

TRENDWATCH CHARTBOOK 2014

Trends Affecting Hospitals and Health Systems



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American Hospital
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Trends Affecting Hospitals and Health Systems

2014

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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TABLE OF CONTENTS

CHAPTER 1:	Trends in the Overall Health Care Market	1
Chart 1.1:	Total National Health Expenditures, 1980 – 2012	3
Chart 1.2:	Percent Change in Total National Health Expenditures, 1992 – 2012	3
Chart 1.3:	Per Capita National Health Expenditures, 1980 – 2012	4
Chart 1.4:	National Health Expenditures as a Percentage of Gross Domestic Product, 1992 – 2012	4
Chart 1.5:	National Expenditures for Health Services and Supplies by Category, 1980 and 2012	5
Chart 1.6:	Percent Change in National Expenditures for Health Services and Supplies by Category, 2011 – 2012	6
Chart 1.7:	Percent Change in National Expenditures for Selected Health Services and Supplies, 2002 – 2012	7
Chart 1.8:	National Health Expenditures, 1980 – 2022	7
Chart 1.9:	Consumer Out-of-pocket Payments for National Health Expenditures, 1992 – 2012	8
Chart 1.10:	Total Prescription Drug Spending, 1980 – 2012	8
Chart 1.11:	Growth in Total Prescription Drug Spending as a Percentage of Total Growth in National Health Expenditures, 1992 – 2012	9
Chart 1.12:	Consumer Out-of-pocket Spending vs. Private Health Insurance Spending for Prescription Drugs, 1992 – 2012	9
Chart 1.13:	Distribution of National Health Expenditures by Source of Payment, 1980, 2000 and 2012	10
Chart 1.14:	Distribution of Health Insurance Coverage, Percentage of Population Covered by Payer, 1990, 2011 and 2012	10
Chart 1.15:	Number and Percent Uninsured, 1992 – 2012	11
Chart 1.16:	Average Percent Uninsured by State, 2010 – 2012	11
Chart 1.17:	Medicare Enrollees, 1993 – 2013	12
Chart 1.18:	Medicaid Enrollees, 1990, 1995, 2000 – 2013	12
Chart 1.19:	National CHIP Enrollment, FY 1999 – FY 2012	13
Chart 1.20:	Percent Change in CHIP Enrollment By State, FY 2011 – FY 2012	13



Chart 1.21:	Percentage of Employees with Employer-based Coverage Who Can Choose Conventional, PPO, HMO, POS and HDHP/SO Plans, 1988 – 2013	14
Chart 1.22:	Distribution of Employer-sponsored Health Insurance Enrollment by Type of Plan, 1988 – 2013	14
Chart 1.23:	Percentage of Medicare Beneficiaries Enrolled in Medicare Managed Care, 1993 – 2013	15
Chart 1.24:	Percent Growth in Medicare Spending per Beneficiary vs. Private Health Insurance Spending per Enrollee, 1992 – 2012	15
Chart 1.25:	Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care, 1992 – 2011	16
Chart 1.26:	Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care by State, 2011	16
Chart 1.27:	Annual Change in Health Insurance Premiums, 2000 – 2013	17
Chart 1.28:	Managed Care Plan Average Operating Margins, 1997 – 2013	17
Chart 1.29:	Operating Margins of the Top Insurers, 2011 – 2013	18
CHAPTER 2:	Organizational Trends	19
Chart 2.1:	Number of Community Hospitals, 1992 – 2012	21
Chart 2.2:	Number of Beds and Number of Beds per 1,000 Persons, 1992 – 2012	21
Chart 2.3:	Beds per 1,000 Persons by State, 2012	22
Chart 2.4:	Number of Hospitals in Health Systems, 2002 – 2012	22
Chart 2.5:	Number of Medicare-certified Ambulatory Surgical Centers, 2007 – 2012	23
Chart 2.6:	Percentage of Hospitals with Physician Affiliates by Type of Relationship, 2002 – 2012	23
Chart 2.7:	Percentage of Hospitals with Insurance Products by Type of Insurance, 2002 – 2012	24
Chart 2.8:	Percentage of Hospitals Offering “Non-hospital” Services, 2002 – 2012	24
Chart 2.9:	Announced Hospital Mergers and Acquisitions, 1998 – 2013	25



CHAPTER 3:	Utilization and Volume	27
Chart 3.1:	Inpatient Admissions in Community Hospitals, 1992 – 2012	29
Chart 3.2:	Total Inpatient Days in Community Hospitals, 1992 – 2012	29
Chart 3.3:	Inpatient Admissions per 1,000 Persons, 1992 – 2012	30
Chart 3.4:	Inpatient Days per 1,000 Persons, 1992 – 2012	30
Chart 3.5:	Average Length of Stay in Community Hospitals, 1992 – 2012	31
Chart 3.6:	Average Length of Stay in Community Hospitals by State, 2012	31
Chart 3.7:	Emergency Department Visits and Emergency Departments in Community Hospitals, 1992 – 2012	32
Chart 3.8:	Hospital Emergency Department Visits per 1,000 Persons, 1992 – 2012	32
Chart 3.9:	Total Hospital Outpatient Visits in Community Hospitals, 1992 – 2012	33
Chart 3.10:	Hospital Outpatient Visits per 1,000 Persons, 1992 – 2012	33
Chart 3.11:	Percentage Share of Inpatient vs. Outpatient Surgeries, 1992 – 2012	34
CHAPTER 4:	Trends in Hospital Financing	35
Chart 4.1:	Percentage of Hospitals with Negative Total and Operating Margins, 1995 – 2012	37
Chart 4.2:	Aggregate Total Hospital Margins, Operating Margins, and Patient Margins, 1992 – 2012	37
Chart 4.3:	Distribution of Outpatient vs. Inpatient Revenues, 1992 – 2012	38
Chart 4.4:	Annual Change in Hospital Operating Revenue and Expenses per Adjusted Admission, 1992 – 2012	38
Chart 4.5:	Distribution of Hospital Cost by Payer Type, 1980, 2000 and 2012	39
Chart 4.6:	Aggregate Hospital Payment-to-cost Ratios for Private Payers, Medicare and Medicaid, 1992 – 2012	40
Chart 4.7:	Hospital Payment Shortfall Relative to Costs for Medicare, Medicaid and Other Government, 1997 – 2012	40



	Chart 4.8:	Income from Investments and Other Non-operating Gains as a Percentage of Total Net Revenue, 1992 – 2012	41
	Chart 4.9:	Number of Bond Rating Upgrades and Downgrades, Not-for-profit Health Care, 1994 – 2012	41
	Chart 4.10:	Median Average Age of Plant, 1992 – 2012	42
	Chart 4.11:	Percent Change in Employment Cost Index, All Private Service Industries, All Health Services, and Hospitals, 2004 – 2013	42
CHAPTER 5:	Workforce		43
	Chart 5.1:	Total Number of Active Physicians per 1,000 Persons, 1980 – 2011	45
	Chart 5.2:	Total Number of Active Physicians per 1,000 Persons by State, 2011	45
	Chart 5.3:	Medical and Dental Residents in Training in Community Hospitals, 1992 – 2012	46
	Chart 5.4:	Total Full-time Equivalent Employees Working in Hospitals, 1992 – 2012	46
	Chart 5.5:	Full-time Equivalent Employees per Adjusted Admission, 1992 – 2012	47
	Chart 5.6:	Number of RN Full-time Equivalent Employees and RN FTEs per Adjusted Admission, 1992 – 2012	47
	Chart 5.7:	RN Full-time Equivalents as a Percentage of Total Hospital Full-time Equivalents, 1992 – 2012	48
	Chart 5.8:	Number of Physicians by Age, 1980, 1990, 2000 and 2012	48
	Chart 5.9:	RN Employment by Type of Provider, 2000 and 2008 – 2010	49
	Chart 5.10:	Distribution of RN Workforce by Age Group, 1980 – 2008	49
	Chart 5.11:	Annual Percentage Change in Entry Level Baccalaureate Nursing Enrollment, 1990 – 2013	50
	Chart 5.12:	National Supply and Demand Projections for FTE RNs, 2018 – 2025	50

CHAPTER 6:	The Economic Contribution of Hospitals	51
Chart 6.1:	National Health Expenditures as a Percentage of Gross Domestic Product and Breakdown of National Health Expenditures, 2012	53
Chart 6.2:	Number of Full-time and Part-time Hospital Employees, 1993 – 2012	53
Chart 6.3:	Impact of Community Hospitals on U.S. Economy (in \$ billions), 2012	54
Chart 6.4:	Hospital Employment vs. Employment in Other Industries, 2013	54
Chart 6.5:	Average Weekly Earnings of Workers, Hospitals vs. All Service-providing Industries, 1993 – 2013	55
Chart 6.6:	Hospital Employment by Occupation Type, 2013	55
Chart 6.7:	Percent Change in Employment, Seasonally-adjusted: Hospital vs. All Industries (Total Non-farm), 2011 – 2013	56
Chart 6.8:	Percent of Total Regional Employment by Hospitals, 2012	56
Chart 6.9:	Impact of Community Hospitals on U.S. Jobs (in millions), 2012	57
Chart 6.10:	Percent of Hospital Costs by Type of Expense, 2013	57
Chart 6.11:	Hospital Impact on Sectors of the U.S. Economy (in \$ billions), 2012	58
Chart 6.12:	Impact of Community Hospitals on U.S. Economy; All States, DC, and Total U.S., 2012	59
CHAPTER 7:	Community Health Indicators	61
Chart 7.1:	U.S. Population Trends and Projections by Age, 1980 – 2060	63
Chart 7.2:	U.S. Population Trends and Projections by Race, 2015 – 2060	63
Chart 7.3:	Age-adjusted Death Rates, Selected Causes, by Race, 2010	64
Chart 7.4:	Percent of People with Chronic Conditions by Number and Sex, 2011	64
Chart 7.5:	Percent of Fee-for-Service Medicare Beneficiaries with Chronic Conditions, 2012	65
Chart 7.6:	Number of Persons with Asthma, 1980 – 2012	65
Chart 7.7:	Percent of Adults with Hypertension by Sex, 1988 – 1994 and 2009 – 2012	66



Chart 7.8:	Percent of Adults Who Are Overweight and Obese, 1960 – 2012	66
Chart 7.9:	Percent of Expenses Used by People with Chronic Conditions by Services Type, 2011	67
Chart 7.10:	Percent of Spending for Individuals with Chronic Conditions by Insurance Status, 2011	67
Chart 7.11:	Percent of Medicare Fee-for Service Beneficiaries vs. Percent of Medicare Spending, by Number of Chronic Conditions, 2012	68
Chart 7.12:	Percent of Medicare Fee-for-Service Spending on Chronic Conditions by Type of Service, 2010	68
Chart 7.13:	Percent Uninsured by Race, 1984 – 2012	69
Chart 7.14:	Percent of Adults with No Usual Source of Care by Race, 1993 – 2012	69
Chart 7.15:	Percent of Adults with No Usual Source of Care by Insurance Status, 1993 – 2012	70
Chart 7.16:	Percent of Children with No Usual Source of Care by Race, 1993 – 2012	70
Chart 7.17:	Percent of Children with No Usual Source of Care by Insurance Status, 1993 – 2012	71
Chart 7.18:	Percent of Individuals with No Health Care Visits by Race, Insurance Status, 1997 and 2012	71
Chart 7.19:	Percent of Children with No Health Care Visits by Race, Insurance Status, 1998 and 2012	72
Chart 7.20:	Percent of Children with No Dental Visits by Race, Poverty Status, 1997 and 2012	72
Chart 7.21:	Percent of Children Vaccinated by Race, Poverty Status, 2009 and 2012	73
Chart 7.22:	Percent of Women Receiving Mammography by Race, Poverty Status, 1990 and 2010	73
Chart 7.23:	Percent of Adults with Chronic Conditions by Insurance Type, 2007 – 2008	74
Chart 7.24:	Total Expenditures on Top 10 Most Costly Conditions Among Adults by Sex, 2008	74
Chart 7.25:	30-Day Readmission Rate for Medicare Fee-for Service Beneficiaries by Number of Chronic Conditions, 2012	75



LIST OF APPENDICES

APPENDIX 1:	Supplementary Data Tables, Trends in the Overall Health Care Market	A-3
Table 1.1:	Total National Health Expenditures, 1980 – 2012	A-4
Table 1.2:	Percent Change in National Expenditures for Selected Health Services and Supplies, 2002 – 2012	A-5
Table 1.3:	National Health Expenditures, 1980 – 2022	A-6
Table 1.4:	Consumer Out-of-pocket Payments for National Health Expenditures, 1992 – 2012	A-7
Table 1.5:	Growth in Total Prescription Drug Spending as a Percentage of Total Growth in National Health Expenditures, 1992 – 2012	A-8
Table 1.6:	Consumer Out-of-pocket Spending vs. Private Health Insurance Spending for Prescription Drugs, 1992 – 2012	A-9
Table 1.7:	Number and Percent Uninsured, 1992 – 2012	A-10
Table 1.8:	Average Percent Uninsured by State, 2010 – 2012	A-11
Table 1.9:	Medicaid Enrollees, 1990, 1995, 2000 – 2013	A-12
Table 1.10:	Percent Change in CHIP Enrollment by State, FY 2011 – FY 2012	A-13
Table 1.11:	Percentage of Employees with Employer-based Coverage Who Can Choose Conventional, PPO, HMO, POS, and HDHP/SO Plans, 1988 – 2013	A-14
Table 1.12:	Percent Distribution of Employer-sponsored Health Insurance Enrollment by Type of Plan, 1988 – 2013	A-14
Table 1.13:	Growth in Medicare Spending per Beneficiary vs. Private Health Insurance Spending per Enrollee, 1992 – 2012	A-15
Table 1.14:	Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care by State, 2010 and 2011	A-16
Table 1.15:	Operating Margins of the Top Insurers, 2011 – 2013	A-17
APPENDIX 2:	Supplementary Data Tables, Organizational Trends	A-19
Table 2.1:	Number of Community Hospitals, 1992 – 2012	A-20
Table 2.2:	Number of Beds and Number of Beds per 1,000 Persons, 1992 – 2012	A-21



Table 2.3:	Beds per 1,000 Persons by State, 2011 and 2012	A-22
Table 2.4:	Percentage of Hospitals with Physician Affiliates by Type of Relationship, 2002 – 2012	A-23
Table 2.5:	Percentage of Hospitals with Insurance Products by Type of Insurance, 2002 – 2012	A-23
Table 2.6:	Percentage of Hospitals Offering “Non-hospital” Services, 2002 – 2012	A-24

APPENDIX 3: Supplementary Data Tables, Utilization and Volume **A-25**

Table 3.1:	Trends in Inpatient Utilization in Community Hospitals, 1992 – 2012	A-26
Table 3.2:	Average Length of Stay in Community Hospitals by State, 2011 and 2012	A-27
Table 3.3:	Emergency Department Visits, Emergency Department Visits per 1,000, and Number of Emergency Departments, 1992 – 2012	A-28
Table 3.4:	Outpatient Utilization in Community Hospitals, 1992 – 2012	A-29

APPENDIX 4: Supplementary Data Tables, Trends in Hospital Financing **A-31**

Table 4.1:	Aggregate Total Hospital Margins, Operating Margins, and Patient Margins; Percentage of Hospitals with Negative Total Margins; and Aggregate Non-operating Gains as a Percentage of Total Net Revenue, 1992 – 2012	A-32
Table 4.2:	Distribution of Inpatient vs. Outpatient Revenues, 1992 – 2012	A-33
Table 4.3:	Annual Change in Hospital Operating Revenue and Expenses per Adjusted Admission, 1992 – 2012	A-34
Table 4.4:	Aggregate Hospital Payment-to-cost Ratios for Private Payers, Medicare, and Medicaid, 1992 – 2012	A-35
Table 4.5:	Hospital Payment Shortfall Relative to Costs for Medicare, Medicaid, and Other Government, 1997 – 2012	A-36



APPENDIX 5:	Supplementary Data Tables, Workforce	A-37
Table 5.1:	Total Number of Active Physicians per 1,000 Persons by State, 2010 and 2011	A-38
Table 5.2:	Medical and Dental Residents in Training in Community Hospitals, 1992 – 2012	A-39
Table 5.3:	Total Full-time Equivalent Employees Working in Hospitals and Full-time Equivalents per Adjusted Admission, 1992 – 2012	A-40
Table 5.4:	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, 1992 – 2012	A-41
Table 5.5:	Number of Physicians by Age, 1980, 1990, 2000, and 2012	A-42
Table 5.6:	RN Employment by Type of Provider, 2000 and 2008-2010	A-42
Table 5.7:	Distribution of RN Workforce by Age Group, 1980 – 2008	A-43
Table 5.8:	National Supply and Demand Projections for FTE RNs, 2018 – 2025	A-44
APPENDIX 6:	Supplementary Data Tables, The Economic Contribution of Hospitals	A-45
Table 6.1:	Number of Full-time and Part-time Hospital Employees, 1993 – 2012	A-46
Table 6.2:	Hospital Employment vs. Employment in Other Industries, 2013	A-47
Table 6.3:	Average Weekly Earnings of Workers, Hospitals vs. All Service-providing Industries, 1993 – 2013	A-48
APPENDIX 7:	Supplementary Data Tables, Community Health Indicators	A-49
Table 7.1:	U.S. Population Trends and Projections by Age, 1980 – 2060	A-50
Table 7.2:	U.S. Population Trends and Projections by Race, 2015 – 2060	A-51



Table 7.3:	Age-adjusted Death Rates, Selected Causes, by Race, 2010	A-52
Table 7.4:	Number of Persons with Asthma, 1980 – 2012	A-52
Table 7.5:	Percent of Adults Who Are Overweight and Obese, 1960 – 2012	A-53
Table 7.6:	Percent Uninsured by Race, 1984 – 2012	A-53
Table 7.7:	Percent of Persons with No Usual Source of Care by Race, 1993 – 2012	A-54

GLOSSARY

A-55



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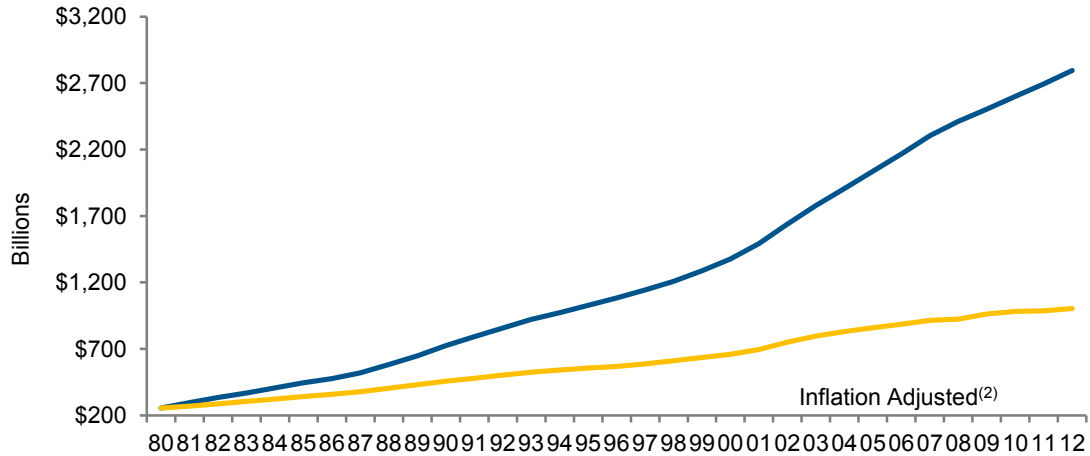


CHAPTER 1

Trends in the Overall
Health Care Market



Chart 1.1: Total National Health Expenditures, 1980 – 2012⁽¹⁾

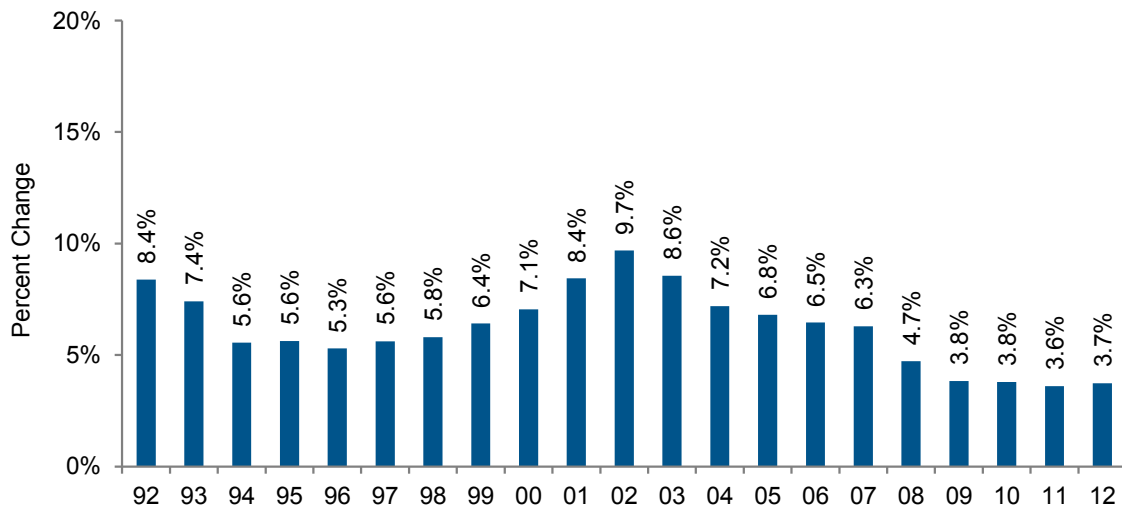


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 2014.

(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.

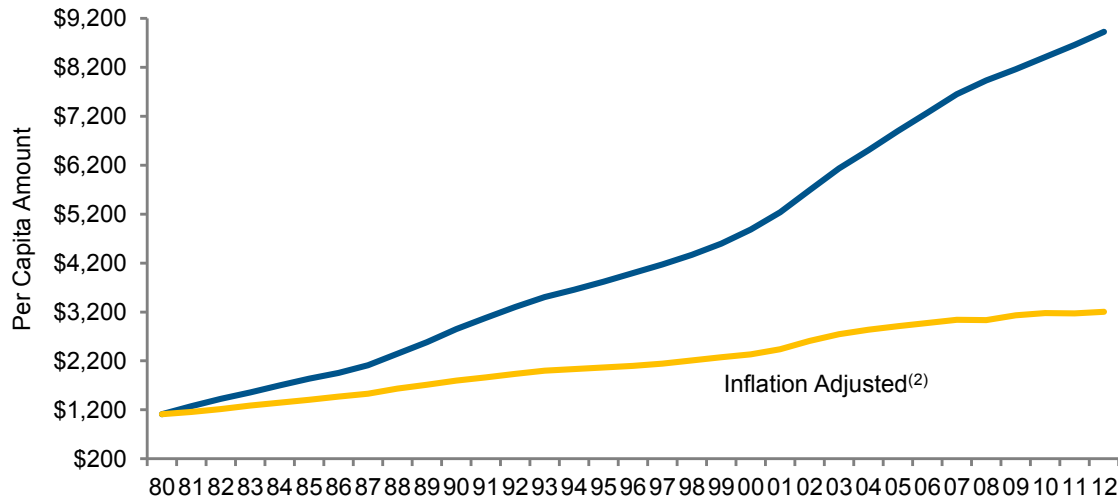
Chart 1.2: Percent Change in Total National Health Expenditures, 1992 – 2012⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 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 – 2012⁽¹⁾

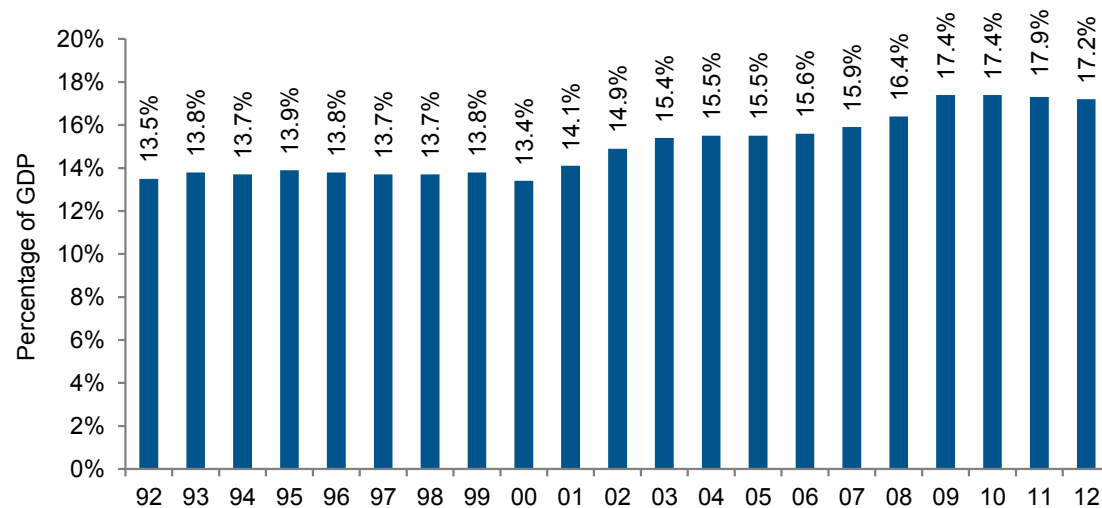


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 2014.

(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.

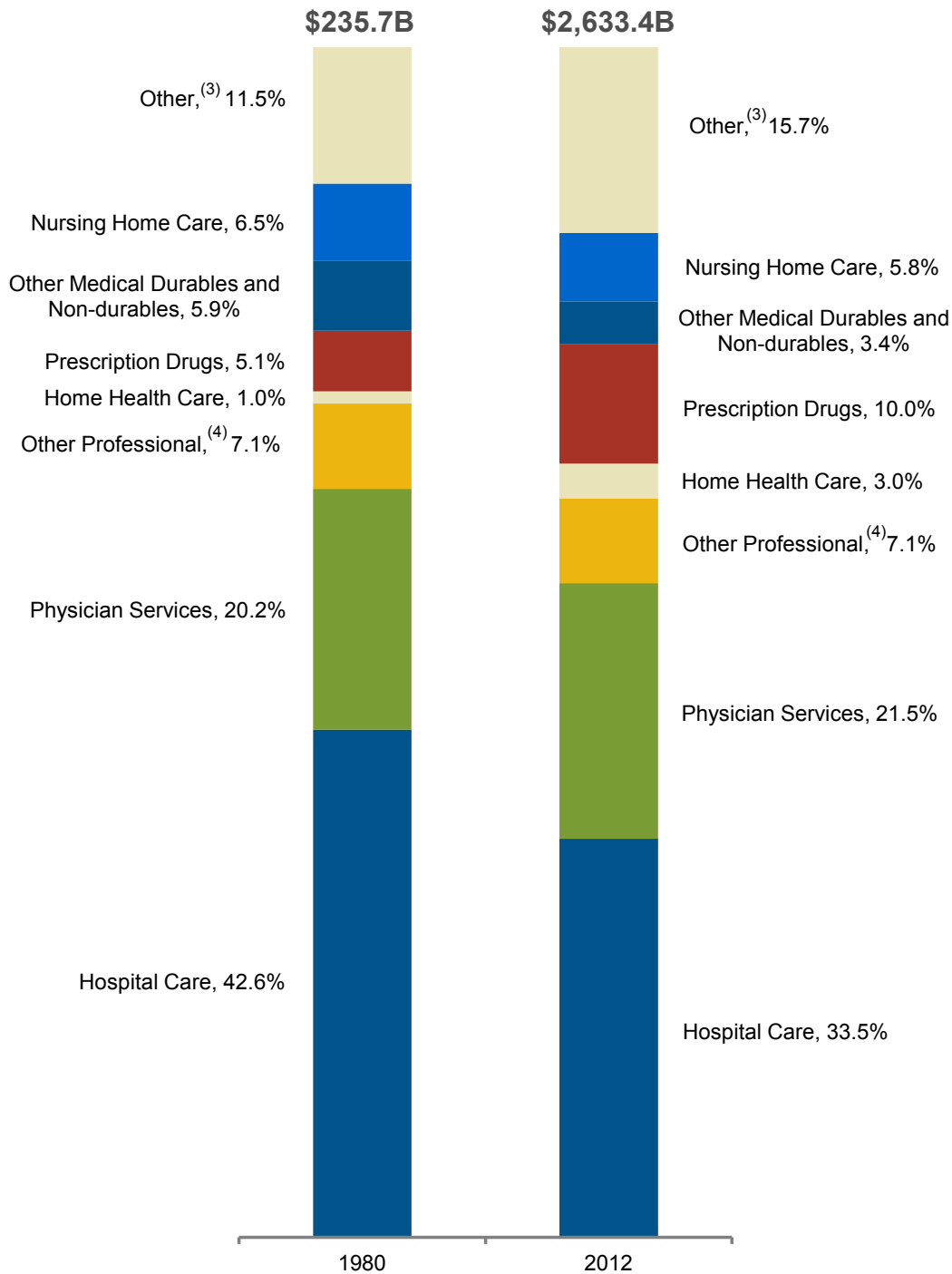
Chart 1.4: National Health Expenditures as a Percentage of Gross Domestic Product, 1992 – 2012⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 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 2012⁽²⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 2014.

