, 2000 and 2013

Age Group	1980	1990	2000	2013
Under 35	128,506	134,872	136,704	155,294
35-44	118,840	184,743	211,873	221,003
45-54	88,063	116,803	201,646	215,374
55-64	68,239	83,614	118,608	212,598
65 & Over	64,031	95,389	144,939	241,641
Total # of Physicians	467,679	615,421	813,770	1,045,910

Source: American Medical Association. (2015 Edition). *Physician Characteristics and Distribution in the US*.

⁽¹⁾ Includes inactive physicians and residents.
Previously Table 5.5 in 2014 and earlier years' Chartbooks.

Data for Chart 5.9

Table 5.7: RN Employment by Type of Provider, 2000 and 2008 – 2010⁽¹⁾

	2000	2008-2010
Percent Employed by Hospitals	62.7%	63.2%
Percent Employed by Nursing Homes/Extended Care Facilities⁽²⁾	8.8%	7.7%
Percent Employed by Public/Community Health⁽³⁾	7.4%	6.6%
All Other⁽⁴⁾	21.1%	22.5%

Source: Bureau of Health Professions, Health Resources and Services Administration. (2013). *The U.S. Nursing Workforce: Trends in Supply and Education*.

Link: <http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/nursingworkforce/nursingworkforcefullreport.pdf>.

⁽¹⁾ Total percent by setting may not equal the estimated total of all registered nurses due to incomplete information provided by respondents and the effect of rounding.

⁽²⁾ Category includes nursing care facilities and residential care facilities, without nursing.

⁽³⁾ Category includes home health care services, elementary and secondary schools and justice, public order and safety activities.

⁽⁴⁾ Category includes offices of physicians, outpatient care centers, other health care services, employment services, insurance carriers and related activities, administration of human resource programs, offices of other health practitioners, colleges and universities (including junior colleges) and all other settings.

Previously Table 5.6 in 2014 and earlier years' Chartbooks.

Data for Chart 5.10

Table 5.8: Distribution of RN Workforce by Age Group, 1980 – 2008

Age Group	1980	1990	2000	2004	2008
20s	321,316	252,890	247,123	233,437	288,184
30s	320,101	536,442	614,728	532,707	613,971
40s	224,468	419,766	935,866	916,956	791,932
50s	171,240	206,647	585,497	801,643	892,952
60s	36,716	46,372	313,675	395,450	389,796
Total # of RNs	1,073,841	1,462,117	2,696,890	2,880,193	2,976,835

Source: Bureau of Health Professions, Health Resources and Services Administration. (1980-2004). *Findings from the National Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/rnsamplesurvey/rnsurvey2004.pdf>. Bureau of Health Professions, Health Resources and Services Administration. (2010). *Findings from the 2008 National Sample Survey of Registered Nurses*. Link: <http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyfinal.pdf>. Previously Table 5.7 in 2014 and earlier years' Chartbooks.

Data for Chart 5.11



Table 5.9: National Supply and Demand Projections for FTE RNs, 2018 – 2025

Year	RN FTE Supply	RN FTE Demand
2018	2,703,969	2,719,954
2019	2,716,771	2,771,930
2020	2,727,231	2,824,900
2021	2,737,616	2,874,900
2022	2,750,080	2,924,900
2023	2,771,303	2,974,900
2024	2,790,241	3,024,900
2025	2,816,303	3,074,900

Source: Copyrighted and published by Project HOPE/*Health Affairs* as Buerhaus PI, Auerbach DI, Staiger DO. The Recent Surge In Nurse Employment: Causes and Implications. *Health Affairs*, 2009; 28(4):w657-68. The published article is archived and available online at www.healthaffairs.org. Previously Table 5.8 in 2014 and earlier years' Chartbooks.