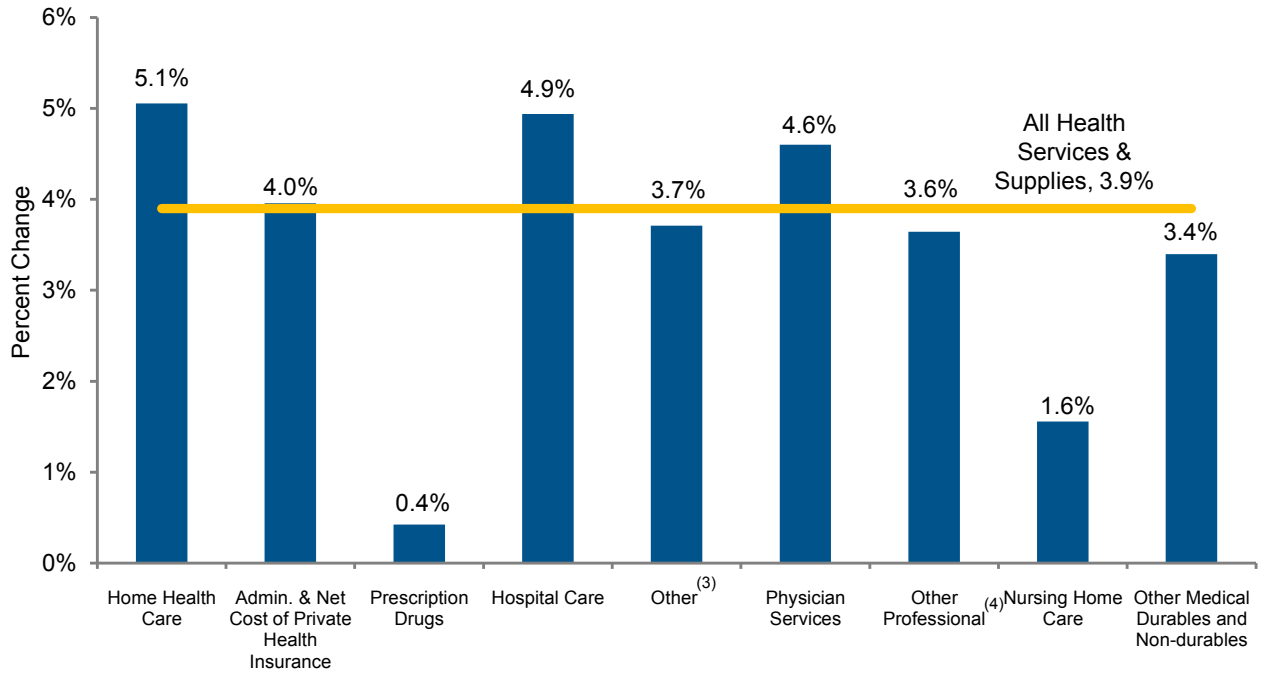
⁽¹⁾ Excludes medical research and medical facilities construction.

⁽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, 2011 – 2012⁽²⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 2014.

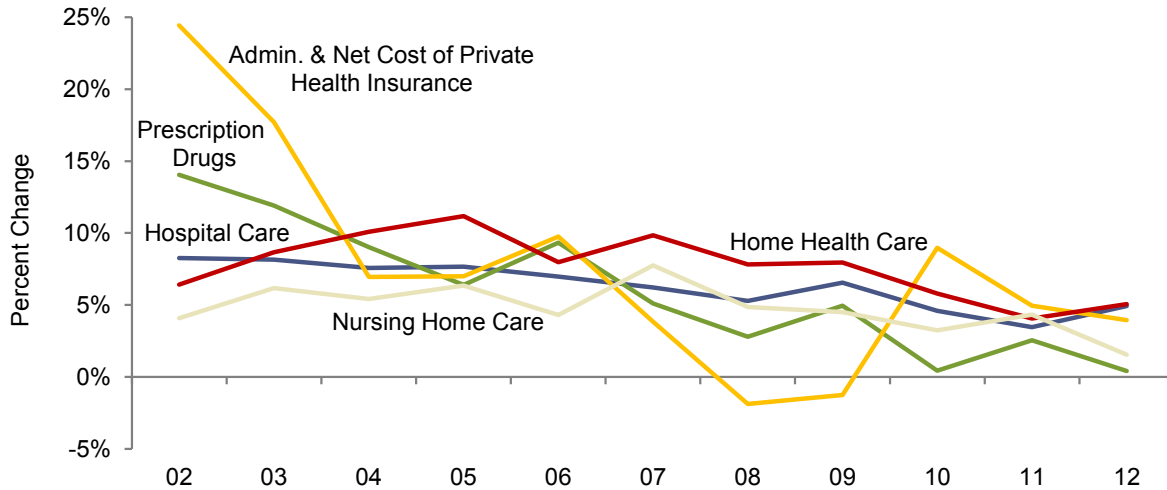
(1) Excludes medical research and medical facilities construction.

(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.

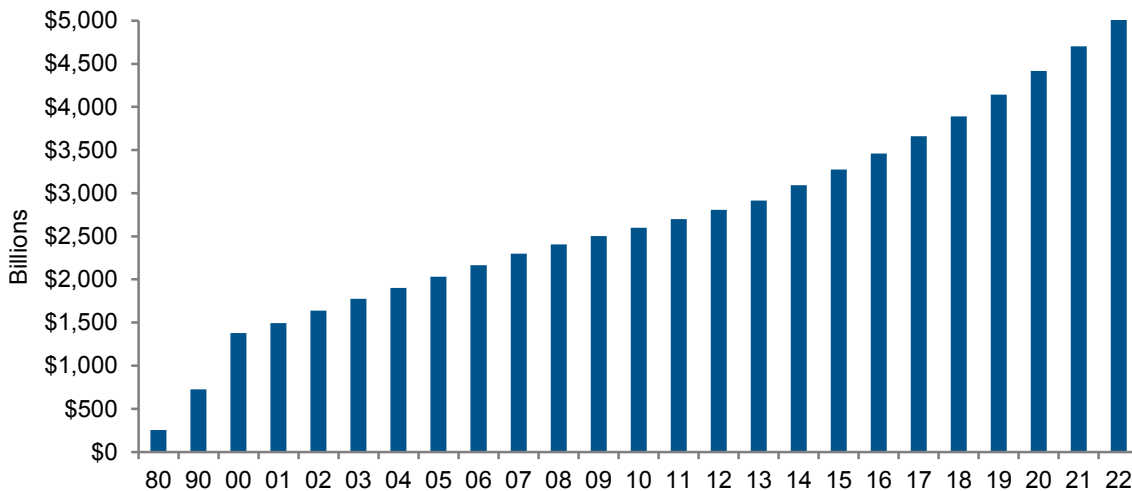
Chart 1.7: Percent Change in National Expenditures for Selected Health Services and Supplies, 2002 – 2012⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 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 – 2022⁽²⁾



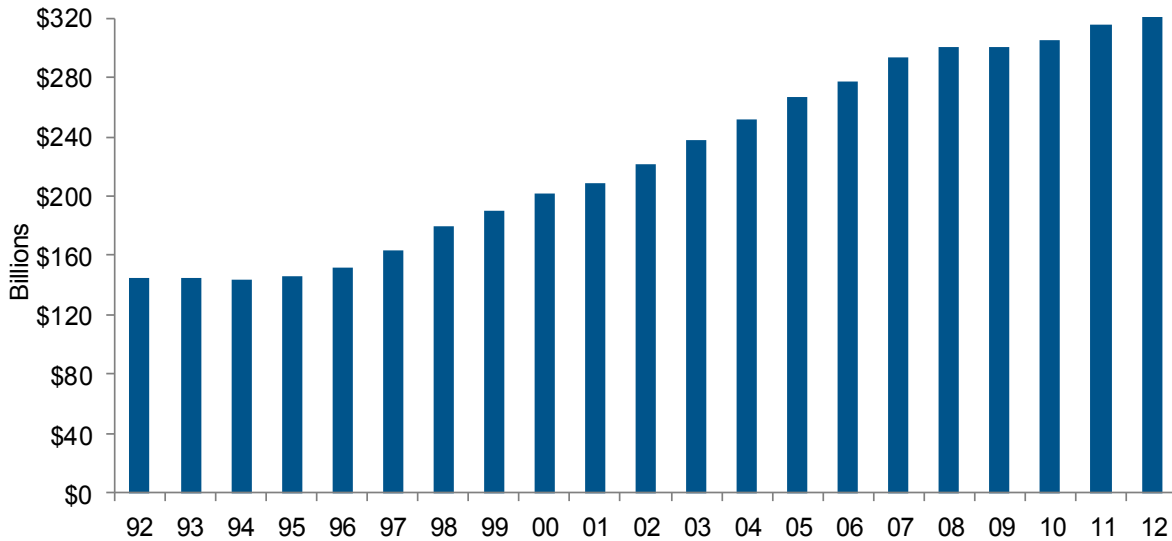
Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released September 2013.

⁽¹⁾ Years 2012 – 2022 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>.



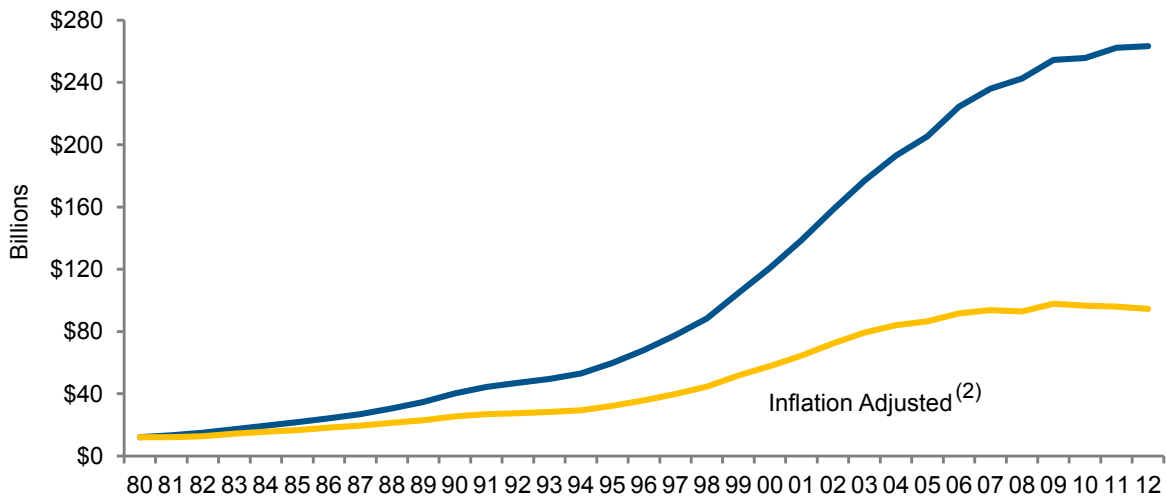
Chart 1.9: Consumer Out-of-pocket Payments for National Health Expenditures, 1992 – 2012⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 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 – 2012⁽¹⁾



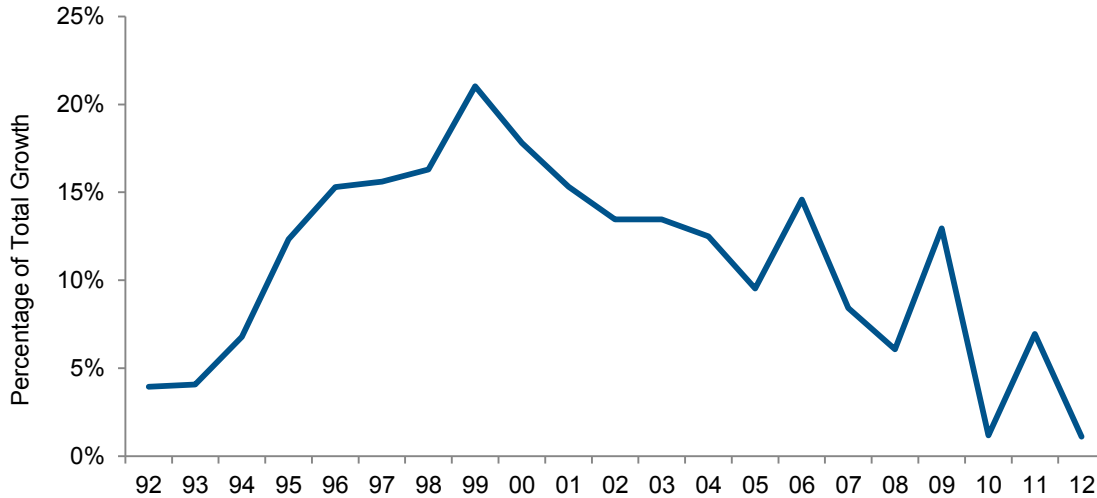
Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 2014.

⁽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.



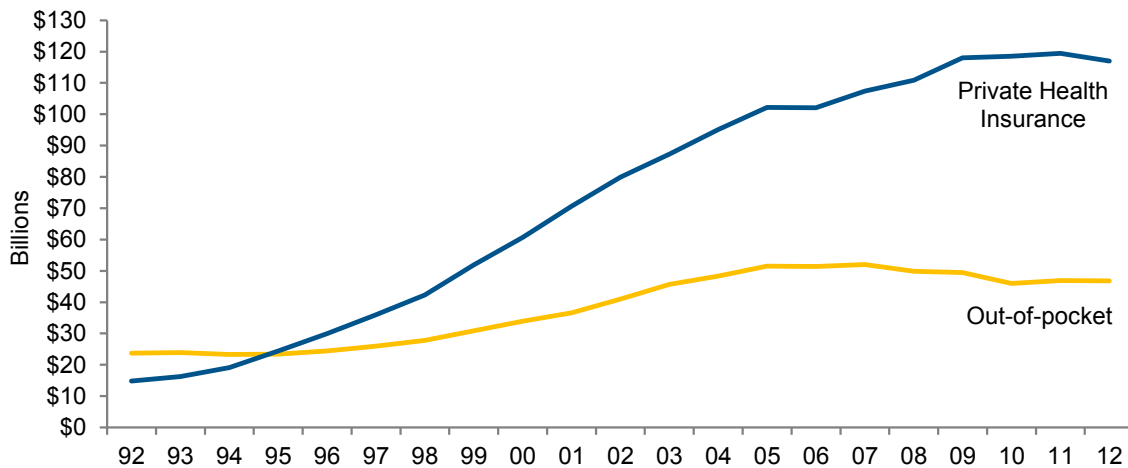
Chart 1.11: Growth in Total Prescription Drug Spending as a Percentage of Total Growth in National Health Expenditures, 1992 – 2012⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 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>.

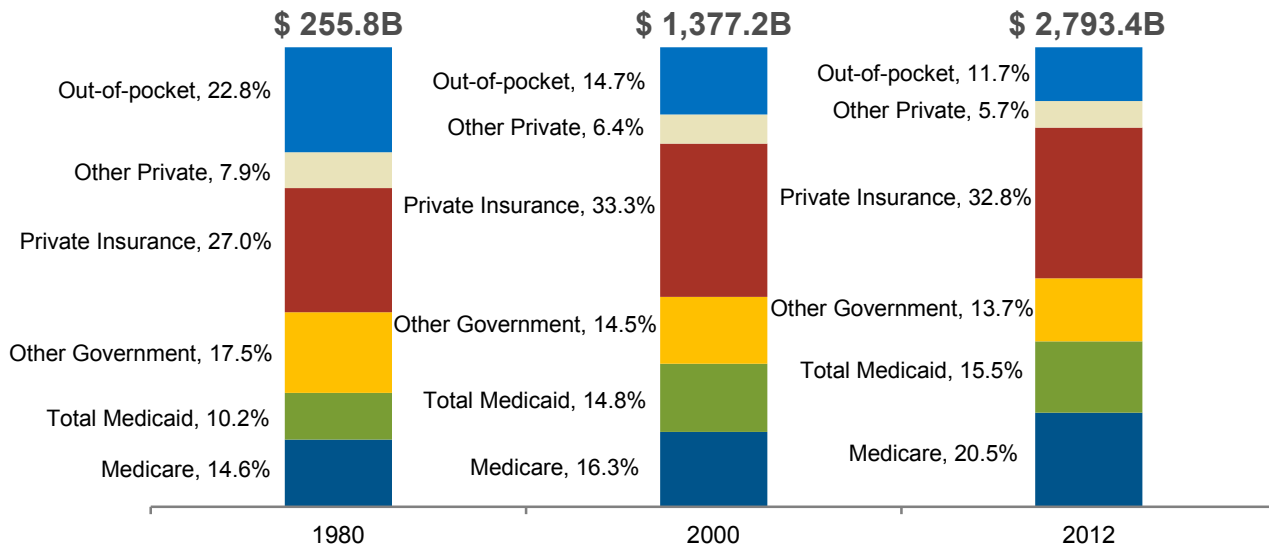
Chart 1.12: Consumer Out-of-pocket Spending vs. Private Health Insurance Spending for Prescription Drugs, 1992 – 2012⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 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>.

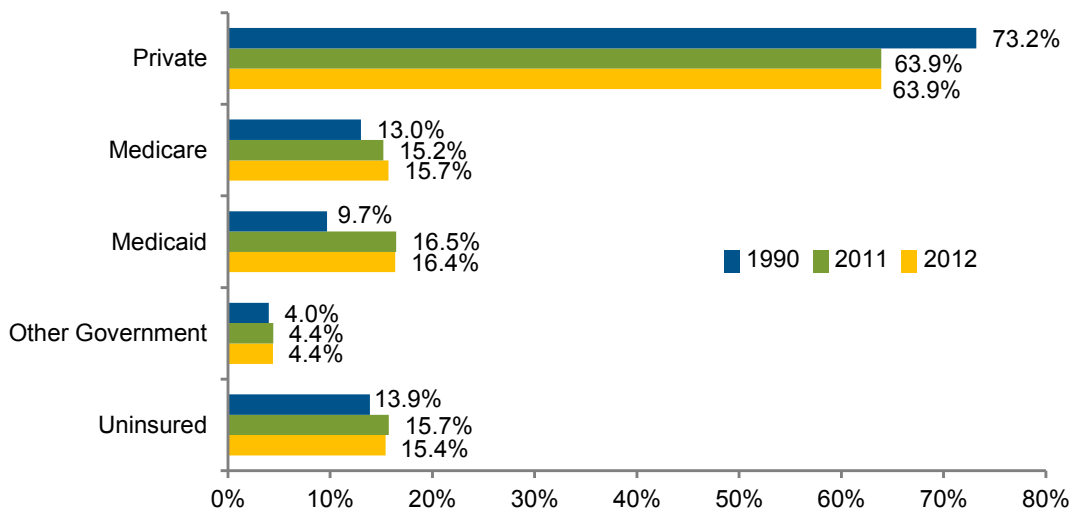
Chart 1.13: Distribution of National Health Expenditures by Source of Payment, 1980, 2000 and 2012⁽¹⁾



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 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>.

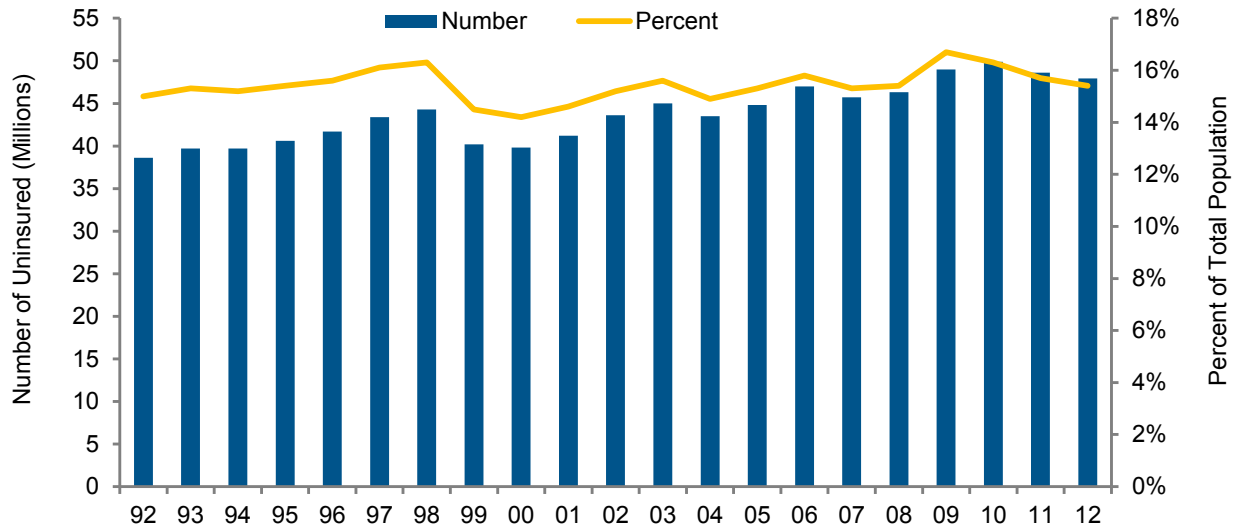
Chart 1.14: Distribution of Health Insurance Coverage, Percentage of Population Covered by Payer, 1990, 2011 and 2012



Source: US Census Bureau, Current Population Survey, 2012 Annual and Social Economic Supplement. Data released September 2013. Table HIB-4. Health Insurance Coverage Status and Type of Coverage by State All People: 1999 to 2012.

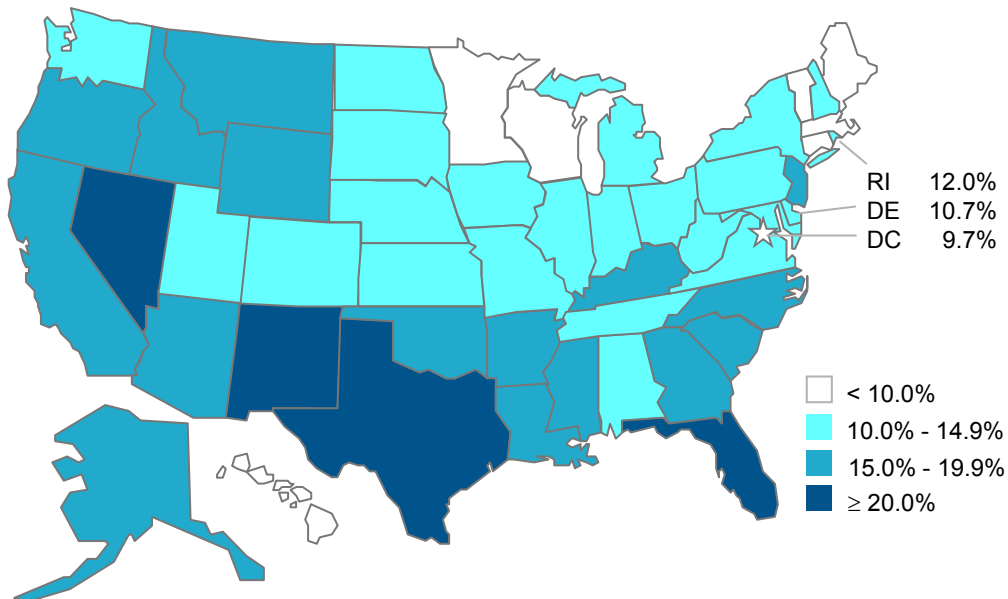
Link: <http://www.census.gov/hhes/www/hlthins/data/historical/files/hihist4B.xls>.

Chart 1.15: Number and Percent Uninsured, 1992 – 2012



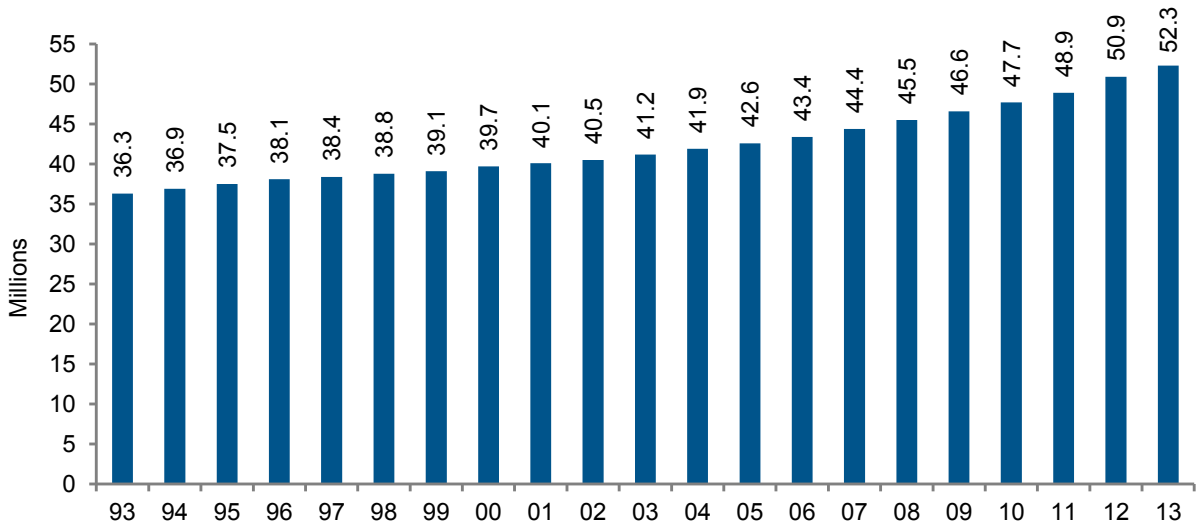
Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2012. Data released September 2013. Table 7. People Without Health Insurance Coverage by Selected Characteristics: 2011 and 2012. Link: <http://www.census.gov/prod/2013pubs/p60-245.pdf>.

Chart 1.16: Average Percent Uninsured by State, 2010 – 2012



Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2012. Data released September 2013. Link: <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2012/state.xls>.

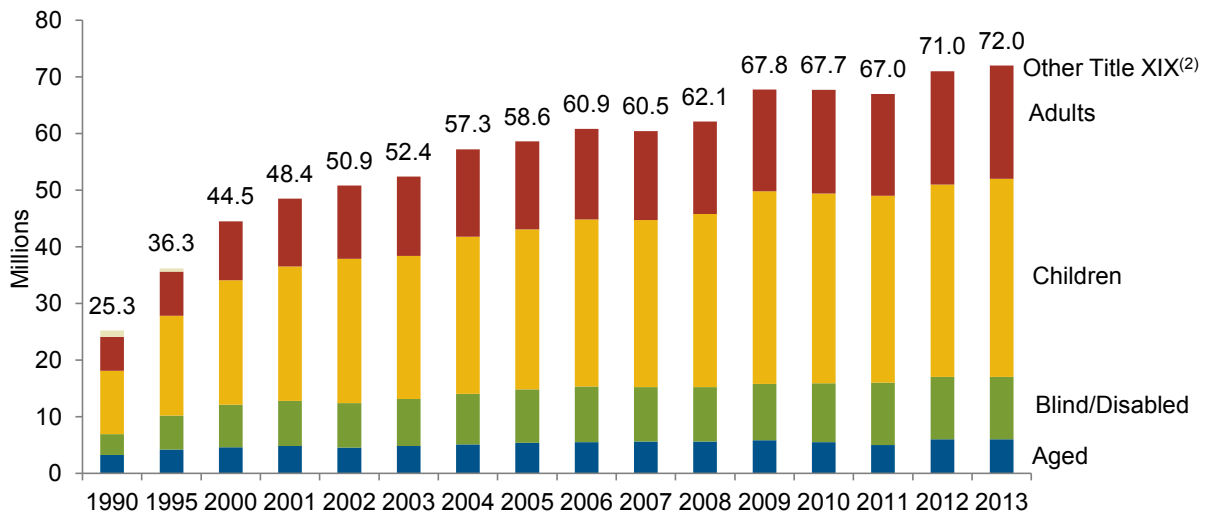
Chart 1.17: Medicare Enrollees,⁽¹⁾ 1993 – 2013



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 – 2013).