Data for Chart 5.13



APPENDIX 6

Supplementary Data Tables
The Economic Contribution
of Hospitals

Table 6.1: Number of Full-time and Part-time Hospital Employees, 1993 – 2013

Year	Employees (thousands)
1993	4,315.7
1994	4,347.8
1995	4,384.8
1996	4,397.9
1997	4,495.5
1998	4,536.4
1999	4,544.4
2000	4,652.9
2001	4,713.4
2002	4,818.1
2003	4,876.7
2004	4,922.9
2005	5,047.1
2006	5,152.1
2007	5,287.5
2008	5,379.9
2009	5,405.6
2010	5,416.7
2011	5,480.3
2012	5,579.4
2013	5,580.1

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2013, for community hospitals.

Data for Chart 6.2

Table 6.2: Hospital Employment vs. Employment in Other Industries, 2014

Title	Employment (thousands)
Full-service Restaurants	5,058.0
General Medical & Surgical Hospitals ⁽¹⁾	4,447.1
Limited-service Eating Places	3,966.2
Employment Services	3,420.9
Grocery Stores	2,620.9
Offices of Physicians	2,470.2
Building Equipment Contractors	1,825.3
Department Stores	1,349.5

Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2015. Link: <http://www.bls.gov/ces>.

⁽¹⁾ Does not include public hospitals.

Data for Chart 6.4

Table 6.3: Average Weekly Earnings of Workers, Hospitals⁽¹⁾ vs. All Service-providing Industries, 1994 – 2014

Year	Hospitals ⁽²⁾	All Service-providing Industries
1994	\$473.34	\$354.97
1995	\$488.68	\$364.14
1996	\$499.54	\$376.72
1997	\$518.48	\$394.77
1998	\$535.47	\$412.78
1999	\$547.33	\$427.30
2000	\$569.90	\$445.00
2001	\$608.41	\$460.32
2002	\$638.23	\$473.10
2003	\$674.34	\$483.89
2004	\$715.12	\$493.67
2005	\$762.07	\$509.58
2006	\$794.24	\$532.84
2007	\$876.80	\$689.40
2008	\$920.70	\$708.77
2009	\$946.11	\$718.28
2010	\$980.15	\$733.96
2011	\$1,009.52	\$755.20
2012	\$1,028.91	\$774.14
2013	\$1,052.42	\$787.96
2014	\$1,074.90	\$806.08

Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2015. Link: <http://www.bls.gov/ces>.

(1) Includes physicians employed by hospitals.

(2) Does not include public hospitals.

Data for Chart 6.5



APPENDIX 7

Supplementary Data Tables
Community Health Indicators

Table 7.1: U.S. Population Trends and Projections by Age, 1980 – 2060⁽¹⁾

Year	Population 0-19 Years (thousands)	Population 20-64 Years (thousands)	Population 65-84 Years (thousands)	Population 85+ Years (thousands)
1980	72,416	128,631	23,306	2,193
1990	71,322	146,146	28,162	3,080
2000	80,473	165,957	30,752	4,240
2010	83,268	185,210	34,775	5,493
2015	82,110	191,429	41,526	6,304
2020	82,625	195,439	49,715	6,726
2025	83,673	197,742	58,438	7,482
2030	84,767	200,527	64,977	9,131
2035	86,153	204,951	67,324	11,908
2040	87,135	210,741	67,711	14,634
2045	87,967	216,717	67,453	17,259
2050	88,992	221,342	69,024	18,971
2055	90,267	224,675	73,016	19,455
2060	91,610	227,022	78,441	19,724

Source: U.S. Department of Commerce, Bureau of the Census. *Projections of the Population by Sex and Age for the United States: 2015-2060*.

⁽¹⁾ Years 2015 through 2060 are projections.