⁽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 – 2013

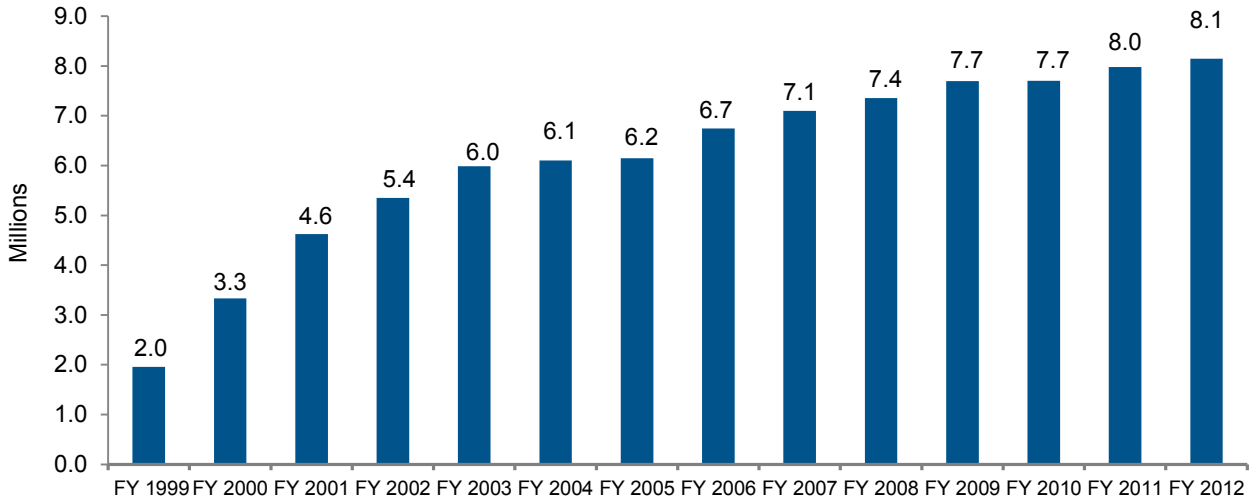


Source: Congressional Budget Office. Data released May 2013. Spending and Enrollment Detail for CBO's May 2013 Baseline: Medicaid. Link: <http://www.cbo.gov/sites/default/files/cbofiles/attachments/44204-2013-05-Medicaid.pdf>.

⁽¹⁾ Does not include CHIP enrollees.

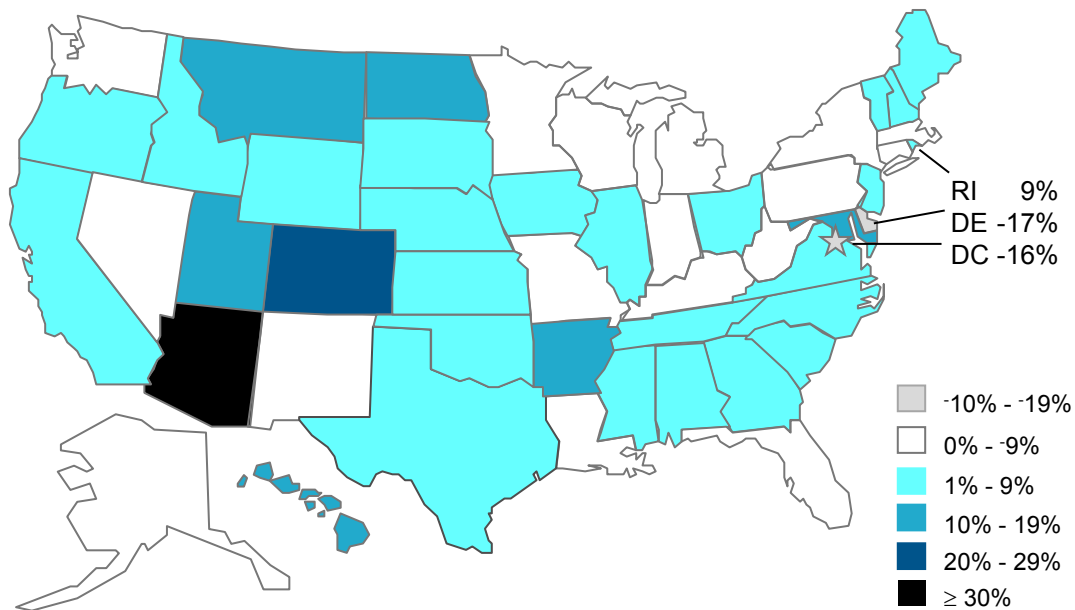
⁽²⁾ In 1997, the Other Title XIX category was dropped and the enrollees therein were subsumed in the remaining categories. Other Title XIX enrollees referred to others who received Medicaid benefits..

Chart 1.19: National CHIP Enrollment,^(1,2) FY 1999 – FY 2012



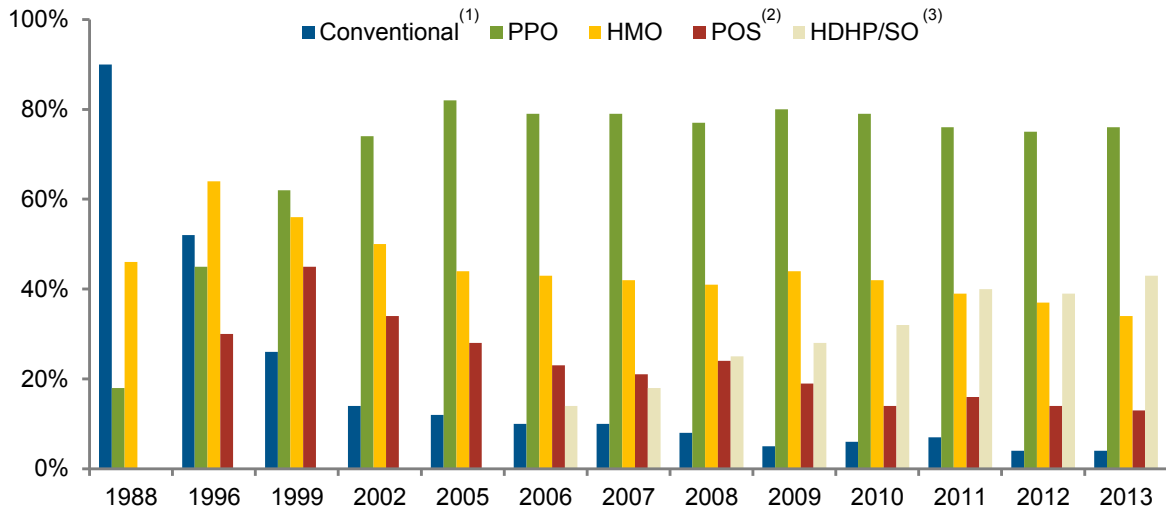
Source: Centers for Medicare & Medicaid Services. Data released April 2013. Number of Children Ever Enrolled by Program Type. Link: http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/FY-2012-Childrens-Enrollment-04_09_13.pdf.
⁽¹⁾ Number of children enrolled at any point in the year.
⁽²⁾ 2009 figure 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 2011 – FY 2012⁽¹⁾



Source: Centers for Medicare & Medicaid Services. Data released April 2013. Number of Children Ever Enrolled by Program Type. Link: http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/FY-2012-Childrens-Enrollment-04_09_13.pdf.

Chart 1.21: Percentage of Employees with Employer-based Coverage Who Can Choose Conventional, PPO, HMO, POS and HDHP/SO Plans, 1988 – 2013



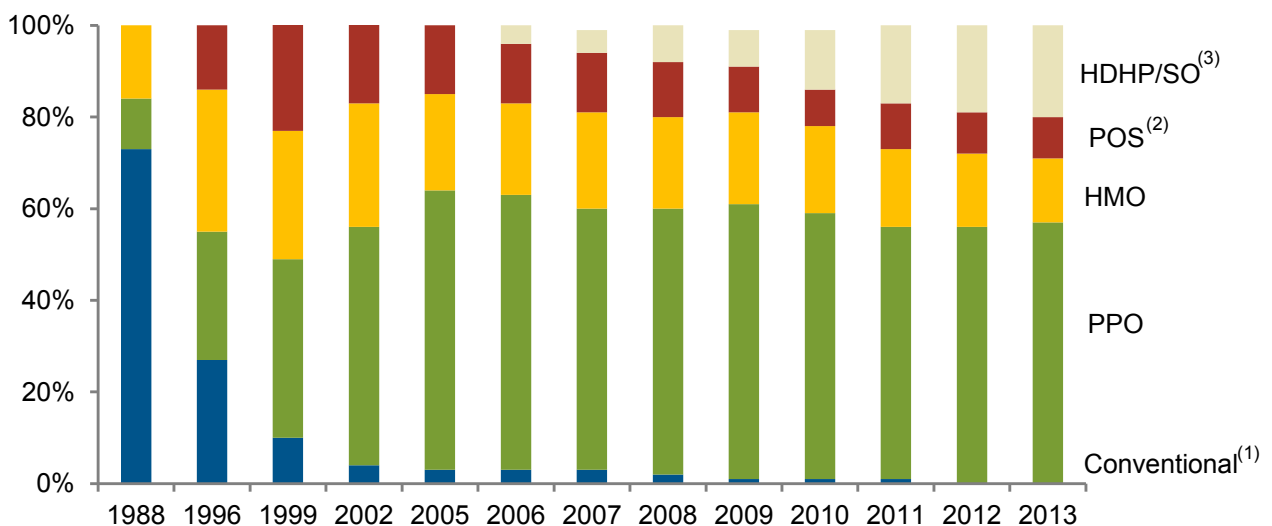
Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2013. Employer Health Benefits: 1999, 2002, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013. Link: <http://ehbs.kff.org/pdf/2013/8345.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(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.

Chart 1.22: Distribution of Employer-sponsored Health Insurance Enrollment by Type of Plan, 1988 – 2013



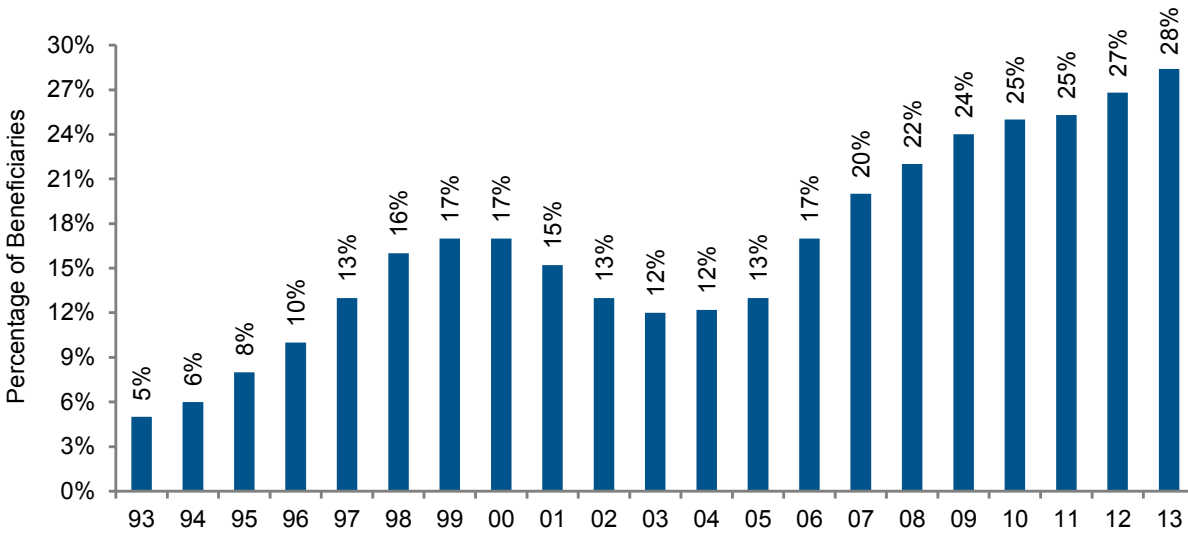
Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2013. Employer Health Benefits: 1999, 2002, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013. Link: <http://ehbs.kff.org/pdf/2013/8345.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

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

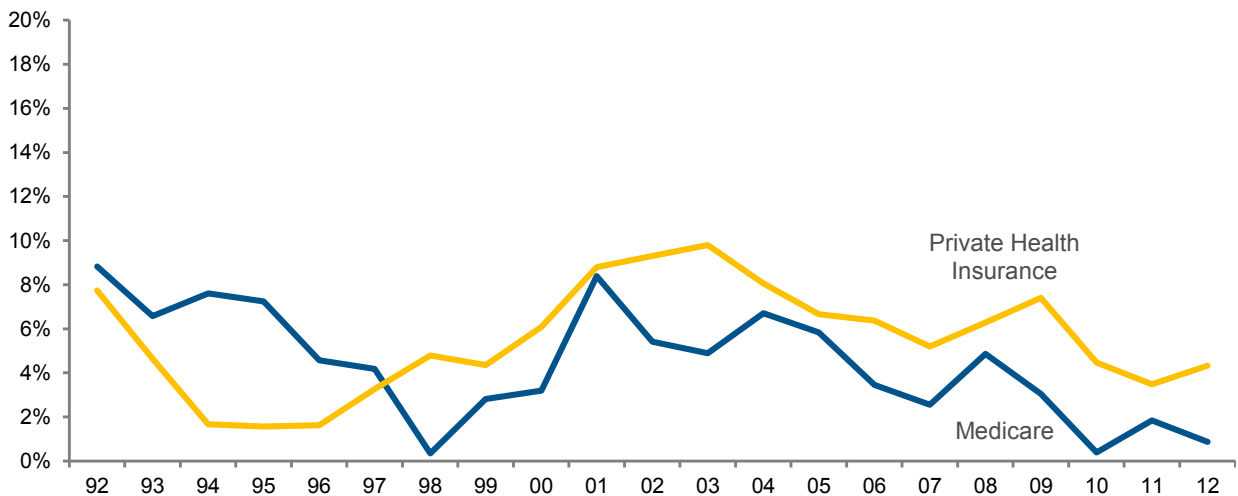
(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

Chart 1.23: Percentage of Medicare Beneficiaries Enrolled in Medicare Managed Care, 1993 – 2013



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Email correspondence with CMS staff in January 2014.

Chart 1.24: Percent Growth in Medicare Spending per Beneficiary vs. Private Health Insurance Spending per Enrollee, 1992 – 2012^(1,2)

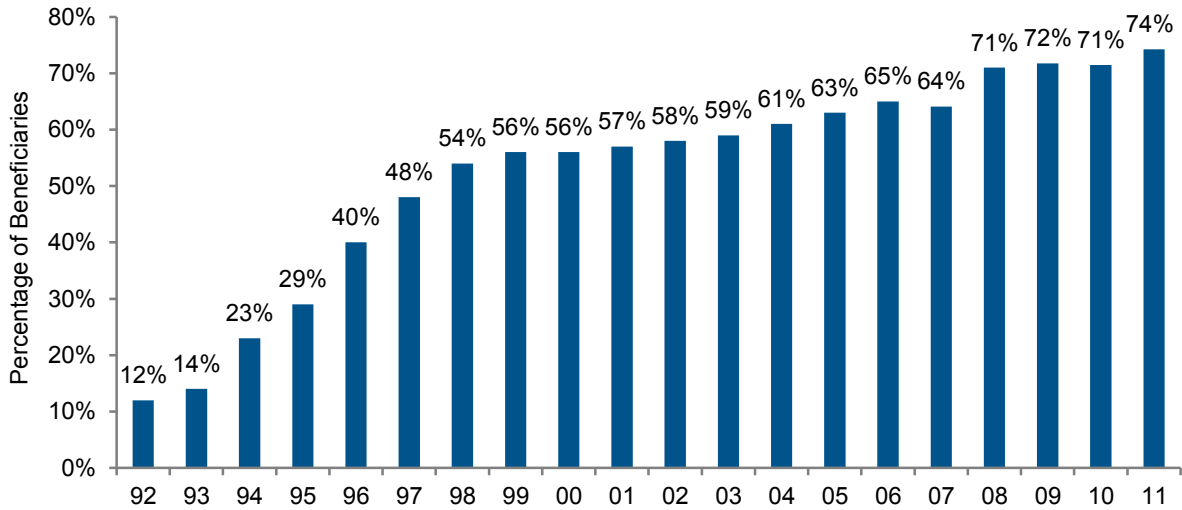


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 2014.

(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>.

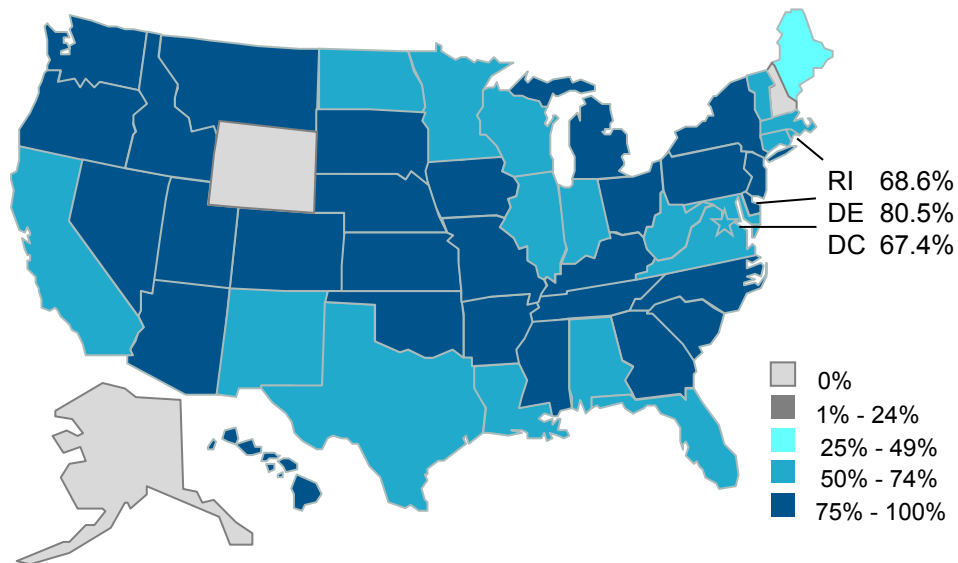
(2) Data reflects spending on benefits commonly covered by Medicare and Private Health Insurance.

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.

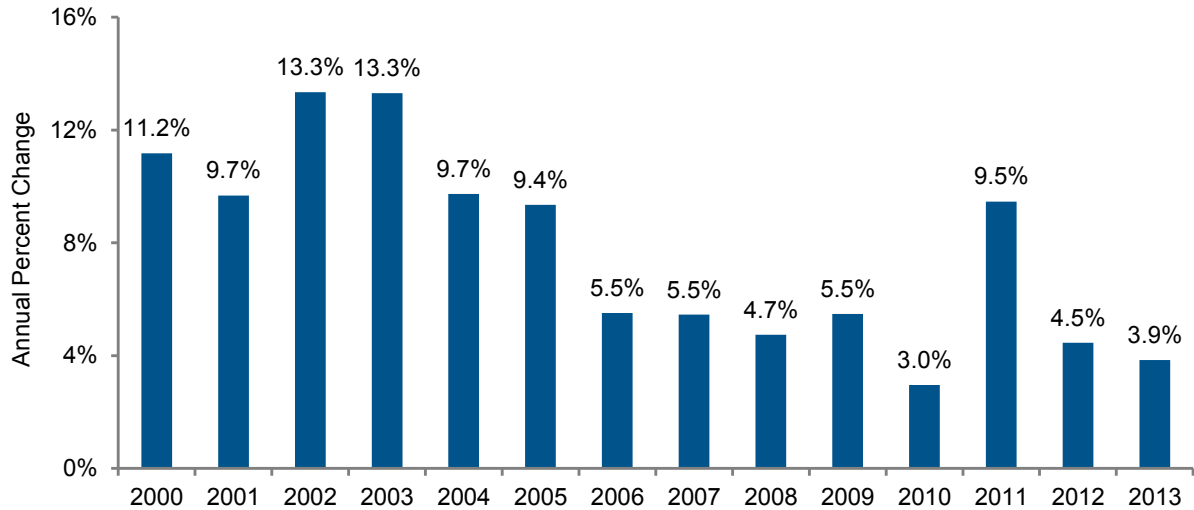
Chart 1.26: Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care by State, 2011



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

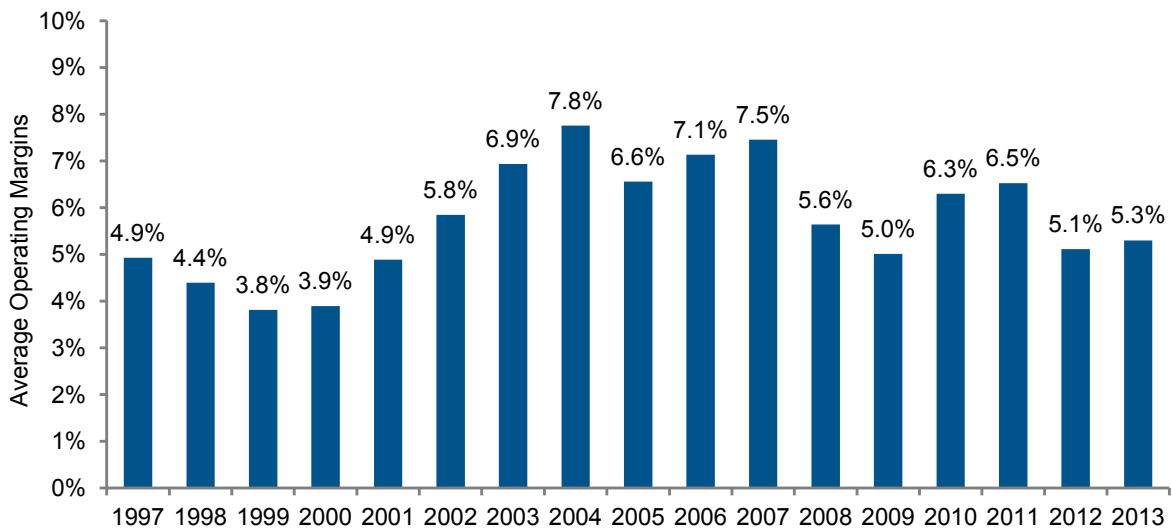


Chart 1.27: Annual Change in Health Insurance Premiums, 2000 – 2013



Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2013.
Link: <http://ehbs.kff.org/pdf/2013/8345.pdf>.

Chart 1.28: Managed Care Plan Average Operating Margins,⁽¹⁾ 1997 – 2013

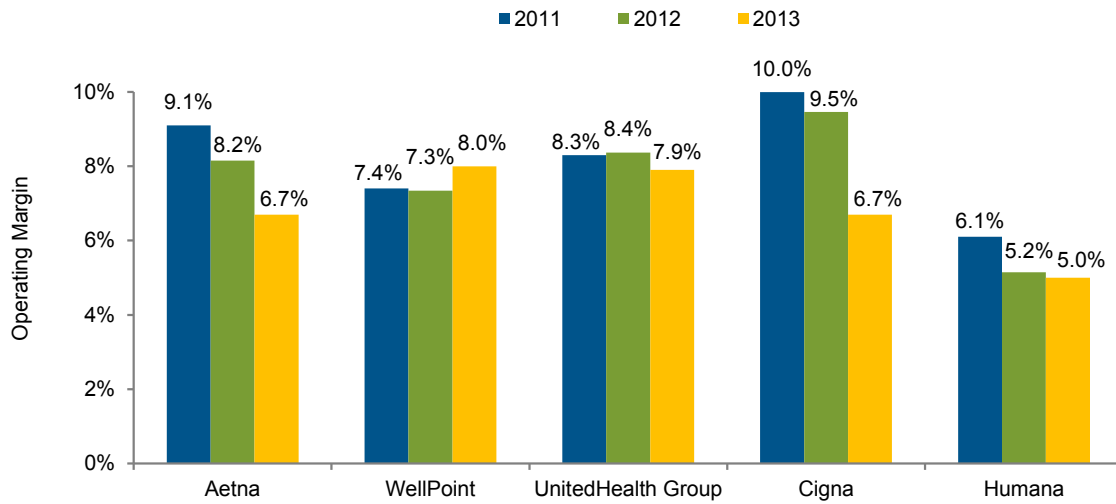


Source: Company documents of publicly traded managed care plans.

⁽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, 2011 – 2013



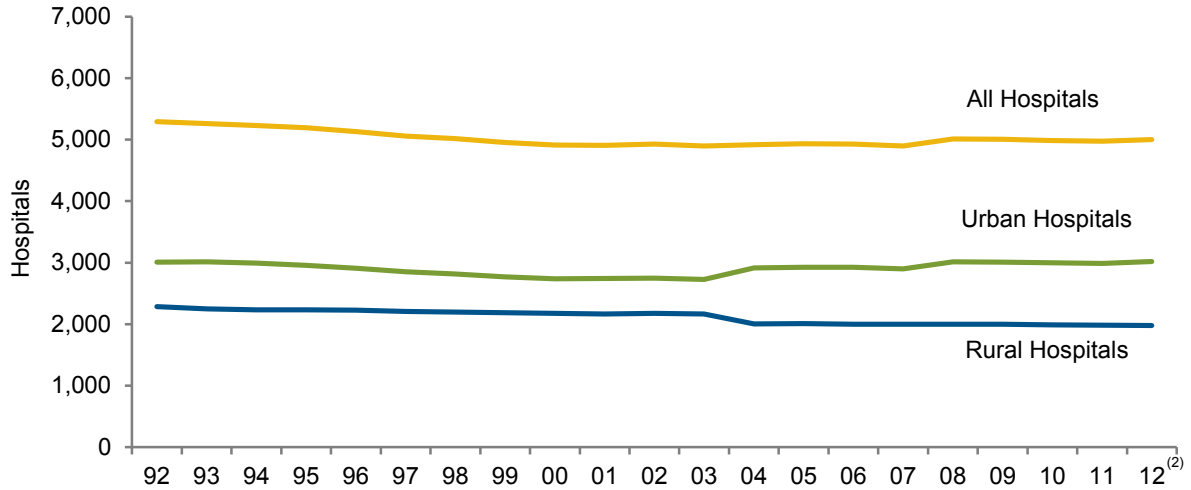
Source: FactSet Research Systems Inc. Data for all years updated as of March 2014.
Data from Hoovers used in 2011 and earlier years' Chartbooks.



CHAPTER 2

Organizational Trends

Chart 2.1: Number of Community Hospitals,⁽¹⁾ 1992 – 2012

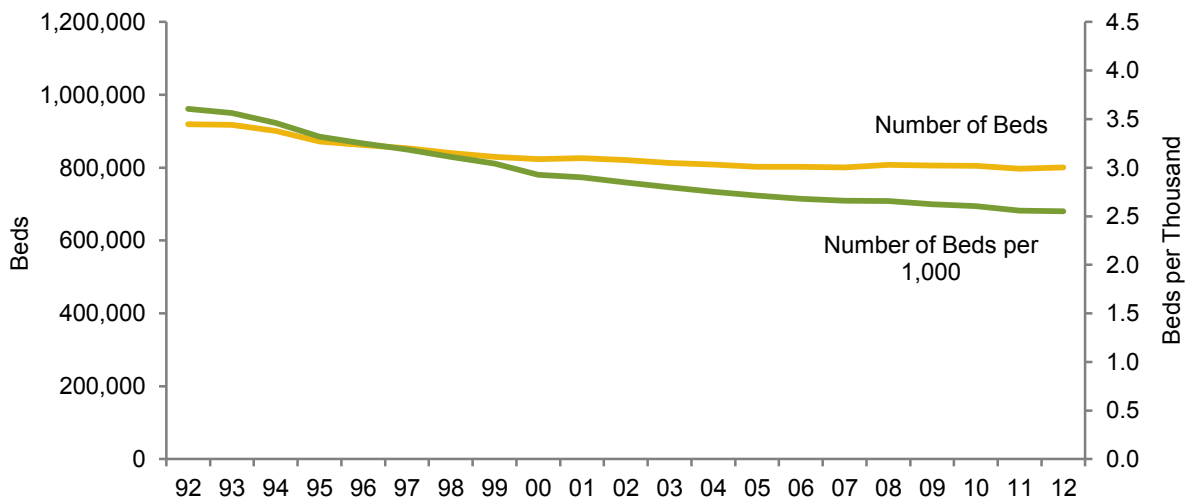


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

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

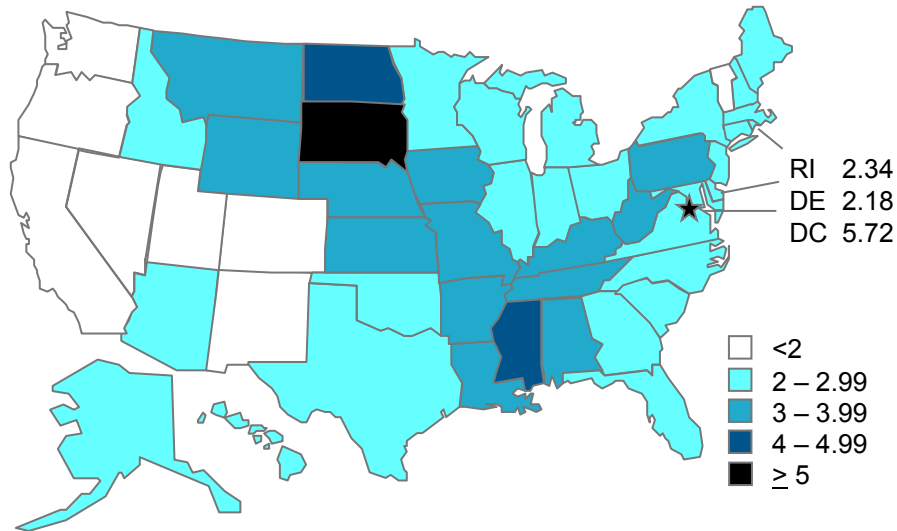
(2) Data on the number of urban and rural hospitals in 2004 and beyond were collected using coding different from previous years to reflect new Centers for Medicare & Medicaid Services wage area designations.

Chart 2.2: Number of Beds and Number of Beds per 1,000 Persons, 1992 – 2012



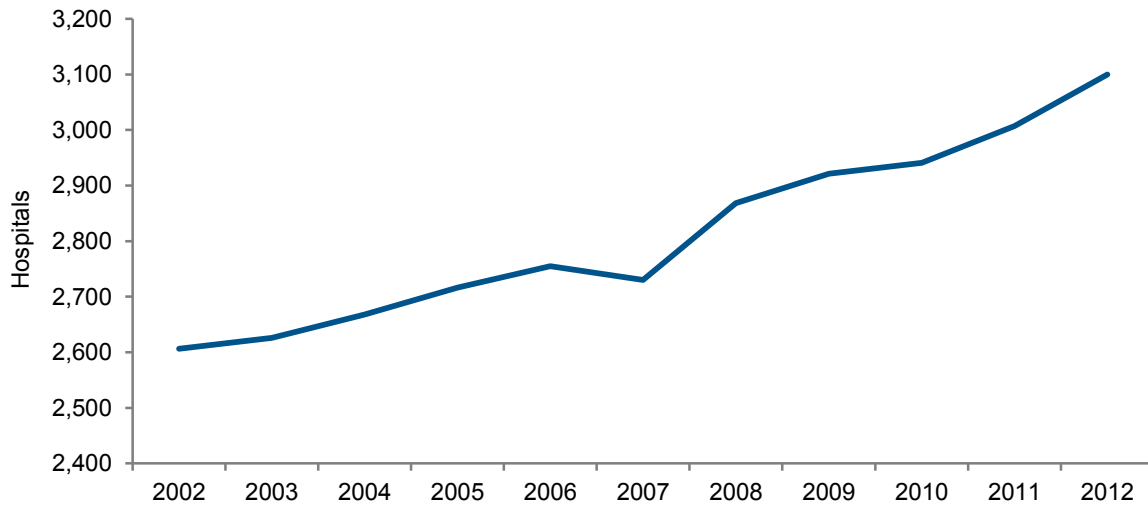
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

Chart 2.3: Beds per 1,000 Persons by State, 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2012.
Link: <http://www.census.gov/popest/data/state/totals/2012/index.html>.

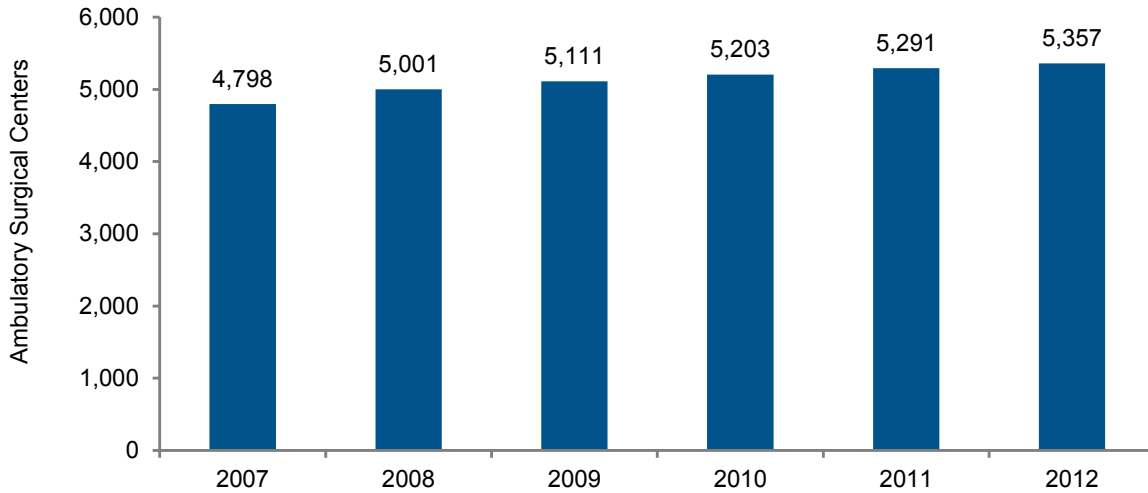
Chart 2.4: Number of Hospitals in Health Systems,⁽¹⁾ 2002 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

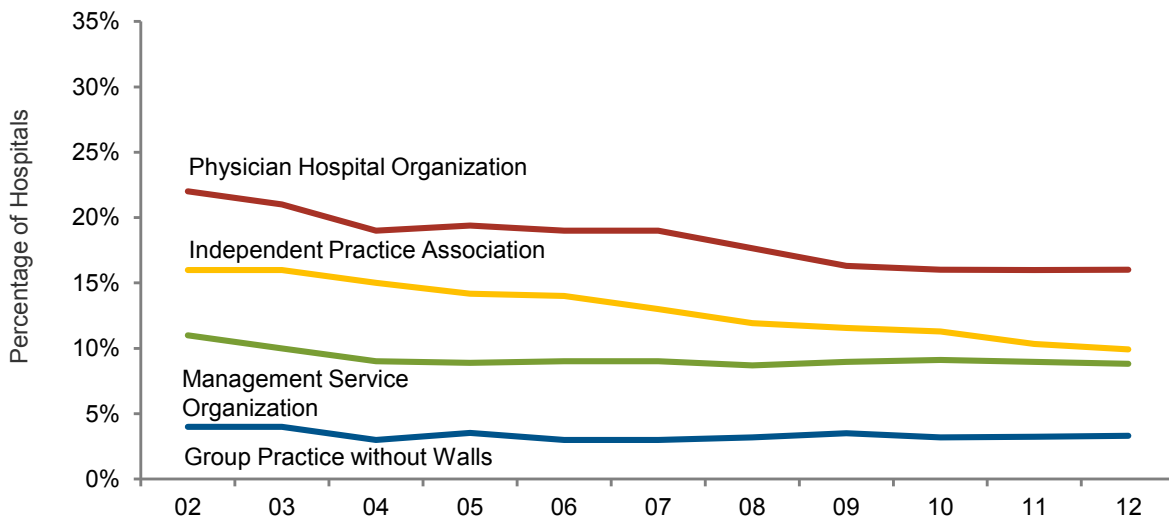
⁽¹⁾ Hospitals that are part of a corporate body that may own and/or manage health provider facilities or health-related subsidiaries, as well as non-health-related facilities including freestanding and/or subsidiary corporations.

Chart 2.5: Number of Medicare-certified Ambulatory Surgical Centers, 2007 – 2012



Source: Medicare Payment Advisory Commission. (March 2014). *Report to Congress: Medicare Payment Policy*.
Link: http://medpac.gov/documents/Mar14_EntireReport.pdf.

Chart 2.6: Percentage of Hospitals with Physician Affiliates⁽¹⁾ by Type of Relationship, 2002 – 2012

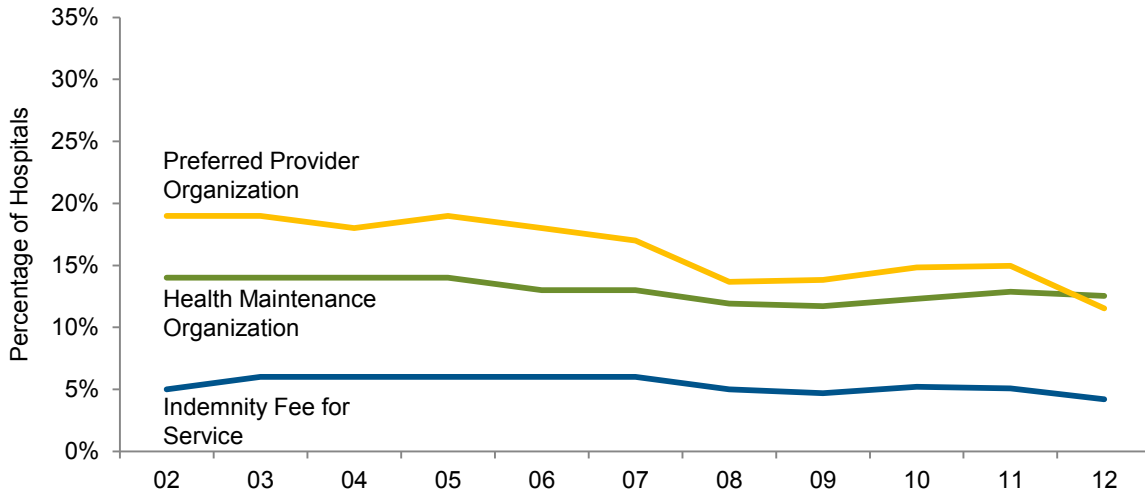


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

⁽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.

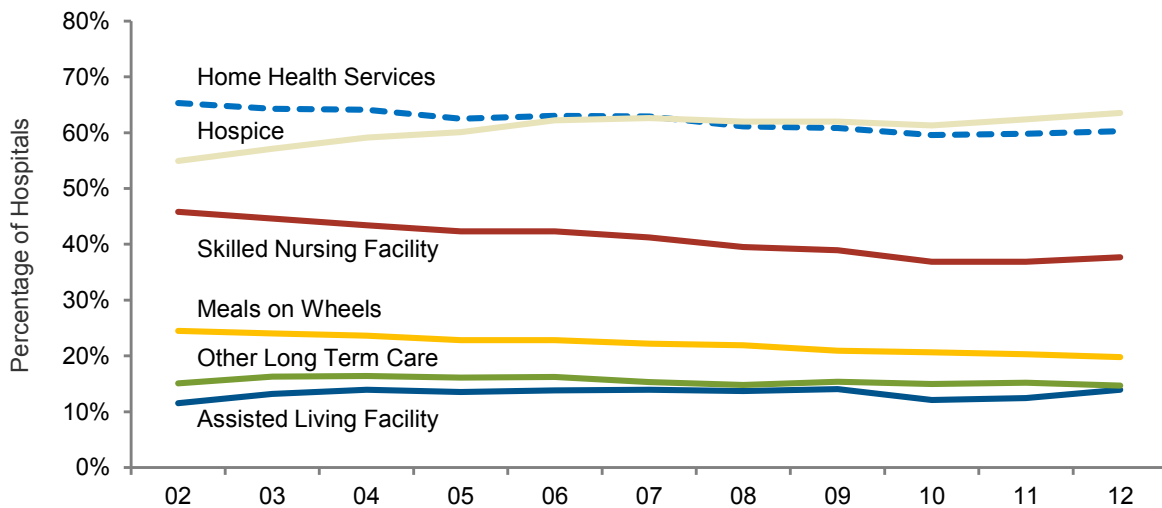
Previously Chart 2.7 in 2009 and earlier years' Chartbooks.

Chart 2.7: Percentage of Hospitals with Insurance Products by Type of Insurance, 2002 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals. Previously Chart 2.8 in 2009 and earlier years' Chartbooks.

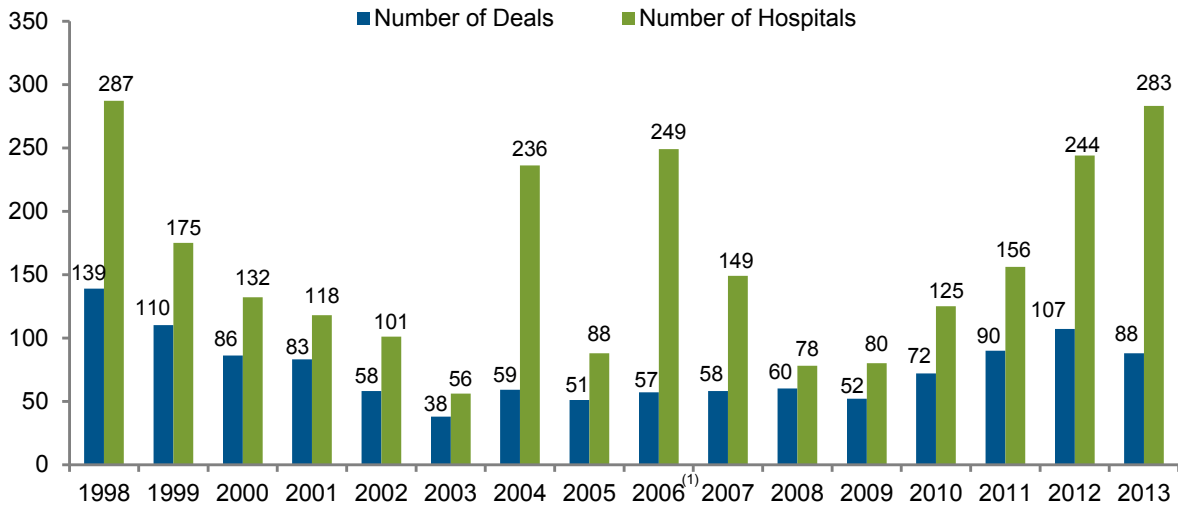
Chart 2.8: Percentage of Hospitals Offering “Non-hospital” Services,⁽¹⁾ 2002 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, 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 – 2013



Source: Irving Levin Associates, Inc., *The Health Care Acquisition Report*, Twentieth Edition, 2014.

⁽¹⁾ In 2006, the privatization of HCA, Inc. affected 176 acute-care hospitals. The acquisition was the largest health care transaction ever announced.

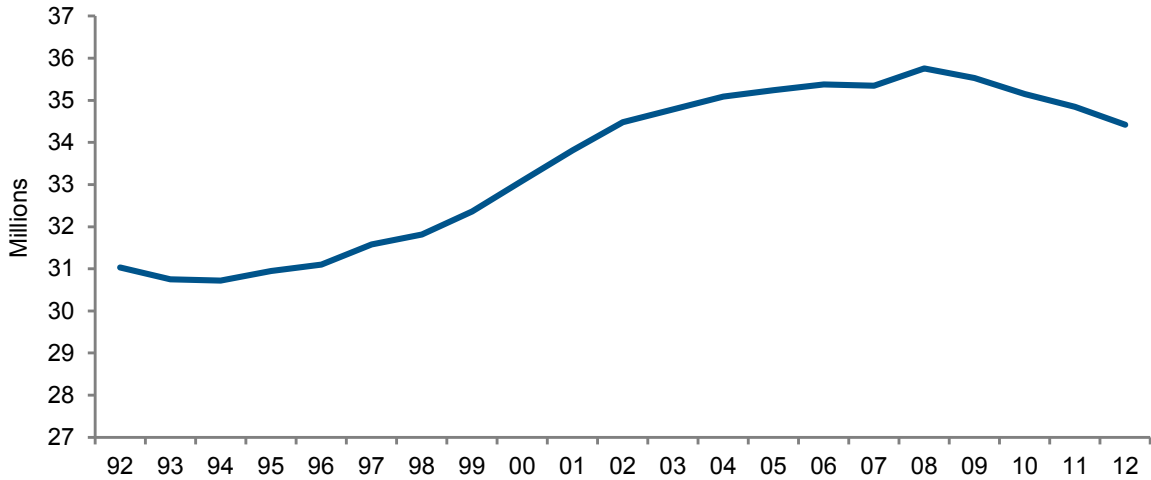


CHAPTER 3

Utilization and Volume

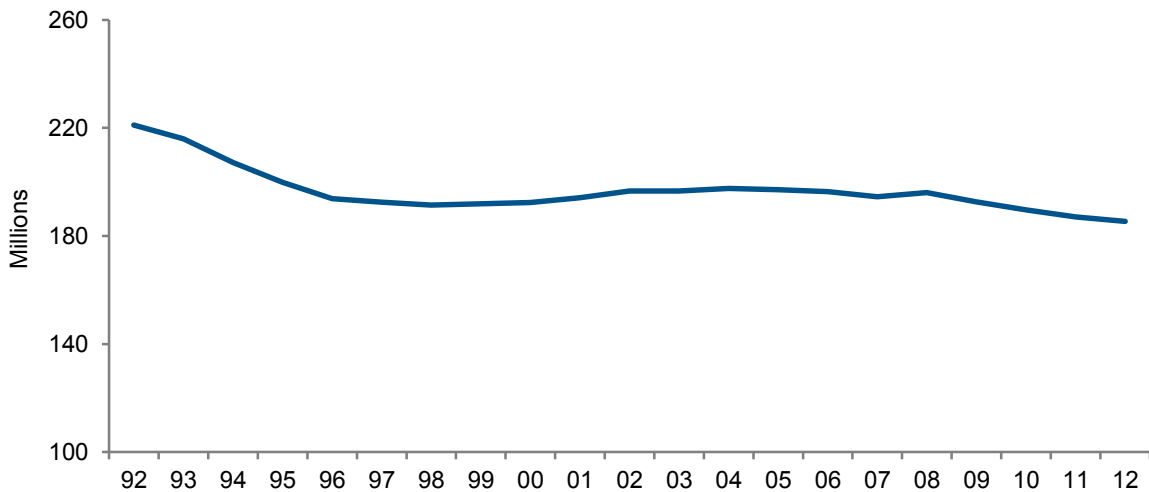


Chart 3.1: Inpatient Admissions in Community Hospitals, 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

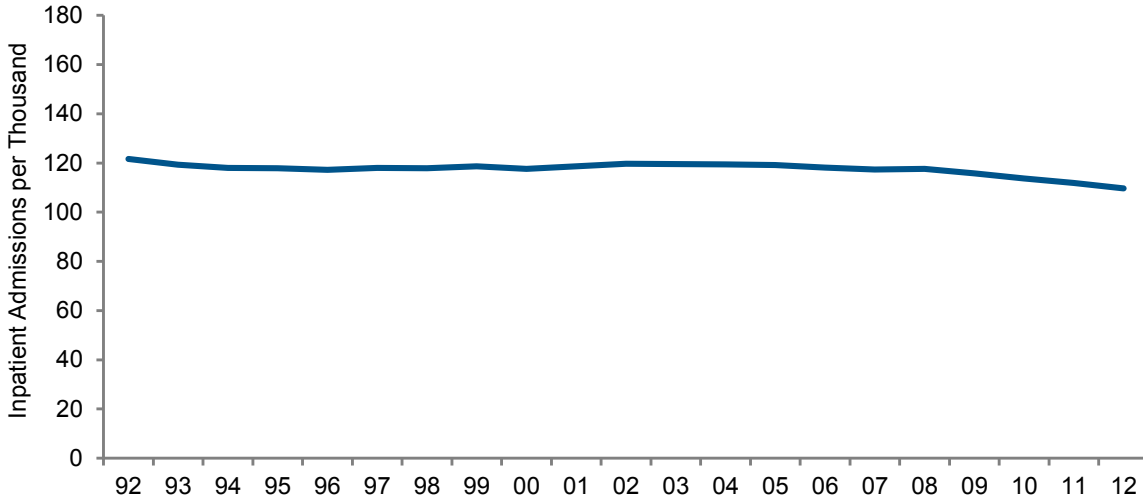
Chart 3.2: Total Inpatient Days in Community Hospitals, 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

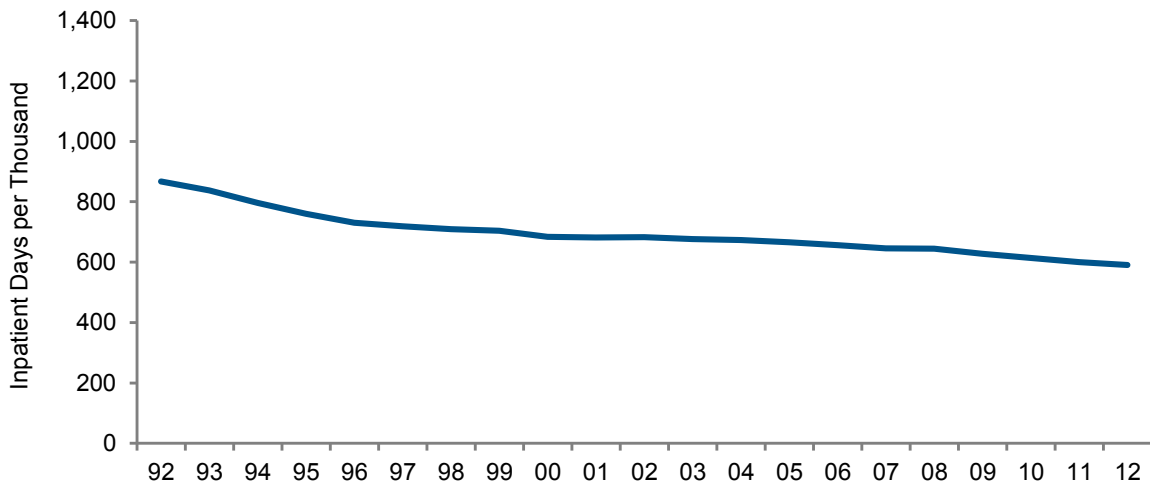


Chart 3.3: Inpatient Admissions per 1,000 Persons, 1992 – 2012



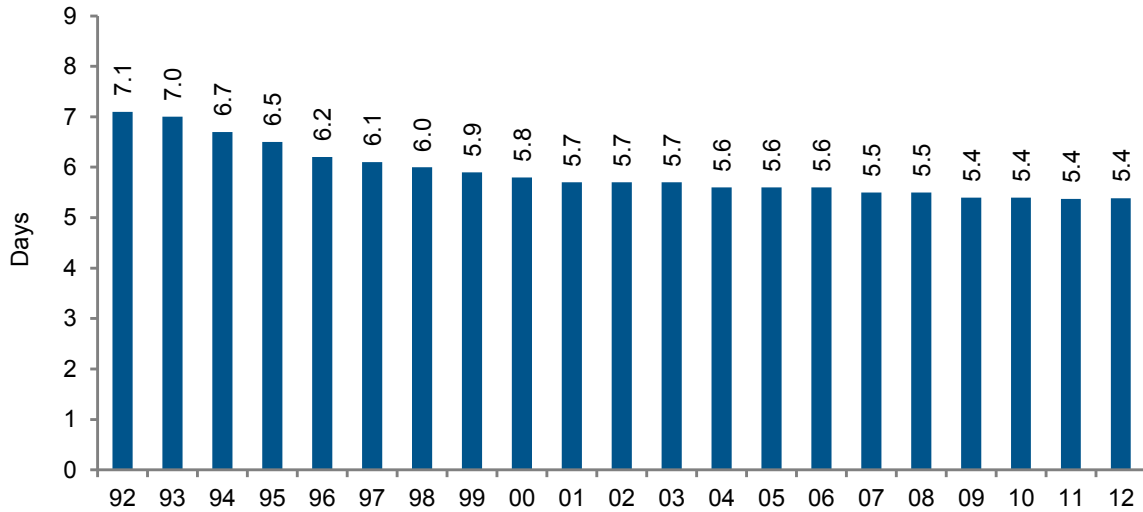
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2012.
Link: <http://www.census.gov/popest/data/state/totals/2012/index.html>.

Chart 3.4: Inpatient Days per 1,000 Persons, 1992 – 2012



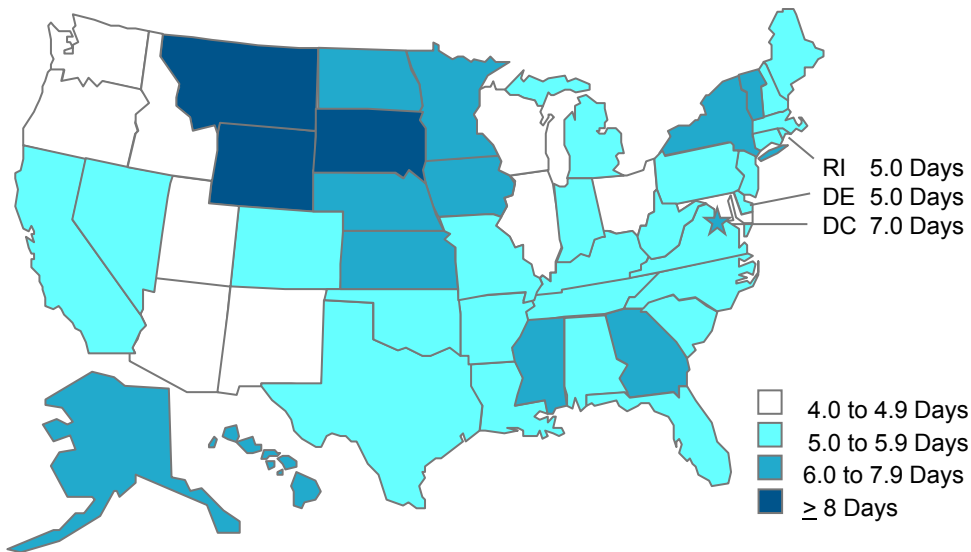
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2012.
Link: <http://www.census.gov/popest/data/state/totals/2012/index.html>.

Chart 3.5: Average Length of Stay in Community Hospitals, 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

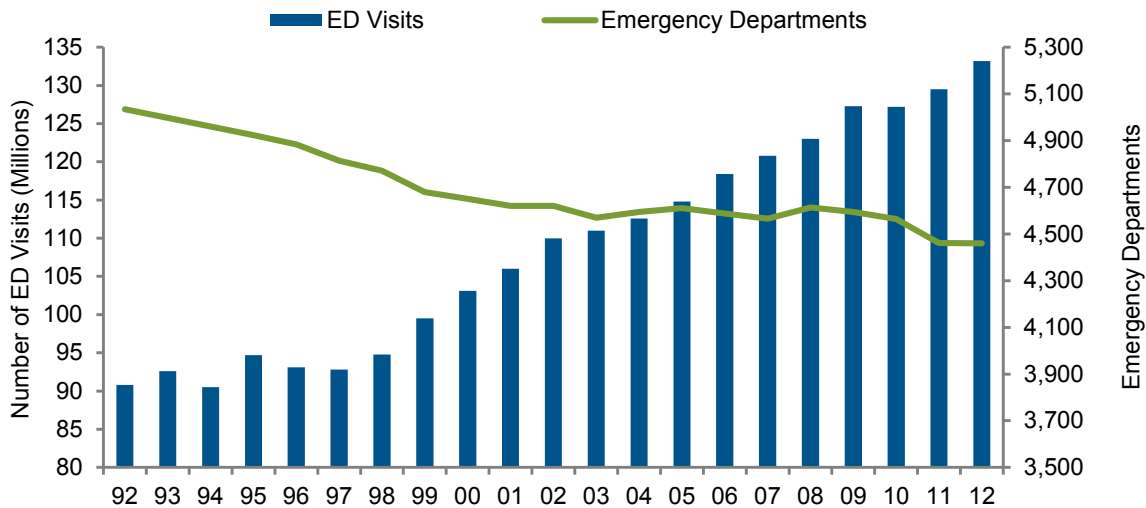
Chart 3.6: Average Length of Stay in Community Hospitals by State, 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

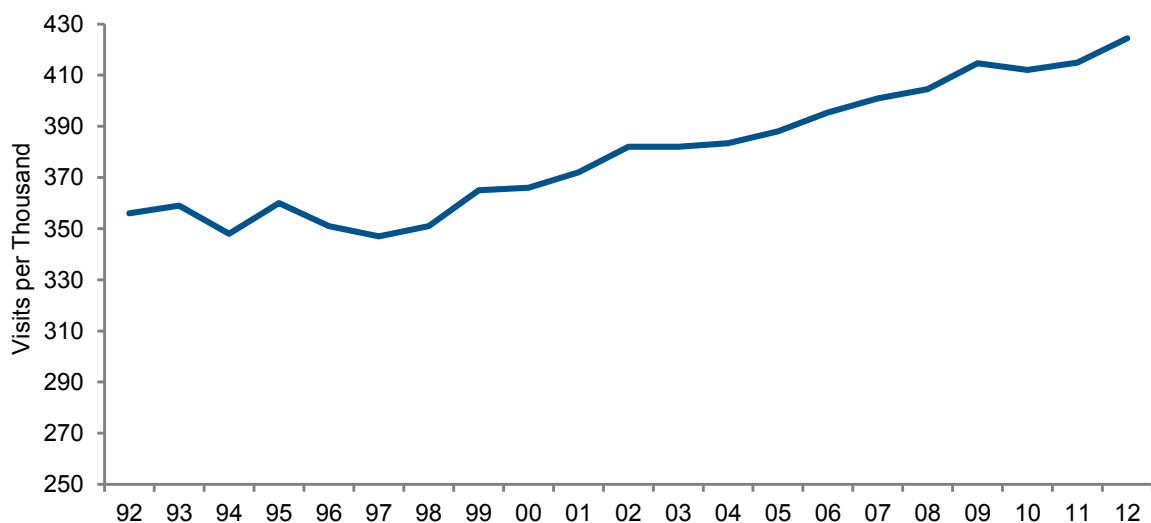


Chart 3.7: Emergency Department Visits and Emergency Departments⁽¹⁾ in Community Hospitals, 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.
⁽¹⁾ Defined as hospitals reporting ED visits in the AHA Annual Survey.