Data for Chart 7.1

Table 7.2: U.S. Population Trends and Projections by Race, 2015 – 2060⁽¹⁾

Year	White, Non-Hispanic (thousands)	Black ⁽²⁾ (thousands)	White, Hispanic (thousands)	Asian ⁽²⁾ (thousands)	All Other ^(2,3) (thousands)
2015	198,354	42,456	55,092	17,538	13,006
2020	199,400	44,590	61,590	19,869	14,687
2025	199,867	46,725	68,150	22,278	16,506
2030	199,403	48,768	74,810	24,726	18,448
2035	197,810	50,678	81,490	27,175	20,504
2040	195,197	52,485	88,133	29,603	22,684
2045	191,919	54,244	94,674	31,997	25,000
2050	188,419	56,007	101,064	34,359	27,459
2055	185,039	57,817	107,307	36,686	30,066
2060	181,930	59,693	113,398	38,965	32,823

Source: U.S. Department of Commerce, Bureau of the Census. *Projections of the Population by Sex, Hispanic Origin, and Race for the United States: 2015-2060*.

⁽¹⁾ Years 2015 through 2060 are projections.

⁽²⁾ Black, Asian, and All Other categories include individuals of Hispanic and non-Hispanic origin.

⁽³⁾ All Other includes American Indian, Native Alaskan, Native Hawaiian, other Pacific Islander and two or more races.

Data for Chart 7.2

Table 7.3: Age-adjusted Death Rates, Selected Causes, by Race, 2013

Cause of Death	All Persons (per 100,000)	White ⁽¹⁾ (per 100,000)	Black ⁽¹⁾ (per 100,000)
Diseases of the Heart	169.8	168.2	210.4
Malignant Neoplasms	163.2	163.7	189.2
Cerebrovascular Disease	36.2	34.9	49.0
Chronic Lower Respiratory Diseases	42.1	44.8	29.5
Diabetes	21.2	19.4	38.4
Influenza and Pneumonia	15.9	15.8	16.7
HIV Infection	2.1	1.2	8.9

Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

⁽¹⁾ Racial categories include individuals of both Hispanic and non-Hispanic origin.

Data for Chart 7.3

Table 7.4: Number of Persons with Asthma, 1980 – 2013

Year	Total (millions)
1980	6.98
1990	10.31
2001	31.35
2005	32.62
2006	34.13
2007	34.01
2008	38.43
2009	39.93
2010	39.19
2011	39.50
2012	39.98
2013	37.33

Source: Centers for Disease Control and Prevention (2002). "Asthma Surveillance – United States, 1980-1999." National Center for Health Statistics. National Health Interview Survey 2001, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012 and 2013.

Data for Chart 7.6



Table 7.5: Percent of Adults Who Are Overweight and Obese,⁽¹⁾ 1960 – 2012

Years	Overweight ⁽²⁾	Obese
1960-1962	44.8%	13.3%
1976-1980	47.4%	15.1%
1988-1994	56.0%	22.9%
1999-2002	65.1%	30.4%
2003-2006	66.7%	33.4%
2009-2012	68.7%	35.3%

Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

⁽¹⁾ Data are adjusted to 2000 standard population.

⁽²⁾ Overweight includes obese.

Data for Chart 7.8

Table 7.6: Percent Uninsured by Race,⁽¹⁾ 1984 – 2013

Year	All	White ⁽²⁾	Black ⁽²⁾	Asian ⁽³⁾	Hispanic
1984	14.5%	11.9%	19.7%	18.5%	29.5%
1989	15.6%	12.1%	21.5%	16.9%	33.7%
1995	16.1%	13.0%	17.9%	18.6%	31.4%
2000	17.0%	12.5%	19.5%	17.6%	35.6%
2008	16.8%	12.5%	17.9%	13.9%	33.3%
2009	17.5%	13.2%	18.8%	16.2%	32.9%
2010	18.2%	13.7%	20.7%	17.1%	32.0%
2011	17.2%	12.9%	18.8%	16.5%	31.1%
2012	16.9%	12.7%	17.8%	16.8%	30.4%
2013	16.7%	12.2%	18.8%	14.2%	30.7%

Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

⁽¹⁾ Data for population under age 65.