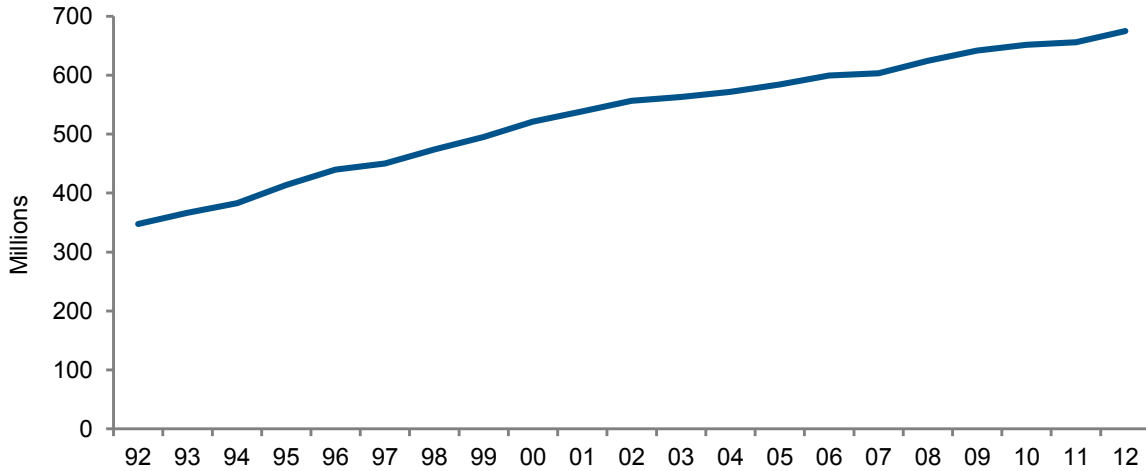
Chart 3.8: Hospital Emergency Department Visits per 1,000 Persons, 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2012.
Link: <http://www.census.gov/popest/data/state/totals/2012/index.html>.

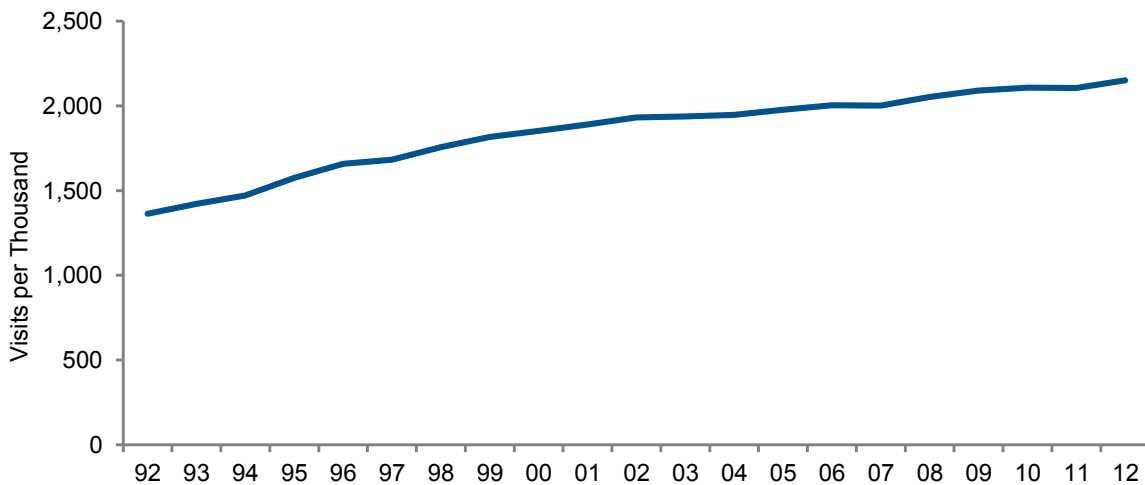


Chart 3.9: Total Hospital Outpatient Visits in Community Hospitals, 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals. Previously Chart 3.12 in 2013 and earlier years' Chartbooks.

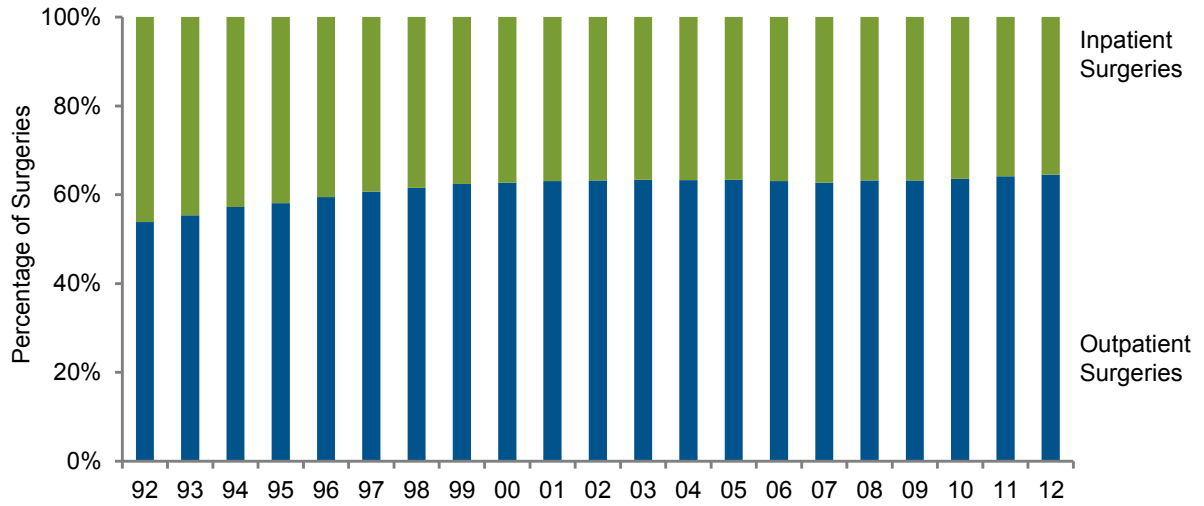
Chart 3.10: Hospital Outpatient Visits per 1,000 Persons, 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2012. Link: <http://www.census.gov/popest/data/state/totals/2012/index.html>. Previously Chart 3.13 in 2013 and earlier years' Chartbooks.



Chart 3.11: Percentage Share of Inpatient vs. Outpatient Surgeries, 1992 – 2012



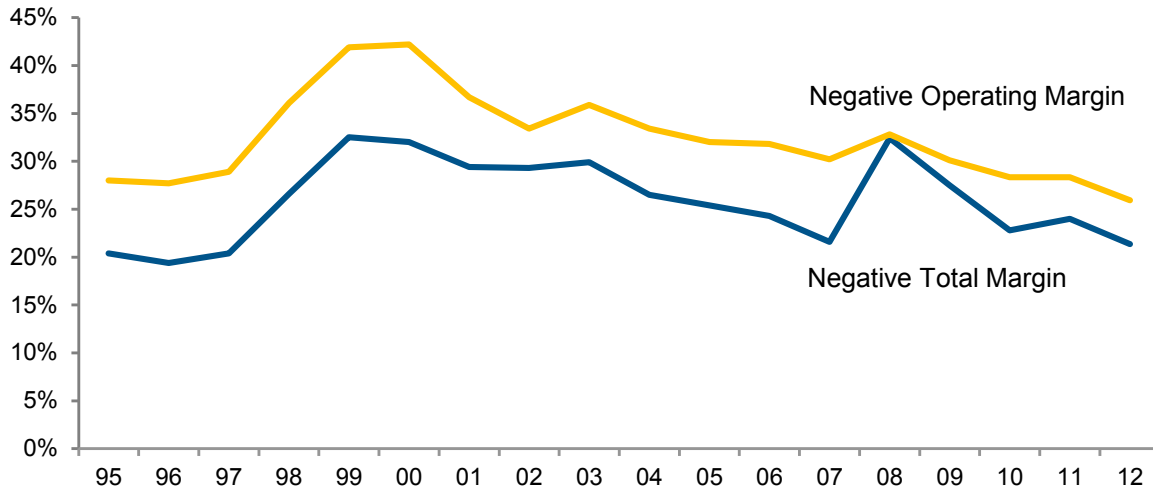
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals. Previously Chart 3.14 in 2013 and earlier years' Chartbooks.



CHAPTER 4

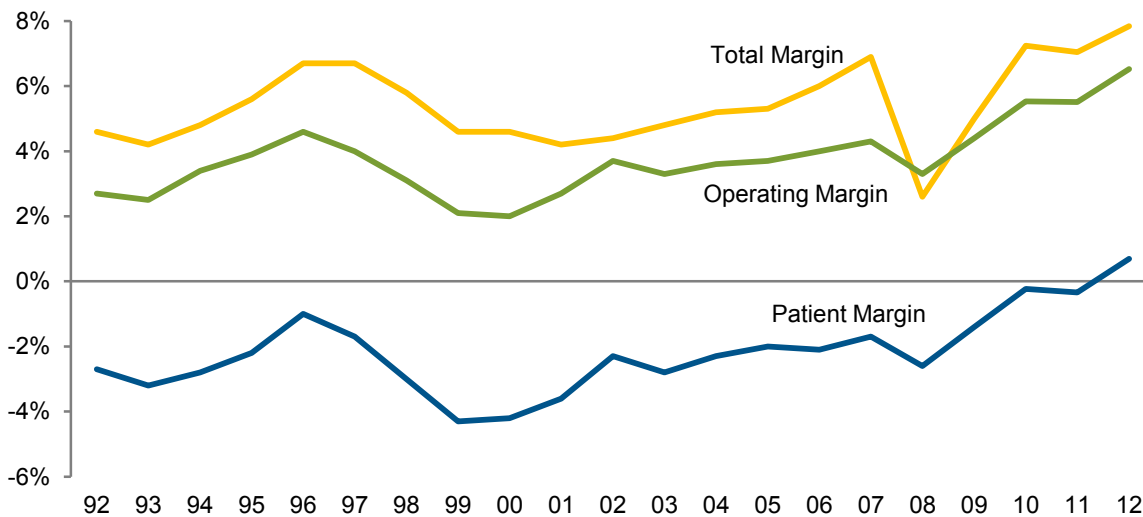
Trends in Hospital
Financing

Chart 4.1: Percentage of Hospitals with Negative Total and Operating Margins, 1995 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

Chart 4.2: Aggregate Total Hospital Margins,⁽¹⁾ Operating Margins⁽²⁾ and Patient Margins,⁽³⁾ 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

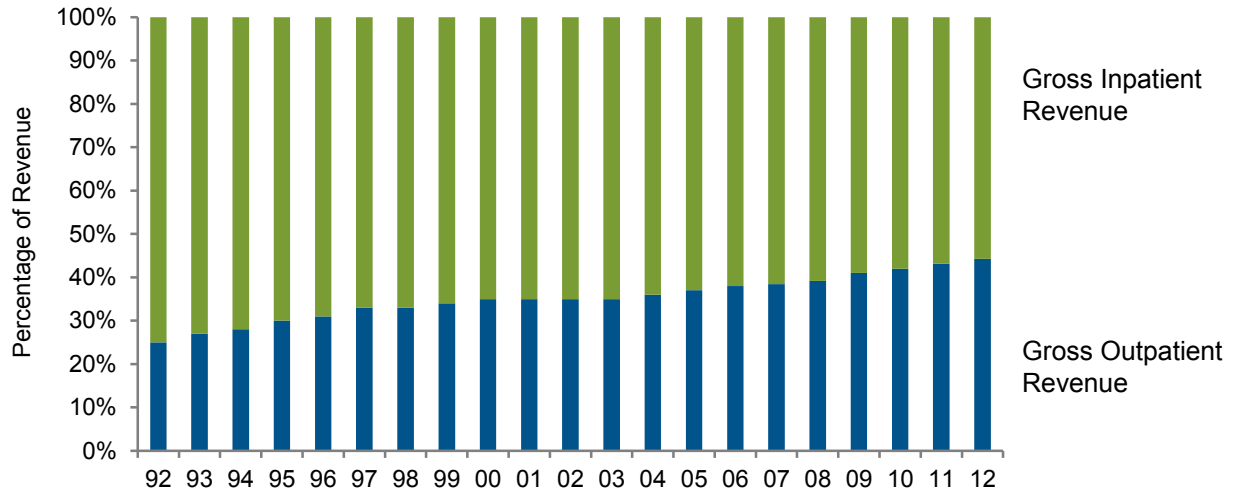
⁽¹⁾ Total Hospital Margin is calculated as the difference between total net revenue and total expenses divided by total net revenue.

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

⁽³⁾ Patient Margin is calculated as the difference between net patient revenue and total expenses divided by net patient revenue.

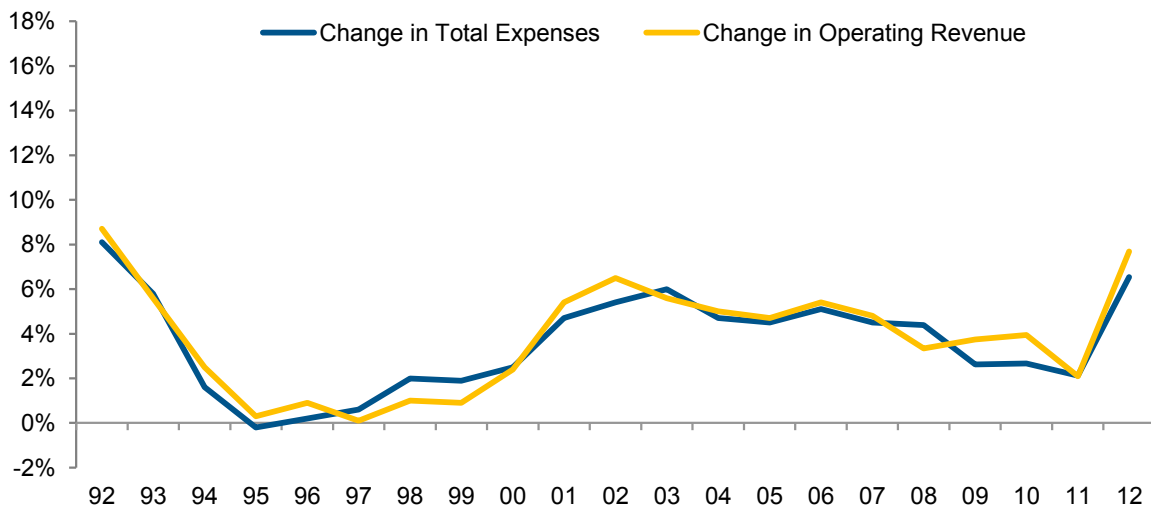


Chart 4.3: Distribution of Outpatient vs. Inpatient Revenues, 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

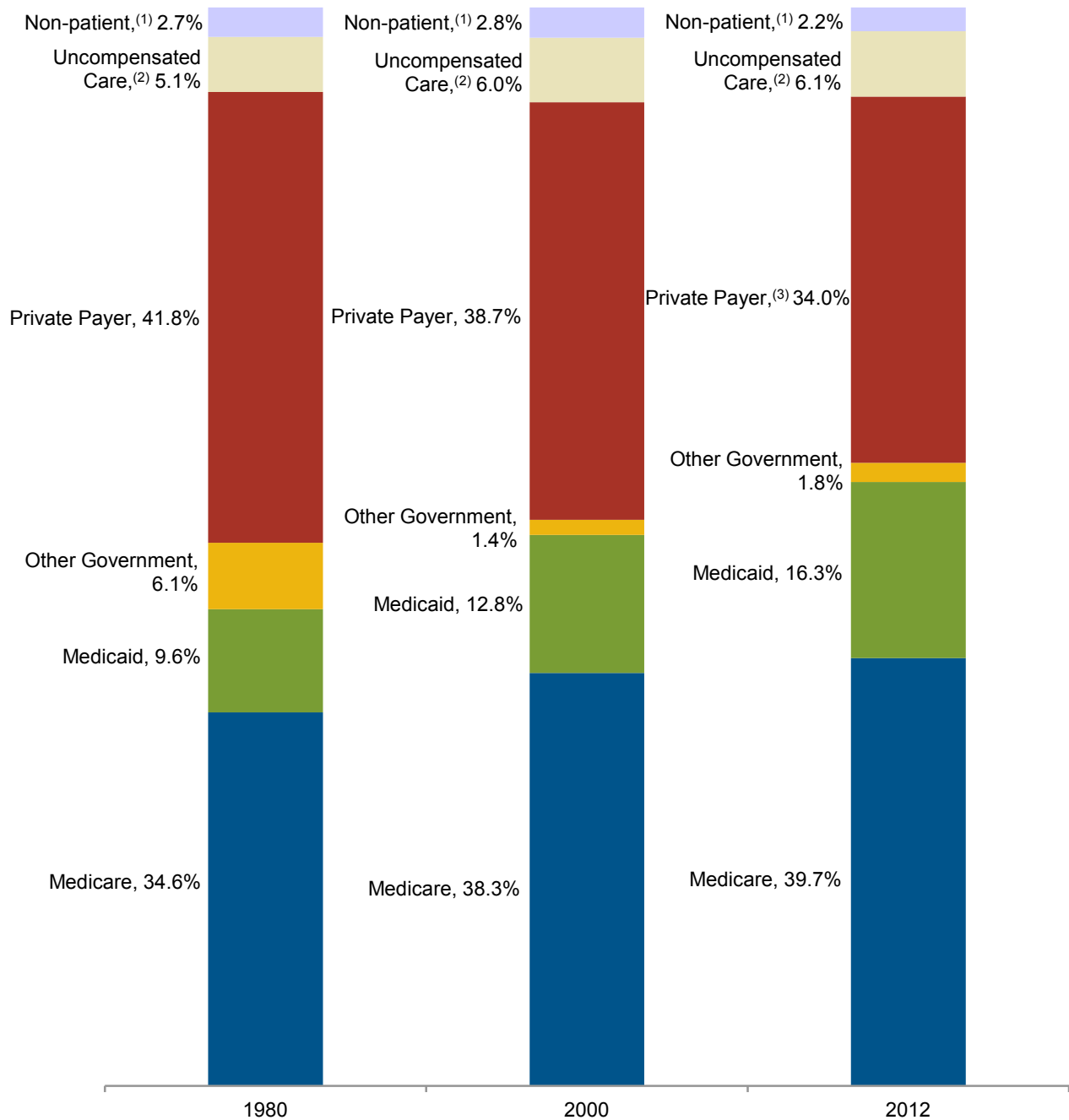
Chart 4.4: Annual Change in Hospital Operating Revenue and Expenses per Adjusted Admission,⁽¹⁾ 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, 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.

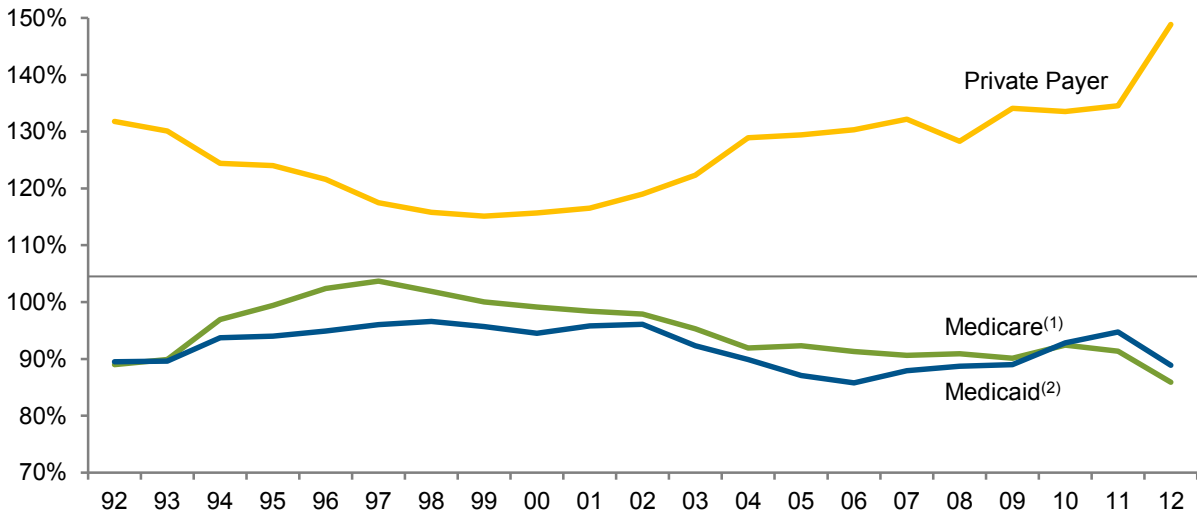
Chart 4.5: Distribution of Hospital Cost by Payer Type, 1980, 2000 and 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2011, 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.

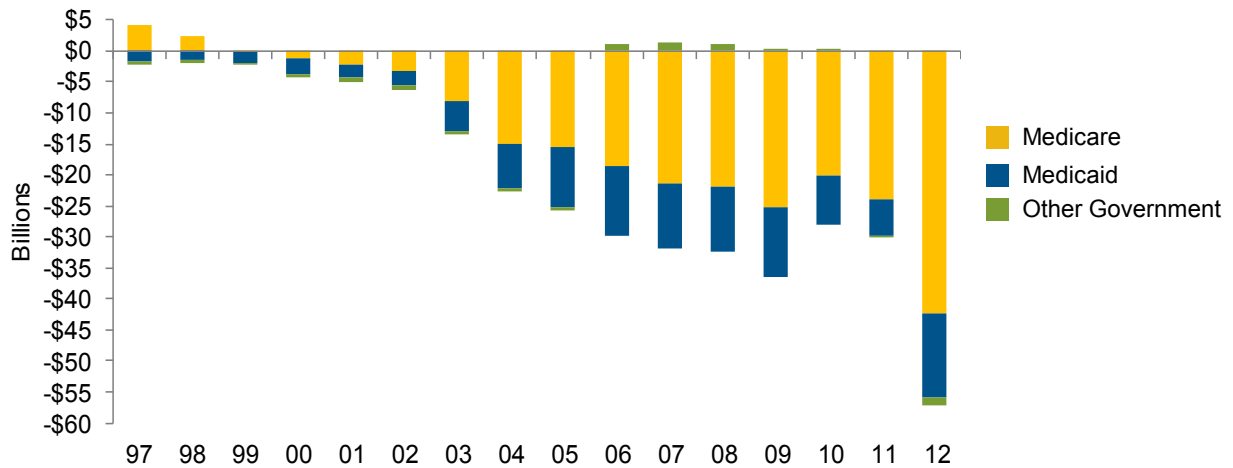
Chart 4.6: Aggregate Hospital Payment-to-cost Ratios for Private Payers, Medicare and Medicaid, 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

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

Chart 4.7: Hospital Payment Shortfall Relative to Costs for Medicare, Medicaid and Other Government, 1997 – 2012⁽¹⁾

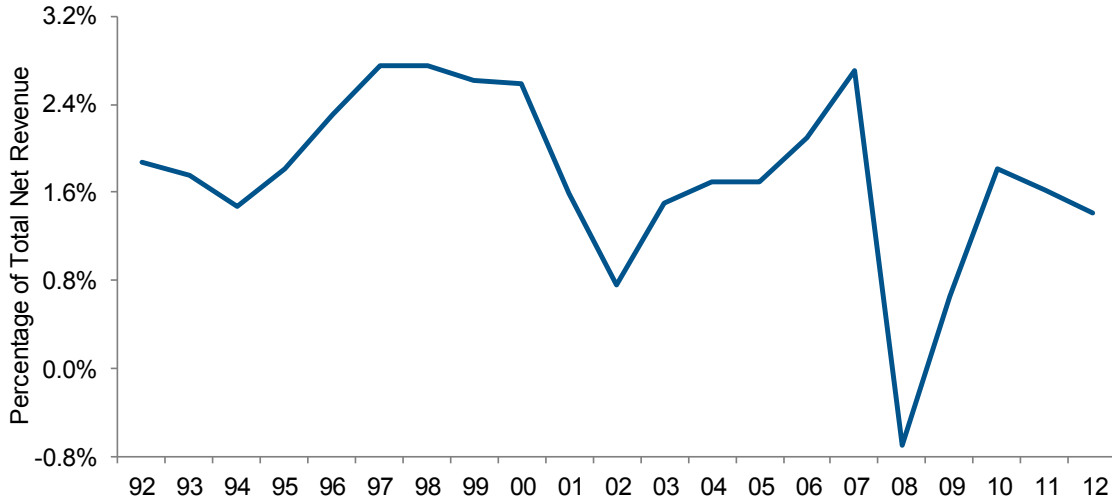


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

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



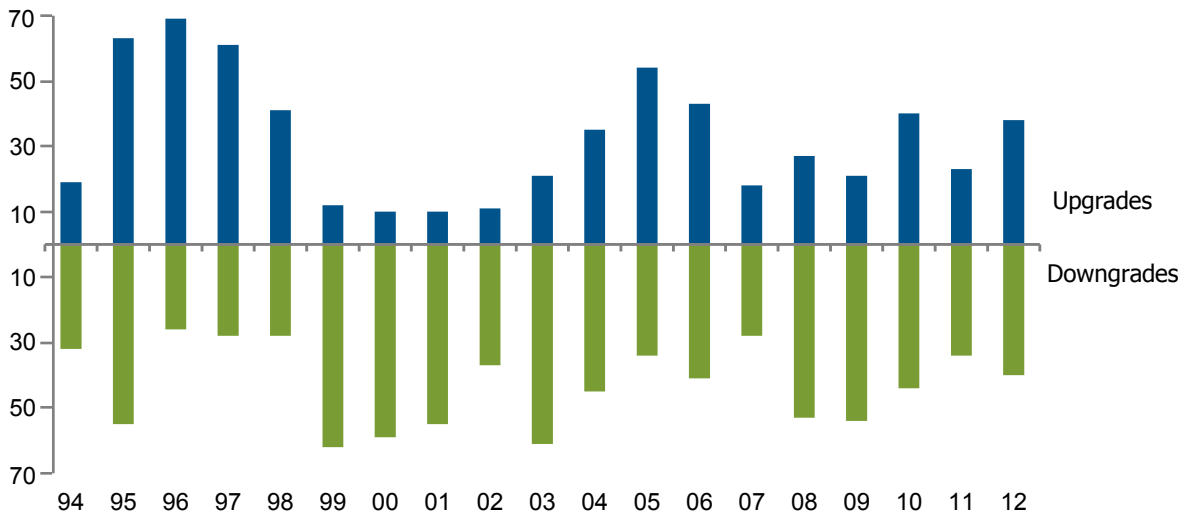
Chart 4.8: Income from Investments and Other Non-operating Gains⁽¹⁾ as a Percentage of Total Net Revenue, 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, 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.

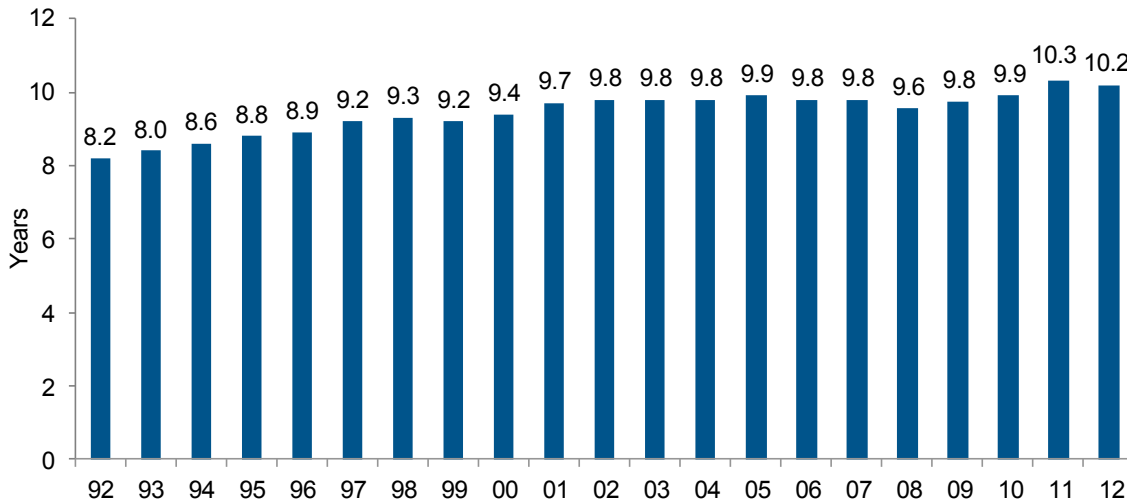
Chart 4.9: Number of Bond Rating Upgrades and Downgrades, Not-for-profit Health Care, 1994 – 2012



Source: Moody's Investors Services. *Moody's: 2012 Not-for-Profit Healthcare Sets New Record in Downgraded Debt.* February 12, 2013.

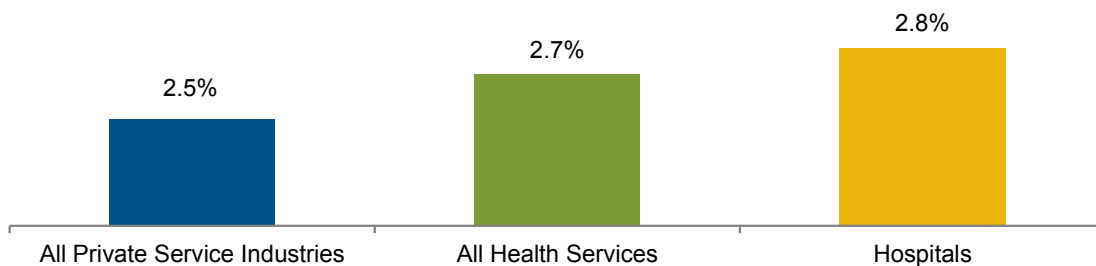


Chart 4.10: Median Average Age of Plant, 1992 – 2012



Source: Optum, *Almanac of Hospital Financial and Operating Indicators*, 2005, 2008, 2009, 2010, 2011, 2013 and 2014 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, 2004 – 2013⁽²⁾



Source: Bureau of Labor Statistics, Employment Cost Index, 12 months ending December 2013. Link: www.bls.gov.

⁽¹⁾ Total compensation.

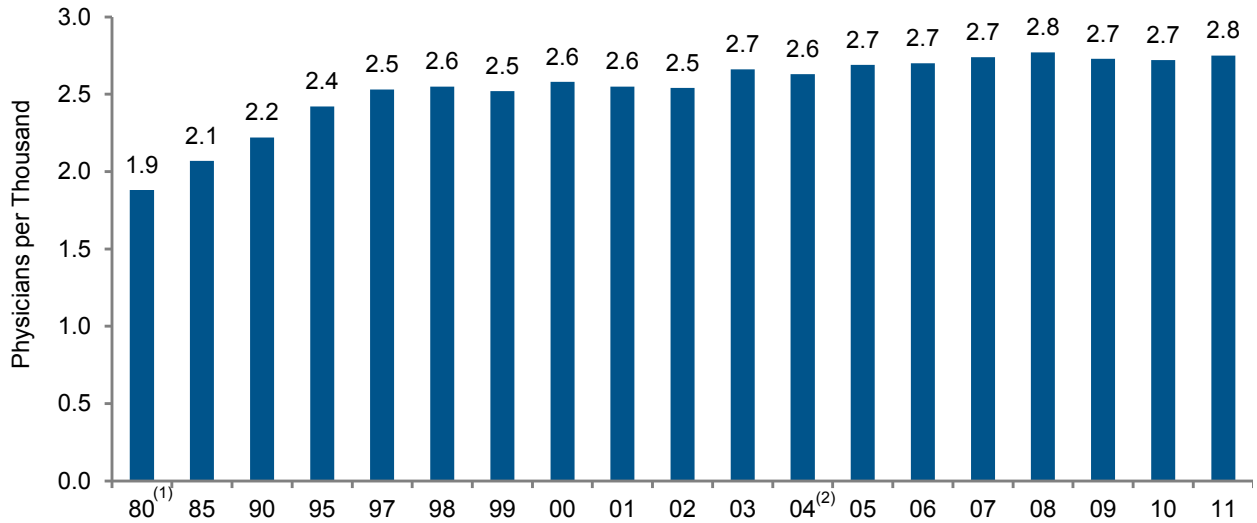
⁽²⁾ Data represent ten-year average.



CHAPTER 5

Workforce

Chart 5.1: Total Number of Active Physicians per 1,000 Persons, 1980 – 2011

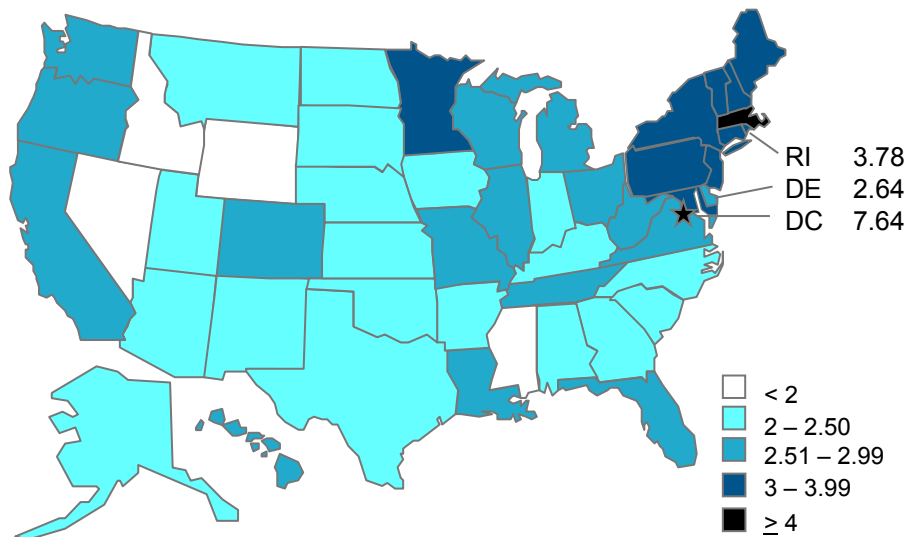


Source: National Center for Health Statistics. *Health, United States, 1982, 1996-97, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012 and 2013*. Hyattsville, MD.

(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, 2011

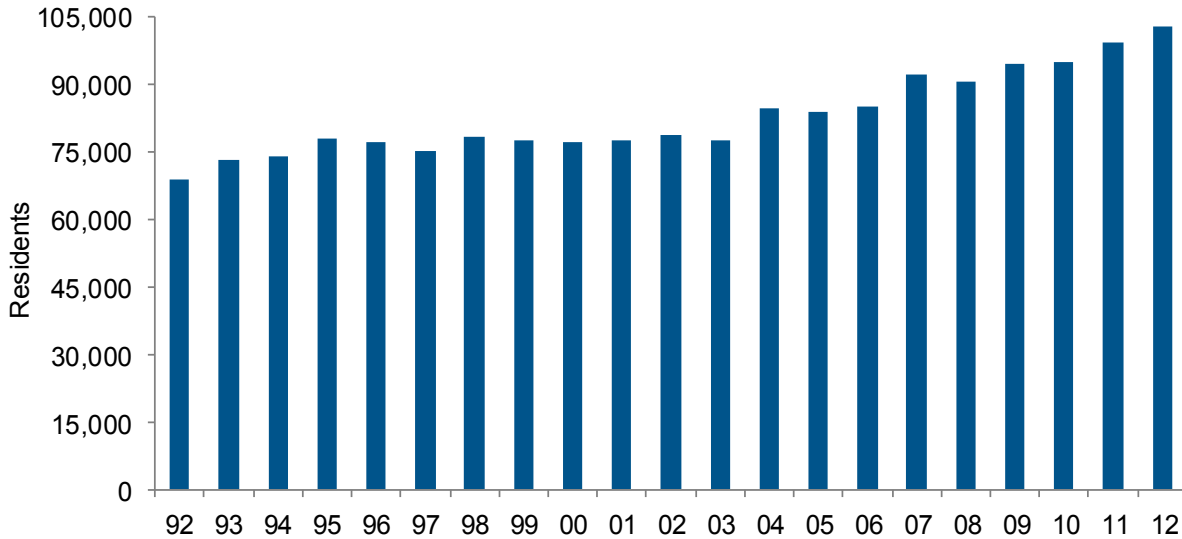


Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

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

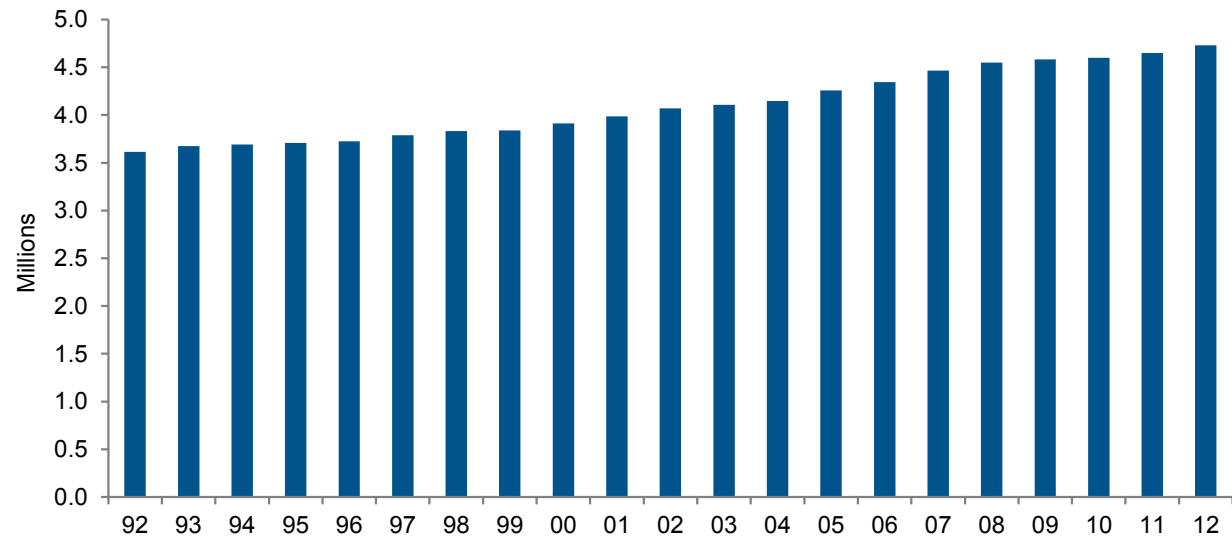


Chart 5.3: Medical and Dental Residents⁽¹⁾ in Training in Community Hospitals, 1992 – 2012



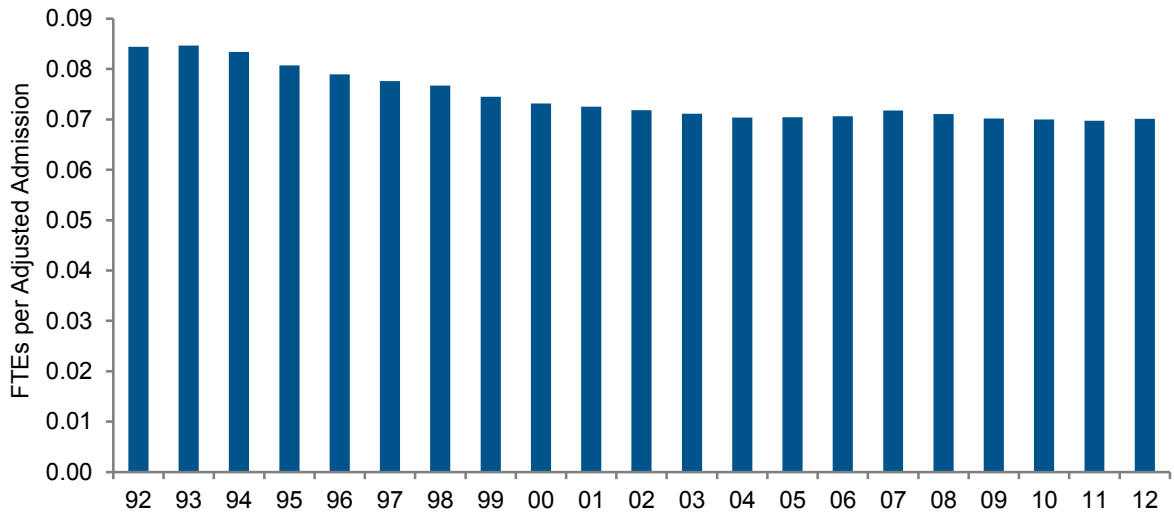
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.
(1) Includes full-time equivalent interns and residents.

Chart 5.4: Total Full-time Equivalent Employees Working in Hospitals, 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

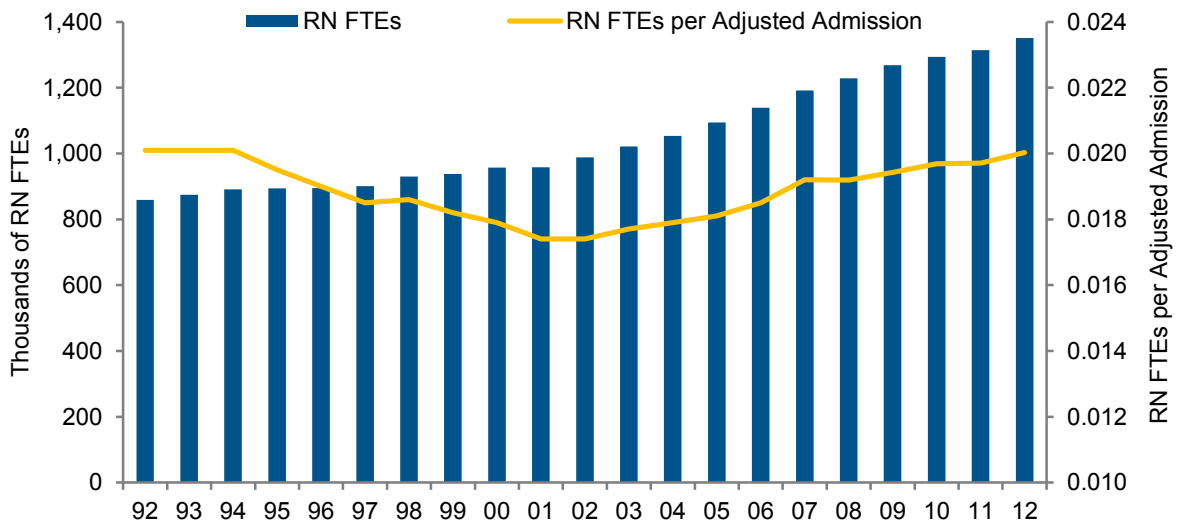
Chart 5.5: Full-time Equivalent Employees per Adjusted Admission,⁽¹⁾ 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

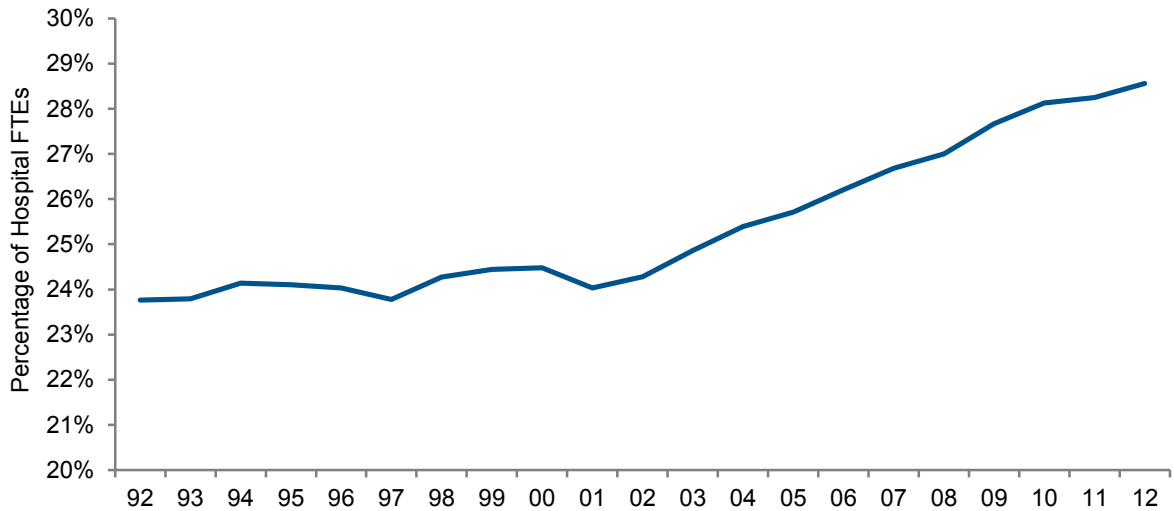
⁽¹⁾ An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

Chart 5.6: Number of RN Full-time Equivalent Employees and RN FTEs per Adjusted Admission, 1992 – 2012



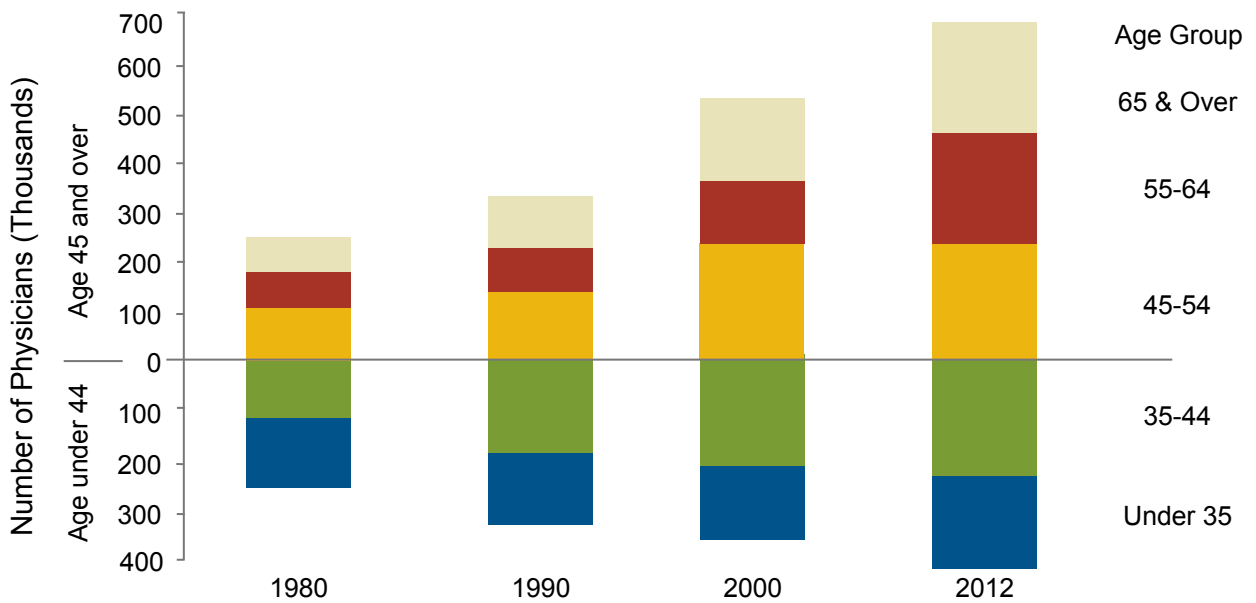
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

Chart 5.7: RN Full-time Equivalents as a Percentage of Total Hospital Full-time Equivalents, 1992 – 2012



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

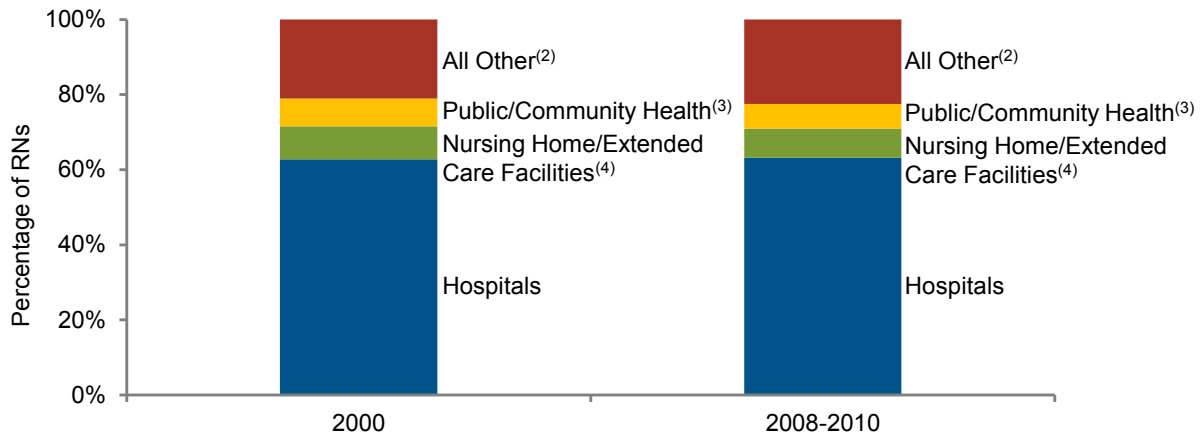
Chart 5.8: Number of Physicians⁽¹⁾ by Age, 1980, 1990, 2000 and 2012



Source: American Medical Association. (2014 Edition). *Physician Characteristics and Distribution in the U.S.*

(1) Includes inactive physicians and residents.

Chart 5.9: RN Employment by Type of Provider, 2000 and 2008 – 2010⁽¹⁾

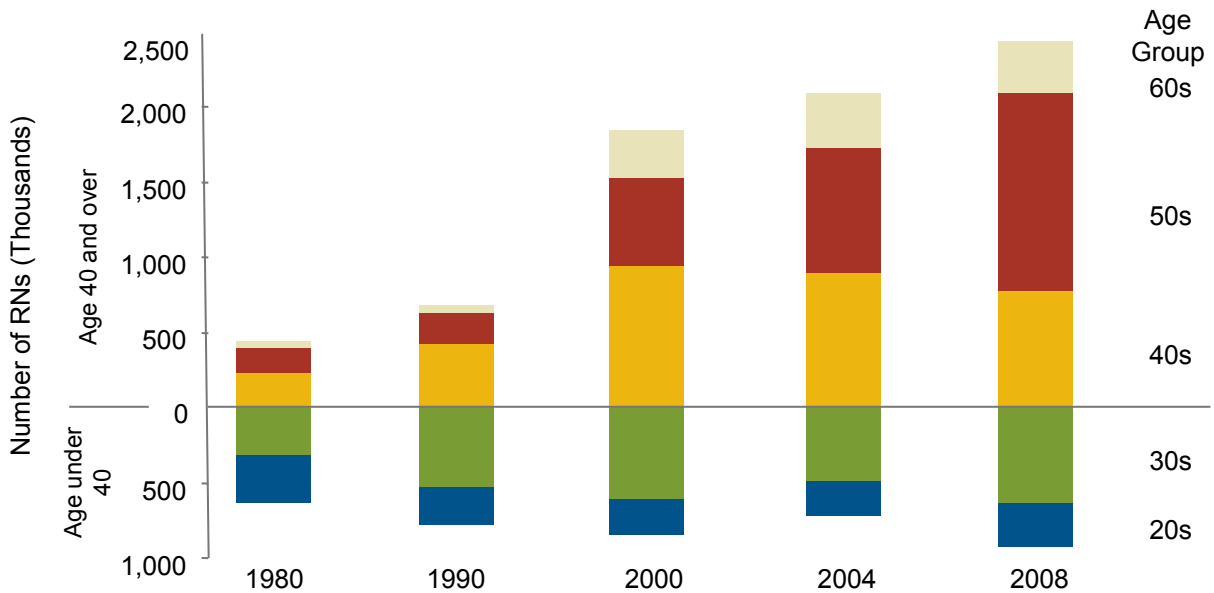


Source: Bureau of Health Professions, Health Resources and Services Administration. (2013). *The U.S. Nursing Workforce: Trends in Supply and Education*.

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

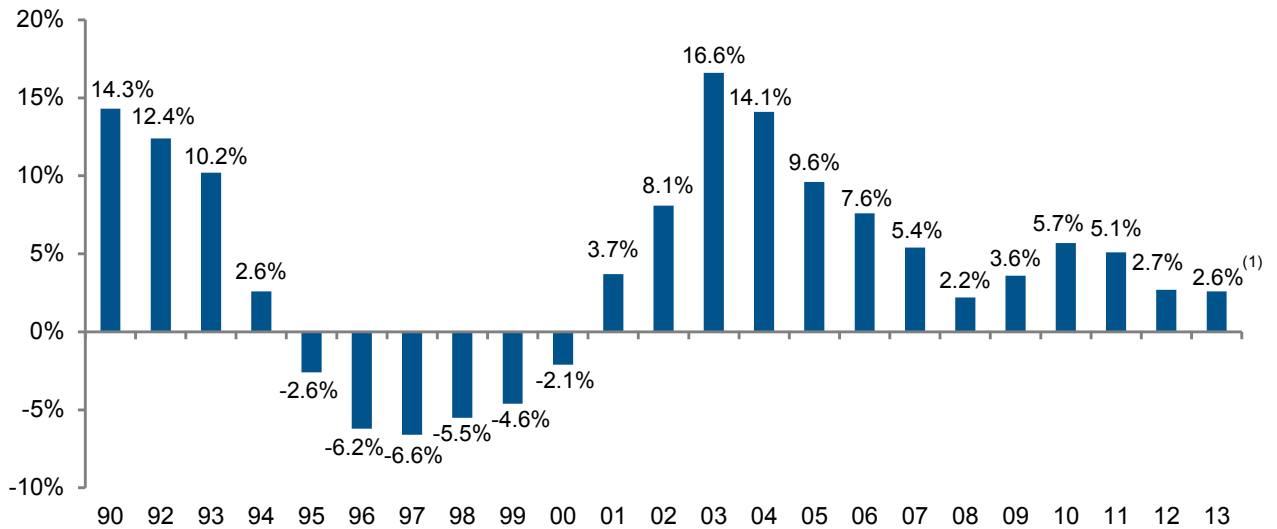
- (1) Total percent by setting may not equal the estimated total of all registered nurses due to incomplete information provided by respondents and the effect of rounding.
- (2) Category includes offices of physicians, outpatient care centers, other healthcare services, employment services, insurance 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 healthcare services, elementary and secondary schools and justice, public order and safety activities.
- (4) Category includes nursing care facilities and residential care facilities, without nursing.

Chart 5.10: 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/rnsurvey04/2.htm#age>. 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/rnsurvey/2008/nssrn2008.pdf>.