⁽²⁾ Includes individuals of non-Hispanic origin only.

⁽³⁾ Includes individuals of Hispanic and non-Hispanic origin.

Data for Chart 7.13

Table 7.7: Percent of Persons with No Usual Source of Care by Race, 1995 – 2013

Year	White ⁽¹⁾	Black ⁽¹⁾	Asian ⁽²⁾	Hispanic
Adults, Ages 18 – 64				
1995-1996	15.0	18.1	21.5	27.4
1997-1998	15.4	19.3	21.7	30.4
1999-2000	14.9	19.2	22.1	32.6
2001-2002	13.1	16.8	20.1	32.5
2003-2004	14.0	18.1	19.3	32.9
2005-2006	14.8	19.2	17.9	35.1
2006-2007	15.2	18.9	17.3	34.3
2007-2008	15.1	20.2	17.8	32.5
2008-2009	16.0	21.4	19.4	32.8
2009-2010	16.8	22.2	20.8	33.3
2010-2011	15.8	22.1	20.8	33.3
2011-2012	15.5	21.6	20.8	33.6
2012-2013	16.0	21.3	19.9	32.6
Children Under 18 Years				
1995-1996	4.6	7.5	8.4	13.2
1997-1998	4.5	8.8	10.7	13.2
1999-2000	4.7	7.6	10.0	14.2
2001-2002	3.4	6.6	11.2	13.5
2003-2004	3.2	6.2	7.7	11.4
2005-2006	3.3	5.4	7.7	11.5
2006-2007	4.0	4.9	7.1	11.3
2008-2009	4.1	5.7	5.1	9.4
2009-2010	3.8	5.4	6.1	9.5
2010-2011	3.1	5.4	5.8	7.9
2011-2012	2.9	4.5	5.6	6.2
2012-2013	3.0	3.9	5.3	6.5

Source: National Center for Health Statistics. (2015). *Health, United States, 2014*. Hyattsville, MD.

⁽¹⁾ Includes individuals of non-Hispanic origin only.

⁽²⁾ Includes individuals of Hispanic and non-Hispanic origin.

Data for Charts 7.14, 7.16



GLOSSARY

Adjusted Admission – An aggregate measure of workload reflecting the sum of admissions and equivalent admissions attributed to outpatient services. The number of equivalent admissions attributed to outpatient services is derived by multiplying admissions by the ratio of outpatient revenue to inpatient revenue.

Assisted Living – Special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who require assistance in activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum independence and dignity for each resident and encourages the involvement of a resident's family, neighbors and friends.

Average Age of Plant – Accumulated depreciation divided by current depreciation expense.

Community Hospitals – Nonfederal, short-term general, and special hospitals whose facilities and services are available to the public (e.g., obstetrics and gynecology; eye; ear, nose, and throat; rehabilitation; orthopedic; and other individually described specialty services).

FTE per Adjusted Admission – The number of full-time equivalent staff, converted to the number of employees who work full-time divided by the number of adjusted admissions.

Group Practice without Walls – Hospital sponsored physician group. The group shares administrative expenses, although the physicians remain independent practitioners.

Health System – Hospitals belonging to a corporate body that owns and/or manages health provider facilities or health-related subsidiaries. The system may also own non-health-related facilities.

Home Health Service – Service providing nursing, therapy, and health related home-maker or social services in the patient's home.

Horizontal Integration – Merging of two or more firms at the same level of production in some formal, legal relationship. In hospital networks, this may refer to the grouping of several hospitals, outpatient clinics with the hospital, or a geographic network of various health care services.

Hospice – Program providing palliative care, chiefly medical relief of pain and supportive services, addressing the emotional, social, financial, and legal needs of terminally ill patients and their families. This care can be provided in a variety of settings, both inpatient and at home.