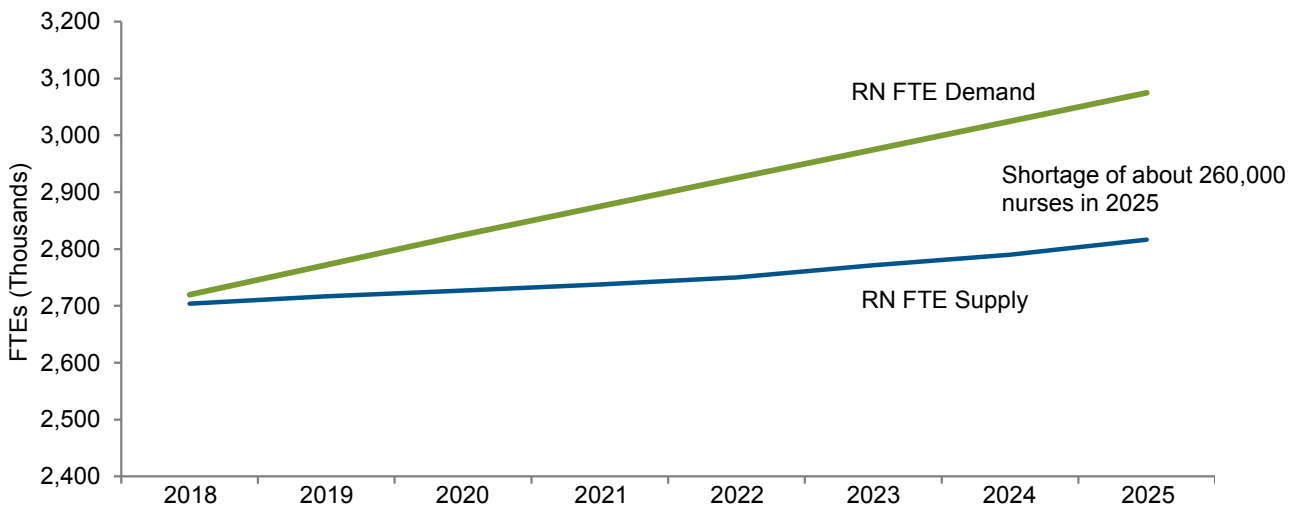
Chart 5.11: Annual Percentage Change in Entry Level Baccalaureate Nursing Enrollment, 1990 – 2013



Source: American Association of Colleges of Nursing. (1994-2013). *Percent Change in Enrollments in Entry-Level Baccalaureate Nursing Programs: 1994-2013*. Link: <http://www.aacn.nche.edu/Media/EnrollChanges.pdf>, and Berlin, L.E. et al. *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, DC: AACN.

⁽¹⁾ Based on 2013 preliminary survey data.

Chart 5.12: National Supply and Demand Projections for FTE RNs, 2018 – 2025



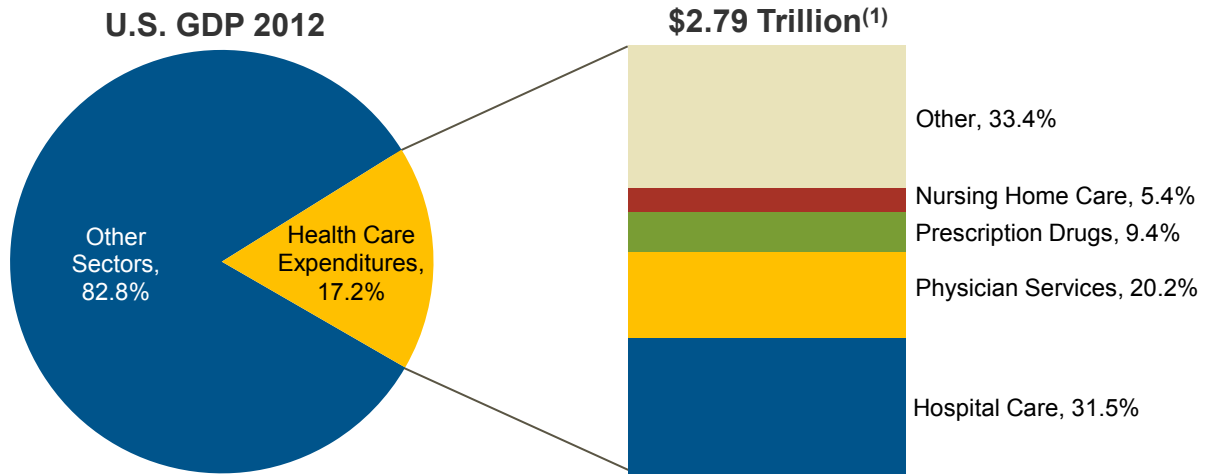
Source: Copyrighted and published by Project HOPE/Health Affairs as Buerhaus PI, Auerbach DI, Staiger DO. *The Recent Surge In Nurse Employment: Causes and Implications*. *Health Affairs*, 2009; 28(4):w657-68. The published article is archived and available online at www.healthaffairs.org.



CHAPTER 6

The Economic Contribution
of Hospitals

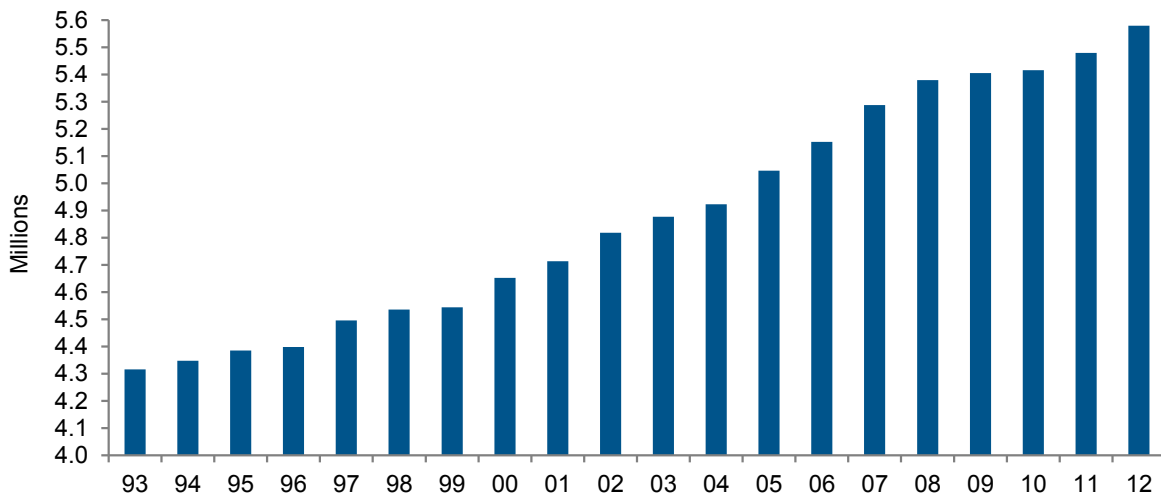
Chart 6.1: National Health Expenditures as a Percentage of Gross Domestic Product and Breakdown of National Health Expenditures, 2012



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 2014.

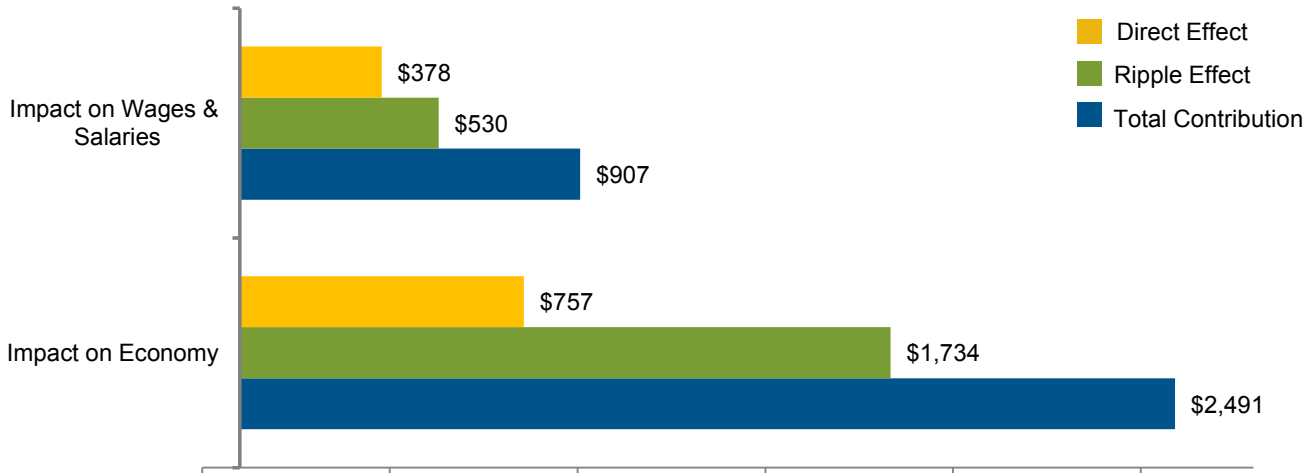
⁽¹⁾ Percentages were rounded, so they do not add to 100 percent.

Chart 6.2: Number of Full-time and Part-time Hospital Employees, 1993 – 2012



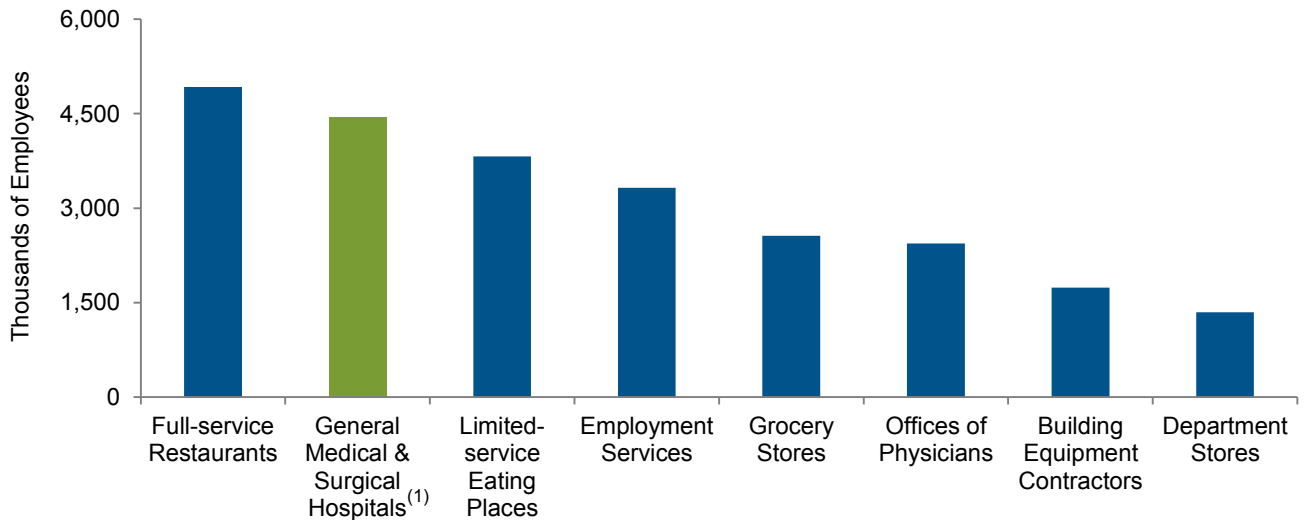
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

Chart 6.3: Impact of Community Hospitals on U.S. Economy (in \$ billions), 2012



Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers, released in 2008, applied to 2012 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 effects may be less than or greater than the total contribution due to rounding.

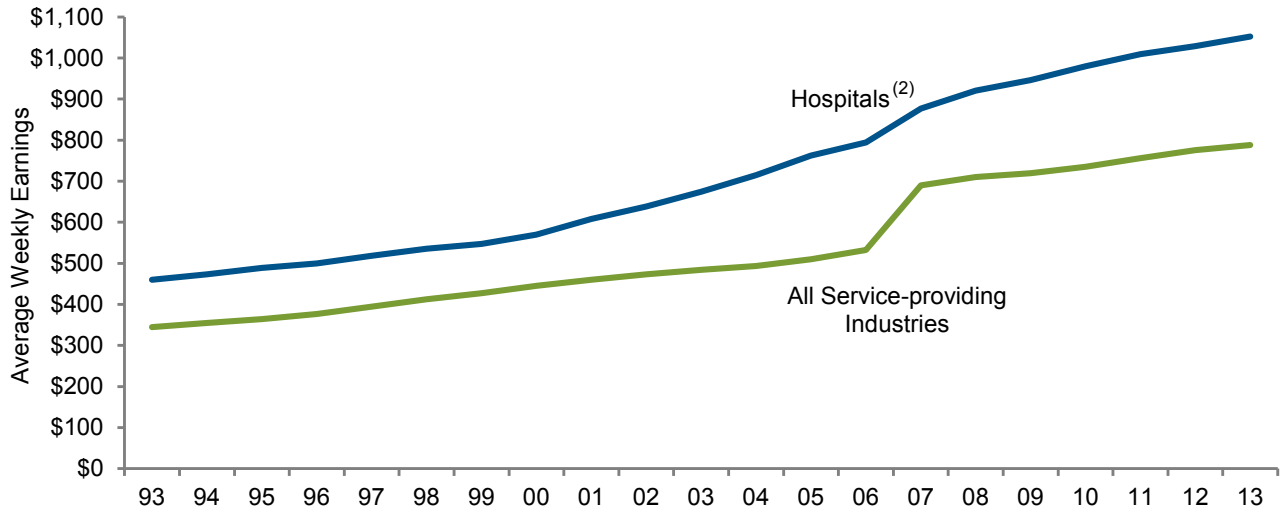
Chart 6.4: Hospital Employment vs. Employment in Other Industries, 2013



Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2014. 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, 1993 – 2013

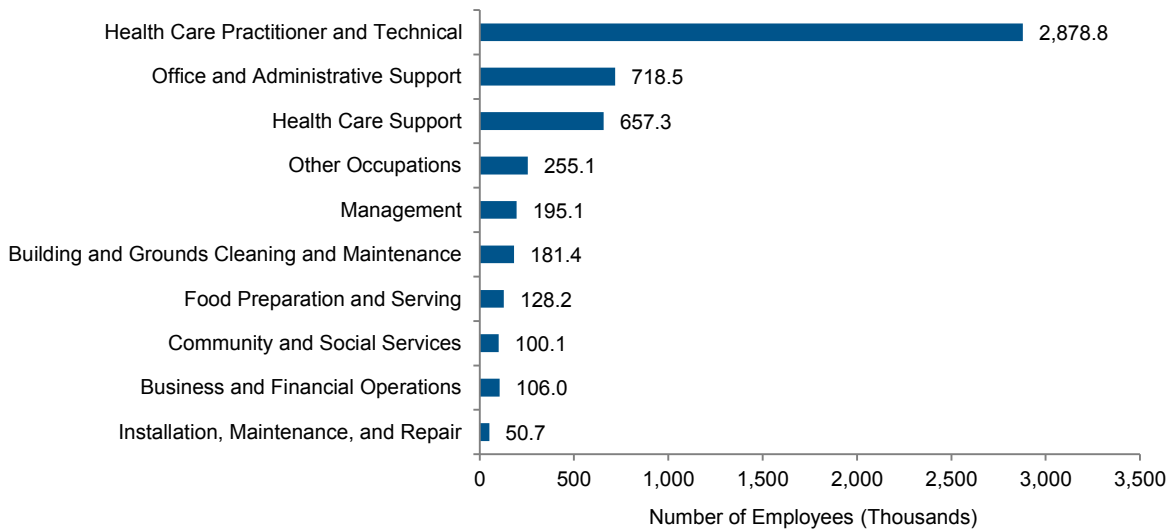


Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2014. Link: <http://www.bls.gov/ces>.

⁽¹⁾ Includes physicians employed by hospitals.

⁽²⁾ Does not include public hospitals.

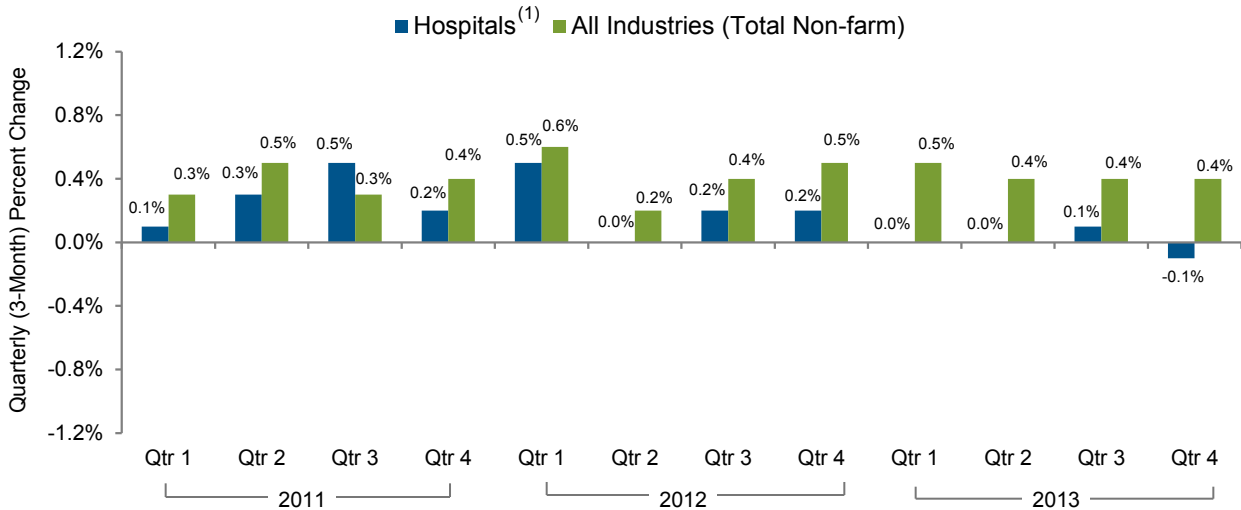
Chart 6.6: Hospital Employment by Occupation Type, 2013⁽¹⁾



Source: Department of Labor, Bureau of Labor Statistics, May 2013 National Industry-Specific Occupational Employment and Wage Estimates. Data released May 2014. Link: http://www.bls.gov/oes/2013/may/naics4_622100.htm.

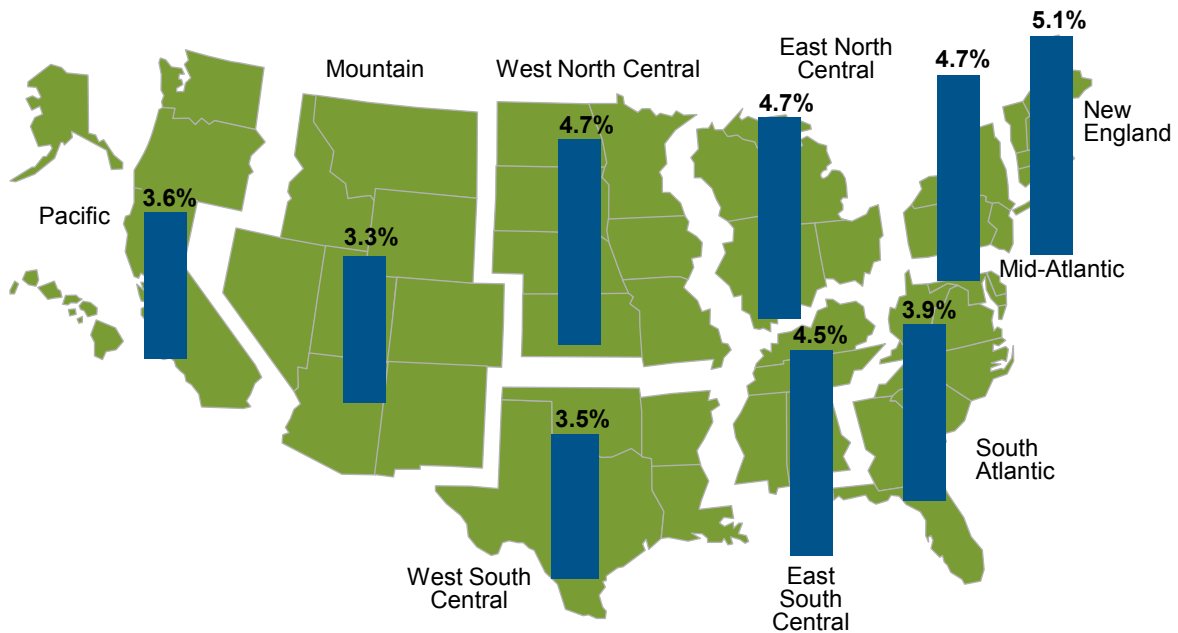
⁽¹⁾ Does not include public hospitals.

Chart 6.7: Percent Change in Employment, Seasonally-adjusted: Hospital vs. All Industries (Total Non-farm), 2011 – 2013



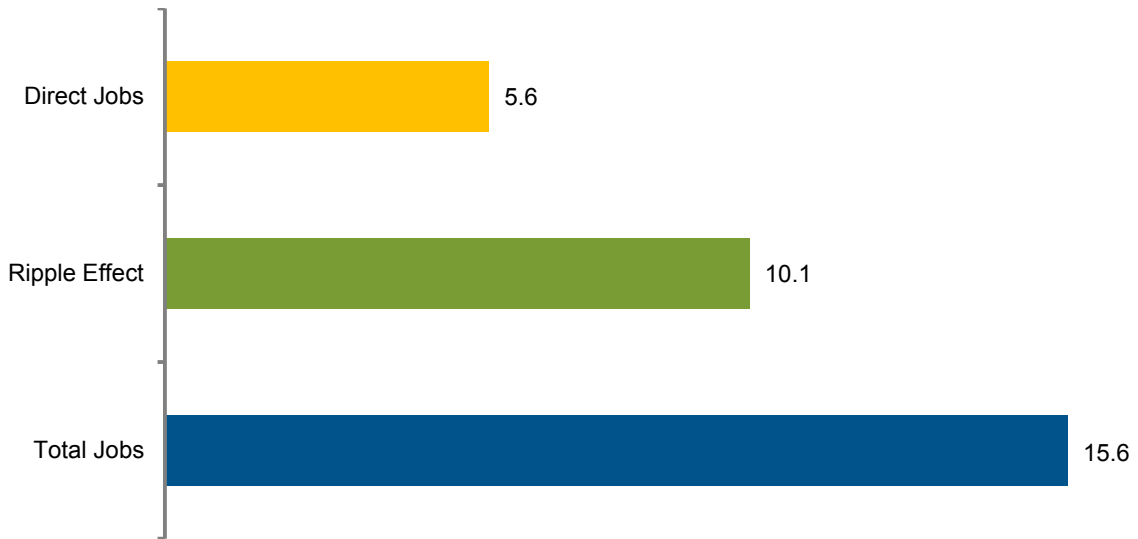
Source: Department of Labor, Bureau of Labor Statistics. Data released March 2014. Link: <http://www.bls.gov/bls/employment.htm>.
(1) Does not include public hospitals.

Chart 6.8: Percent of Total Regional Employment⁽¹⁾ by Hospitals, 2012



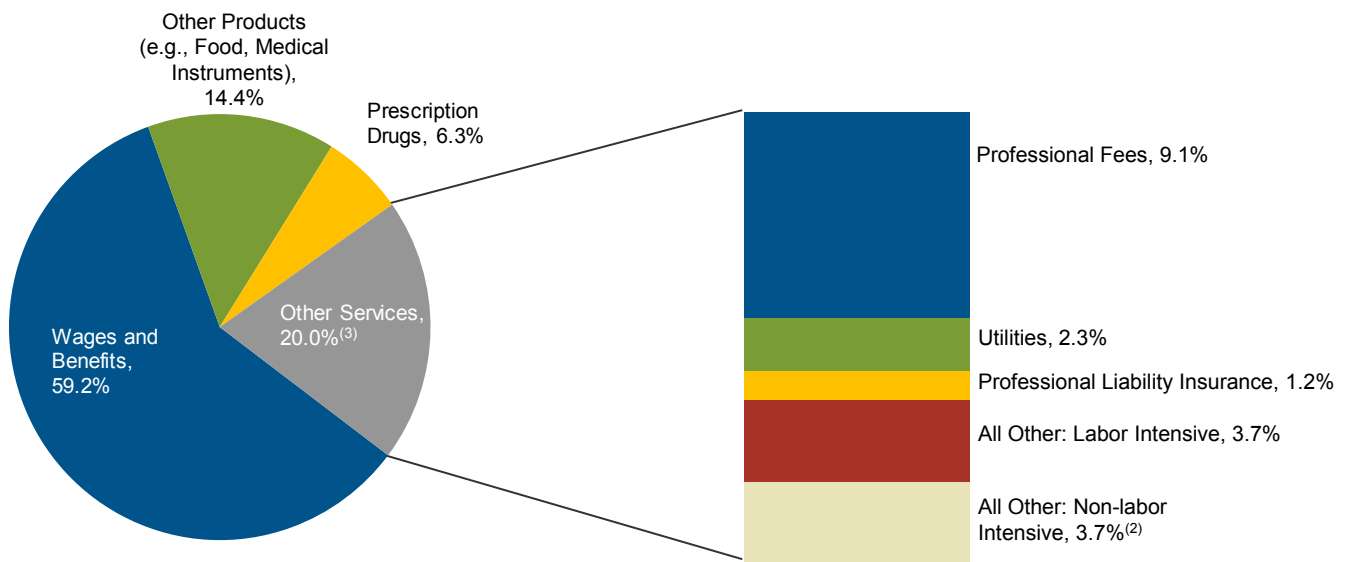
Source: Avalere Health analysis of American Hospital Association 2012 Annual Survey data and 2012 total non-farm employment data from the Bureau of Labor Statistics.
(1) Does not include farm employment.

Chart 6.9: Impact of Community Hospitals on U.S. Jobs (in millions), 2012



Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers, released in 2008, applied to 2012 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, 2013



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.

⁽³⁾ Percentages were rounded, so they do not add to 20 percent.



Chart 6.11: Hospital Impact on Sectors of the U.S. Economy
(in \$ billions), 2012

Industry	Economic Impact
Health care and social assistance	\$876.2
Manufacturing	373.1
Real estate and rental and leasing	235.9
Finance and insurance	159.2
Professional, scientific and technical services	103.5
Retail trade	101.8
Wholesale trade	81.6
Information	81.5
Transportation and warehousing	77.5
Administrative and waste management services	77.2
Accommodation and food services	64.0
Other services	62.4
Management of companies and enterprises	50.1
Utilities	44.3
Agriculture, forestry, fishing and hunting	36.6
Educational services	20.1
Arts, entertainment, and recreation	17.8
Mining	15.7
Construction	12.3
Total	\$2,490.7

Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers, released in 2008, applied to 2012 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.