Hospital Income from Investments and Other Non-operating Gains – Income not associated with the central operations of the hospital facility. Non-operating gains include income from non-operating activities, including investments, endowments and extraordinary gains, as well as the value of non-realized gains from investments.

Hospital Total Net Revenue – Net patient revenue plus all other revenue, including contributions, endowment revenue, governmental grants, and all other payments not made on behalf of individual patients.

Hospital Operating Margin – Difference between operating revenue and operating expenses divided by operating revenue; excludes non-operating revenue.

Hospital Total Margin – Difference between total net revenue and total expenses divided by total net revenue.

Independent Practice Association (IPA) – Legal entity that holds managed care contracts and contracts with physicians to provide care either on a fee-for-service or capitated basis.

Inpatient Surgery – Surgical services provided to patients who remain in the hospital overnight.

Long Term Care – Package of services provided to those who are aged, chronically ill, or disabled. Services are delivered for a sustained period to individuals who have a demonstrated need, usually measured by functional dependency.

Management Services Organization (MSO) – Corporation often owned by the hospital or a physician/hospital joint venture that provides management services to one or more medical group practices. As part of a full-services management agreement, the MSO purchases the tangible assets of the practices and leases them back, employs all non-physician staff and provides all supplies/administrative systems for a fee.

Meals on Wheels – Hospital sponsored program which delivers meals to people, usually the elderly, who are unable to prepare their own meals. Low cost, nutritional meals are delivered to individuals' homes on a regular basis.

Medicaid Margin – Difference between revenue from Medicaid and expenses associated with treating Medicaid patients, divided by revenue from Medicaid.

Medicare Margin – Difference between revenue from Medicare and expenses associated with treating Medicare patients, divided by revenue from Medicare.

Niche Providers – Providers that focus on a specific set of medical services, a particular population, or a limited set of medical conditions.

Non-patient Hospital Costs – Costs not associated with direct patient care, such as the costs of running cafeterias, parking lots and gift shops.

Outpatient Surgery – Scheduled surgical services provided to patients who do not remain in the hospital overnight. In the AHA Annual Survey, outpatient surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery or procedure rooms within an outpatient care facility.

Outpatient Visit – Visit by a patient not lodged in the hospital while receiving medical, dental, or other services. Each visit an outpatient department makes to a discrete unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives. Total outpatient visits should include all clinic visits, referred visits, observation services, outpatient surgeries and emergency room visits.

Payment-to-cost Ratio – Ratio illustrating the relationship between hospital payments and costs; a ratio equal to "1" reflects payments at 100 percent of costs.

Physician Hospital Organization (PHO)

Closed PHO – Joint venture between a hospital and physicians who have been selected on the basis of cost-effectiveness and/or high quality. The PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.

Open PHO – Joint venture between a hospital and all members of the medical staff who wish to participate. The open PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.

Private Pay Margin – Difference between revenue from non-government payers and expenses associated with treating private pay patients, divided by revenue from non-government payers.

Skilled Nursing Facility – Institution, or part of an institution, which is primarily engaged in providing to residents a certain level of skilled nursing care and/or rehabilitation services for the injured, disabled, or sick.

Uncompensated Care – Care provided by hospitals for which hospitals do not receive payment.

Underwriting – A health insurer or health plan accepts responsibility for paying the health care services of covered individuals in exchange for dollars, usually referred to as premiums. When a health insurer collects more in premiums than it pays in claim costs and administrative expenses, an underwriting gain is said to occur. If the total expenses exceed the premium dollars collected, an underwriting loss occurs.

Underwriting Cycle – Repeating pattern of gains and losses within the insurance industry.

Vertical Integration – Organization of production whereby one business entity controls or owns all stages of the production and distribution of goods or services. In health care, vertical integration can take different forms but most often refers to physicians, hospitals and health plans combining their organizations or processes in some manner to increase efficiencies and competitive strength or to improve quality of care. Integrated delivery systems or healthcare networks are generally vertically integrated.