Chart 6.12: Impact of Community Hospitals on U.S. Economy; All States, DC, and Total U.S., 2012

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	81,104	2.0293	164,584	8.82%	\$4,407	1.6538	\$7,288	\$9,010	1.9782	\$17,823
Alaska	11,190	1.8145	20,304	6.18%	\$925	1.4829	\$1,372	\$1,766	1.7423	\$3,076
Arizona	82,960	2.3261	192,973	8.02%	\$5,750	1.7473	\$10,047	\$12,113	2.0921	\$25,341
Arkansas	50,683	1.8577	94,154	8.12%	\$2,657	1.5592	\$4,143	\$5,759	1.8417	\$10,607
California	520,641	2.3233	1,209,605	8.60%	\$43,638	1.8782	\$81,961	\$83,357	2.3155	\$193,013
Colorado	72,055	2.3607	170,100	7.54%	\$5,209	1.8929	\$9,860	\$10,942	2.3212	\$25,398
Connecticut	67,078	2.1168	141,991	8.75%	\$5,166	1.7191	\$8,881	\$9,795	2.0802	\$20,376
Delaware	21,339	2.0789	44,362	10.63%	\$1,495	1.5948	\$2,384	\$2,662	1.8967	\$5,050
District of Columbia	26,285	1.6374	43,039	5.91%	\$2,059	1.3241	\$2,726	\$3,938	1.3378	\$5,268
Florida	294,524	2.2413	660,117	9.08%	\$19,033	1.7906	\$34,081	\$40,816	2.1546	\$87,943
Georgia	138,334	2.3002	318,196	8.20%	\$8,646	1.8813	\$16,265	\$17,664	2.3035	\$40,689
Hawaii	18,151	2.1635	39,270	6.63%	\$1,508	1.6503	\$2,489	\$2,856	1.9679	\$5,620
Idaho	28,532	1.886	53,811	8.87%	\$1,580	1.5086	\$2,384	\$3,128	1.7539	\$5,486
Illinois	241,429	2.2589	545,364	9.63%	\$15,533	1.9129	\$29,713	\$31,915	2.3704	\$75,651
Indiana	129,882	2.0612	267,713	9.46%	\$8,390	1.7103	\$14,350	\$17,927	2.0808	\$37,302
Iowa	68,257	1.7103	116,740	7.90%	\$3,871	1.4704	\$5,692	\$7,710	1.7231	\$13,284
Kansas	54,967	1.7657	97,055	7.27%	\$3,347	1.5244	\$5,102	\$6,514	1.8186	\$11,846
Kentucky	81,522	2.0314	165,604	9.25%	\$4,831	1.6948	\$8,187	\$10,401	2.0341	\$21,156
Louisiana	88,300	1.9489	172,088	9.03%	\$4,860	1.6285	\$7,915	\$10,147	1.8985	\$19,264
Maine	35,789	2.1174	75,780	12.77%	\$2,400	1.6767	\$4,024	\$4,422	1.9987	\$8,838
Maryland	103,627	2.0626	213,741	8.39%	\$6,630	1.7266	\$11,448	\$13,808	2.0773	\$28,684
Massachusetts	182,811	2.1805	398,619	12.42%	\$11,758	1.8188	\$21,386	\$24,081	2.2142	\$53,319
Michigan	210,019	2.2037	462,819	11.76%	\$13,312	1.7709	\$23,574	\$27,293	2.139	\$58,380
Minnesota	120,905	2.235	270,223	10.10%	\$8,369	1.8076	\$15,128	\$15,069	2.2165	\$33,401
Mississippi	58,450	1.8678	109,173	10.02%	\$3,511	1.5474	\$5,433	\$6,983	1.8228	\$12,728
Missouri	140,819	2.1876	308,056	11.62%	\$8,506	1.8001	\$15,311	\$17,024	2.1788	\$37,092
Montana	23,463	1.8443	43,273	10.12%	\$1,390	1.474	\$2,049	\$2,661	1.7012	\$4,527
Nebraska	42,828	1.7205	73,686	7.81%	\$2,394	1.4993	\$3,589	\$4,972	1.7508	\$8,705
Nevada	26,196	2.2397	58,671	5.21%	\$2,018	1.6295	\$3,289	\$4,200	1.9298	\$8,105
New Hampshire	31,965	2.0467	65,423	10.44%	\$2,237	1.7353	\$3,882	\$4,025	2.007	\$8,078
New Jersey	143,927	2.2526	324,210	8.41%	\$10,390	1.8654	\$19,382	\$19,791	2.3092	\$45,701
New Mexico	28,198	2.0145	56,805	7.06%	\$1,958	1.5475	\$3,030	\$4,003	1.7898	\$7,165
New York	439,222	1.9938	875,721	10.08%	\$35,532	1.6732	\$59,453	\$62,123	2.0617	\$128,079
North Carolina	175,654	2.2429	393,974	10.04%	\$11,044	1.8107	\$19,998	\$22,660	2.212	\$50,123
North Dakota	25,478	1.6142	41,127	10.43%	\$1,290	1.4083	\$1,816	\$2,666	1.6154	\$4,307
Ohio	282,039	2.2008	620,711	12.21%	\$18,228	1.8469	\$33,665	\$35,772	2.2541	\$80,634
Oklahoma	60,049	1.9603	117,714	7.59%	\$3,393	1.6445	\$5,579	\$7,463	1.9496	\$14,549
Oregon	58,244	2.3049	134,247	8.30%	\$4,667	1.7395	\$8,118	\$9,103	2.082	\$18,952
Pennsylvania	285,487	2.2071	630,098	11.08%	\$17,494	1.8641	\$32,611	\$37,279	2.2768	\$84,878
Rhode Island	20,718	2.1003	43,514	9.46%	\$1,682	1.7022	\$2,863	\$3,068	2.0206	\$6,199
South Carolina	73,990	2.2139	163,806	8.94%	\$4,434	1.7258	\$7,652	\$9,730	2.1104	\$20,533
South Dakota	23,350	1.5601	36,428	8.97%	\$1,395	1.3914	\$1,941	\$2,495	1.6058	\$4,006
Tennessee	117,026	2.164	253,244	9.53%	\$6,769	1.8163	\$12,295	\$14,708	2.2215	\$32,674
Texas	343,203	2.2946	787,514	7.46%	\$23,728	1.8783	\$44,568	\$51,154	2.3343	\$119,409
Utah	41,007	2.3204	95,153	7.88%	\$2,346	1.847	\$4,332	\$5,117	2.2759	\$11,647
Vermont	14,557	1.9799	28,821	9.62%	\$1,113	1.551	\$1,726	\$1,931	1.7831	\$3,444
Virginia	113,880	2.0564	234,183	6.36%	\$7,756	1.7199	\$13,340	\$16,505	2.1081	\$34,795
Washington	113,054	2.2617	255,694	9.07%	\$8,590	1.7321	\$14,879	\$16,740	2.1029	\$35,202
West Virginia	44,397	1.8046	80,119	10.63%	\$2,465	1.5245	\$3,758	\$5,151	1.7444	\$8,986
Wisconsin	112,110	2.0695	232,012	8.47%	\$7,278	1.7308	\$12,598	\$15,602	2.0677	\$32,260
Wyoming	9,712	1.6148	15,683	5.49%	\$649	1.3738	\$891	\$1,182	1.5703	\$1,856
United States*	5,579,407	2.8048	15,649,121	11.70%	\$377,633	2.4031	\$907,489	\$757,200	3.2896	\$2,490,884

Source: Avalere Health, using BEA RIMS-II (2002/2010) multipliers for hospital NAICS Code 622, released 2012, applied to American Hospital Association Annual Survey data for 2012. 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 2012 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 2012 AHA annual survey data were used instead.

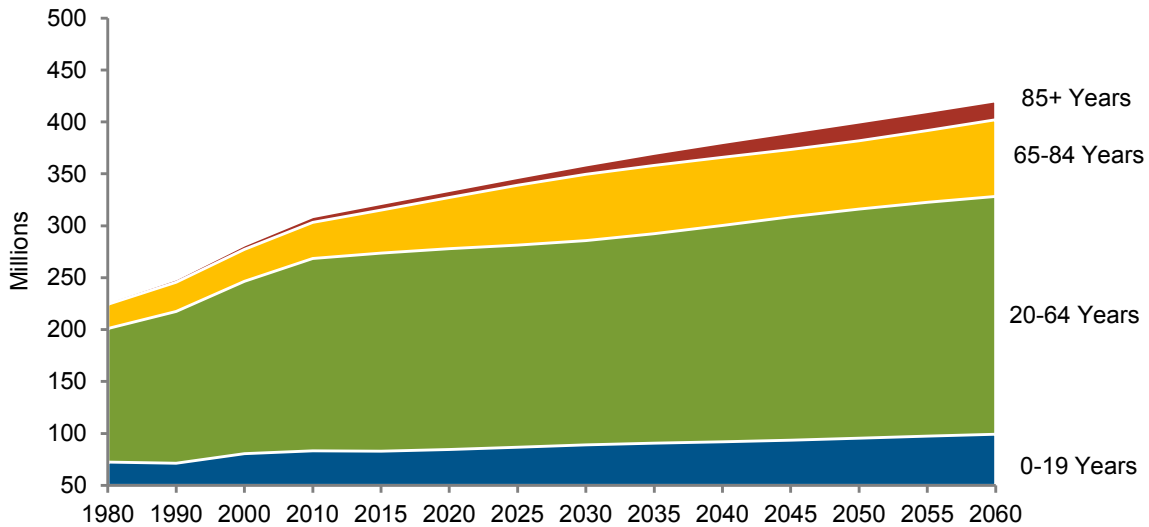


CHAPTER 7

Community Health
Indicators



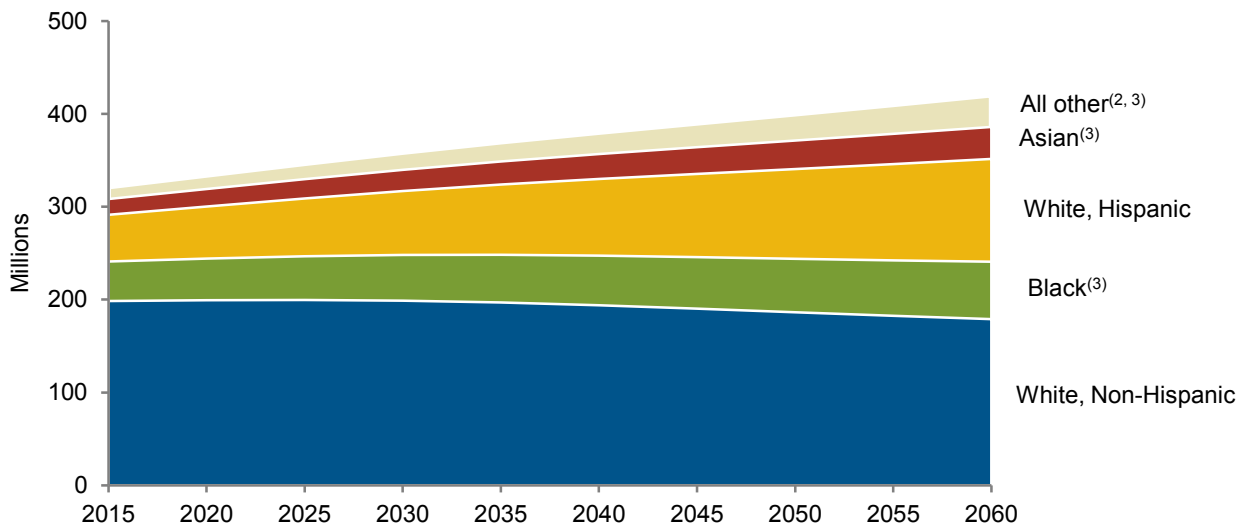
Chart 7.1: U.S. Population Trends and Projections by Age, 1980 – 2060⁽¹⁾



Source: U.S. Department of Commerce, Bureau of the Census. *Projections of the Population by Age and Sex for the United States: 2010-2050*.

⁽¹⁾ Years 2010 through 2050 are projections.

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



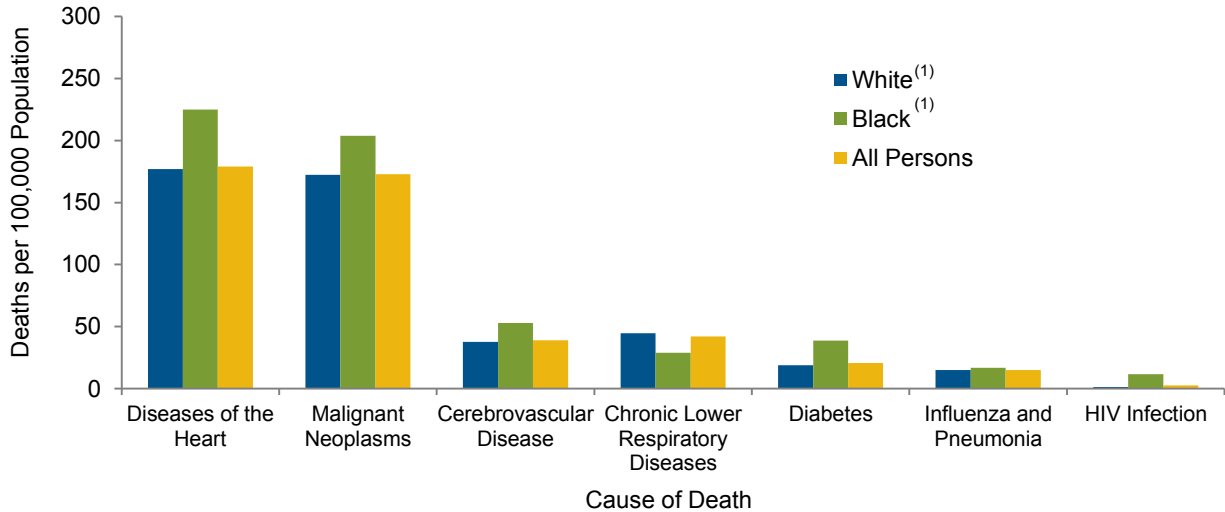
Source: U.S. Department of Commerce, Bureau of the Census. *Projections of the Population by Sex, Race, and Hispanic Origin for the United States: 2015-2060*.

⁽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.

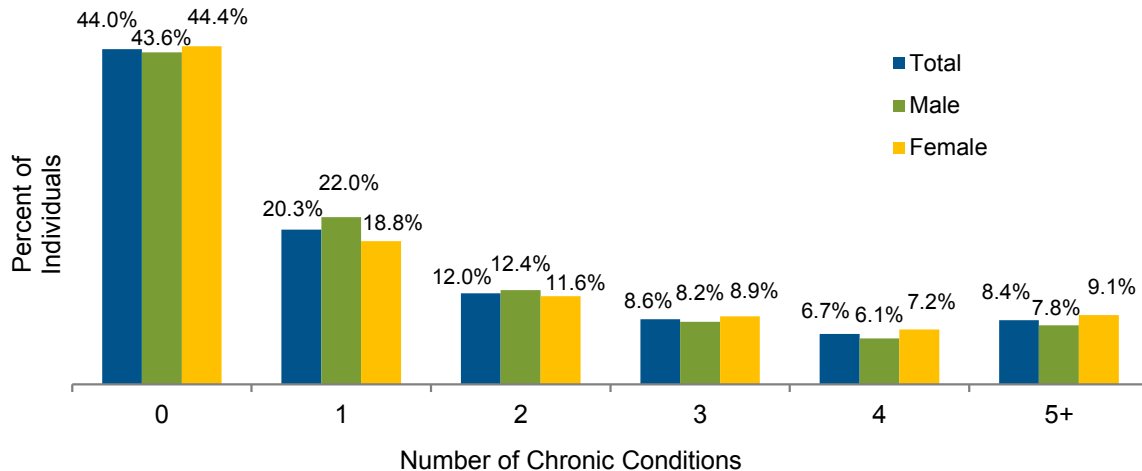
Chart 7.3: Age-adjusted Death Rates, Selected Causes, by Race, 2010



Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

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

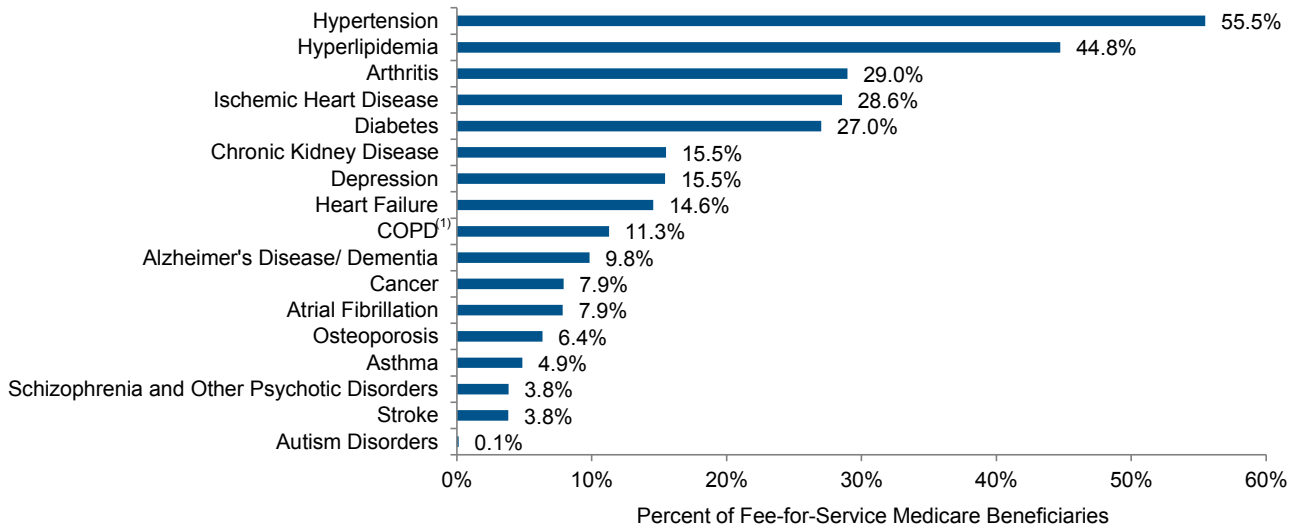
Chart 7.4: Percent of People with Chronic Conditions by Number and Sex,⁽¹⁾ 2011



Source: Avalere Health analysis of 2011 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 2011 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

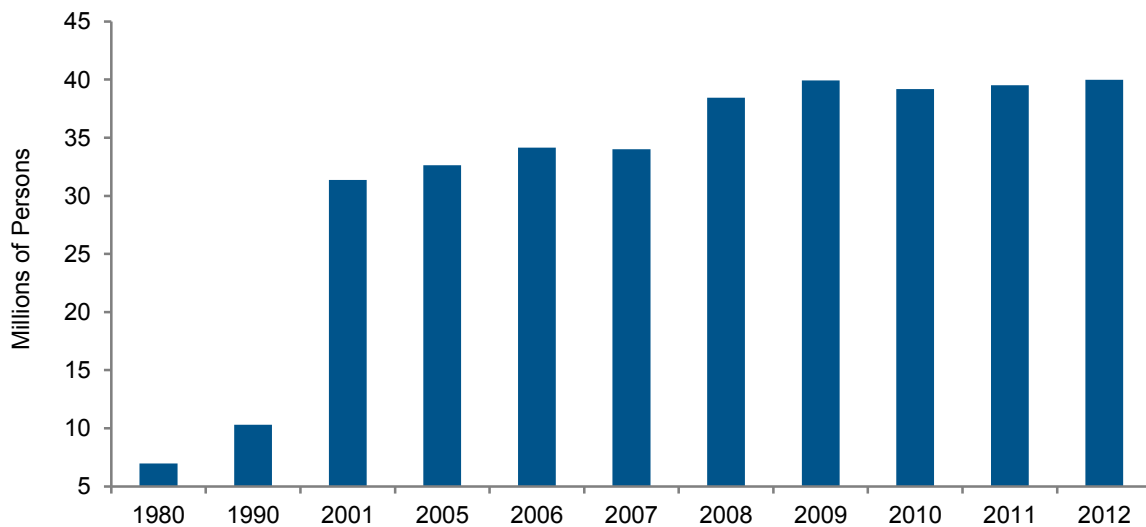


Source: Centers for Medicare & Medicaid Services. Medicare Chronic Condition Dashboard. Data released June 2, 2014. Available at: <https://www.ccmwdata.org/web/guest/interactive-data/chronic-conditions-dashboard>.

⁽¹⁾ Chronic obstructive pulmonary disease.

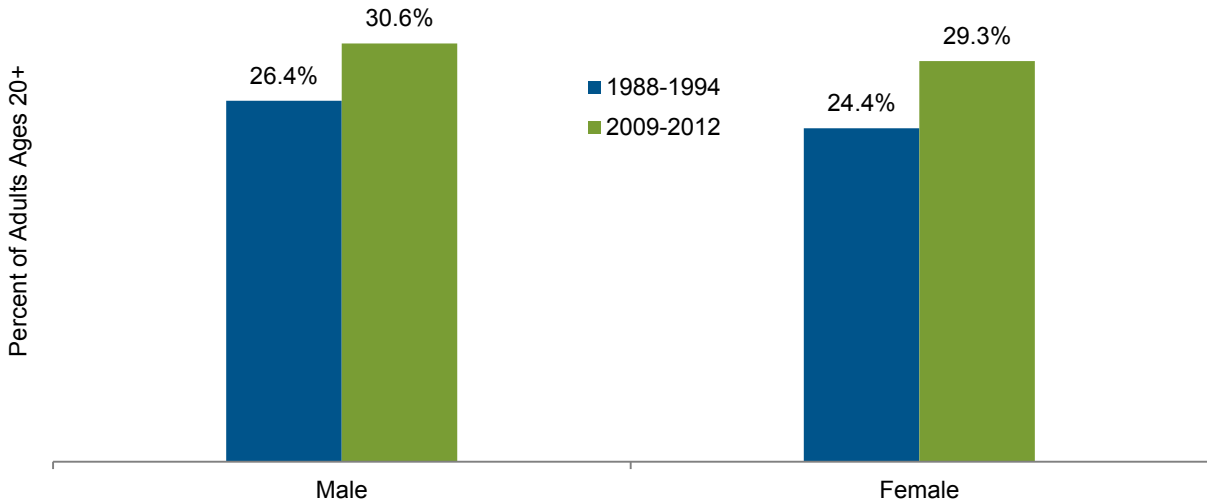
Previously Percent of People with Chronic Conditions by Type, 2006. Source: Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Johns Hopkins University and the Robert Wood Johnson Foundation.

Chart 7.6: Number of Persons with Asthma, 1980 – 2012



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 and 2012.

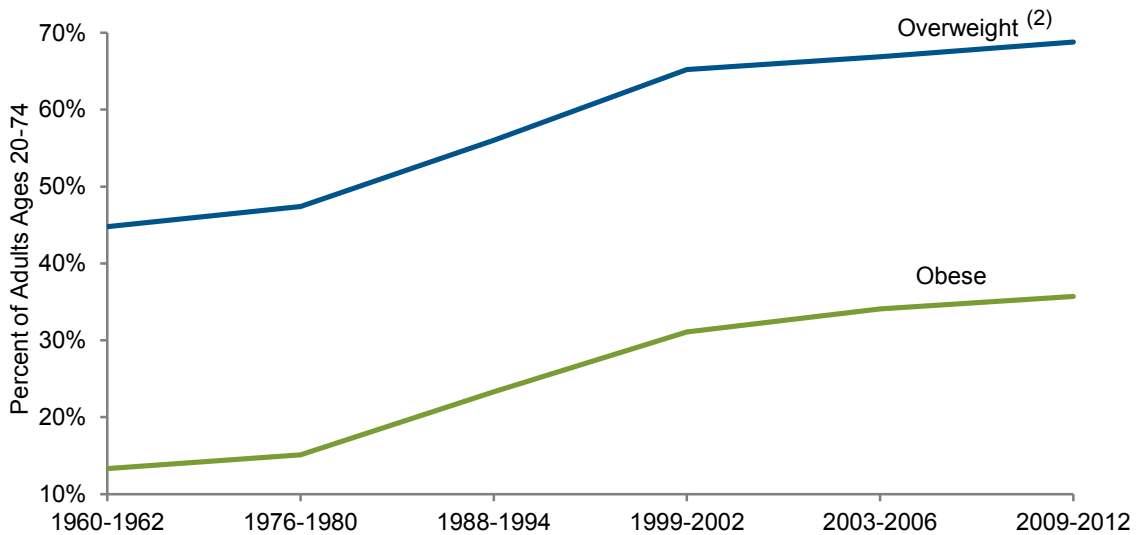
Chart 7.7: Percent of Adults with Hypertension by Sex,⁽¹⁾ 1988 – 1994 and 2009 – 2012



Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. 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

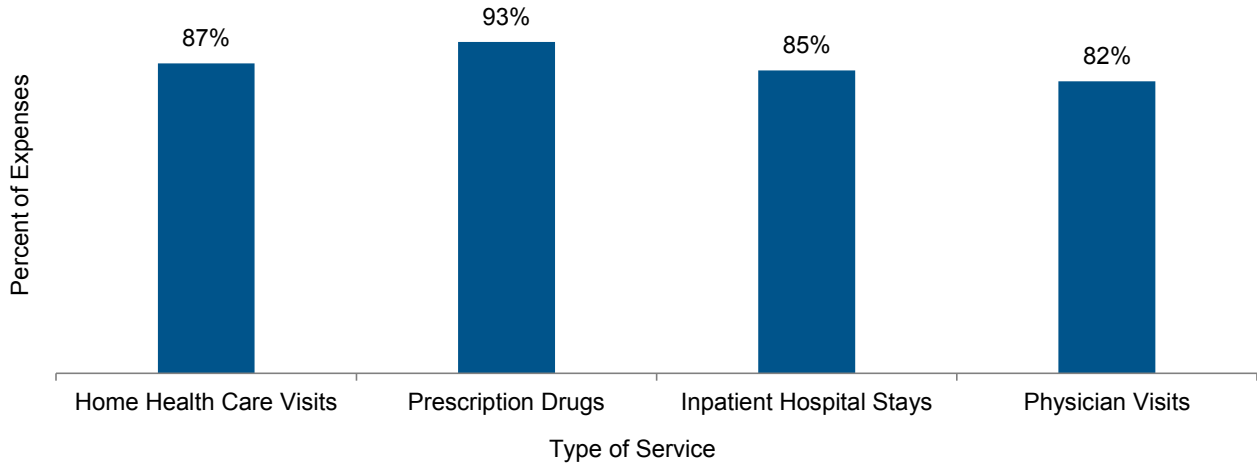


Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

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

⁽²⁾ Overweight includes obese.

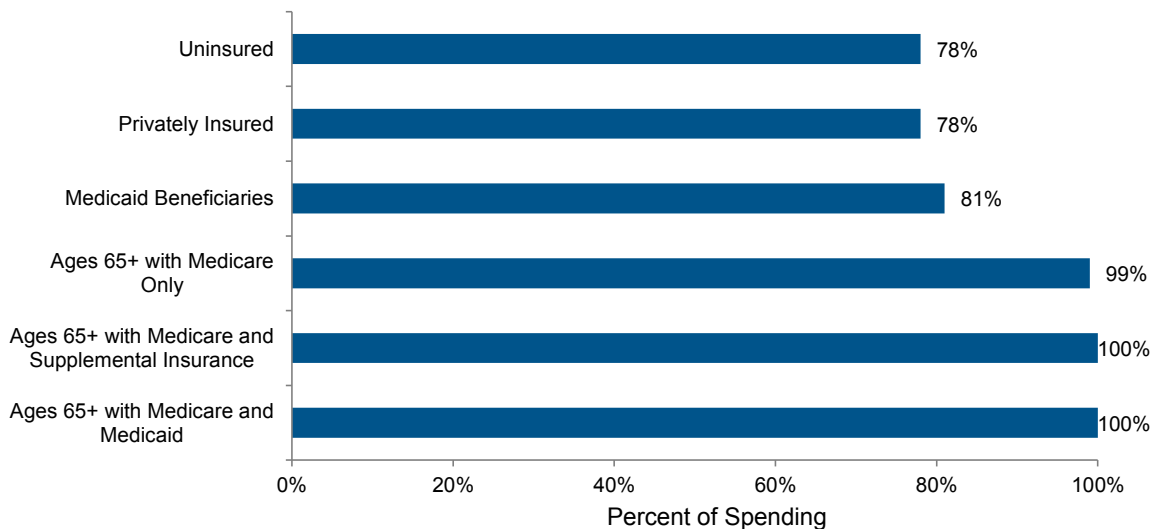
Chart 7.9: Percent of Expenses Used by People with Chronic Conditions by Service Type,⁽¹⁾ 2011



Source: Avalere Health analysis of 2011 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 2011 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).

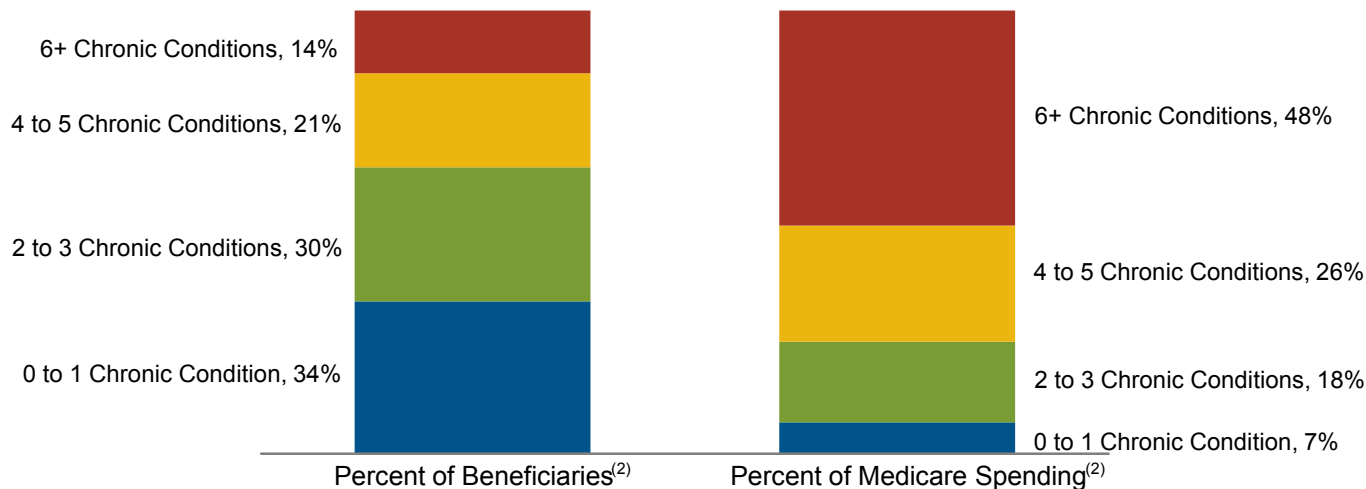
Chart 7.10: Percent of Spending for Individuals with Chronic Conditions by Insurance Status,⁽¹⁾ 2011



Source: Avalere Health analysis of 2011 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 2011 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



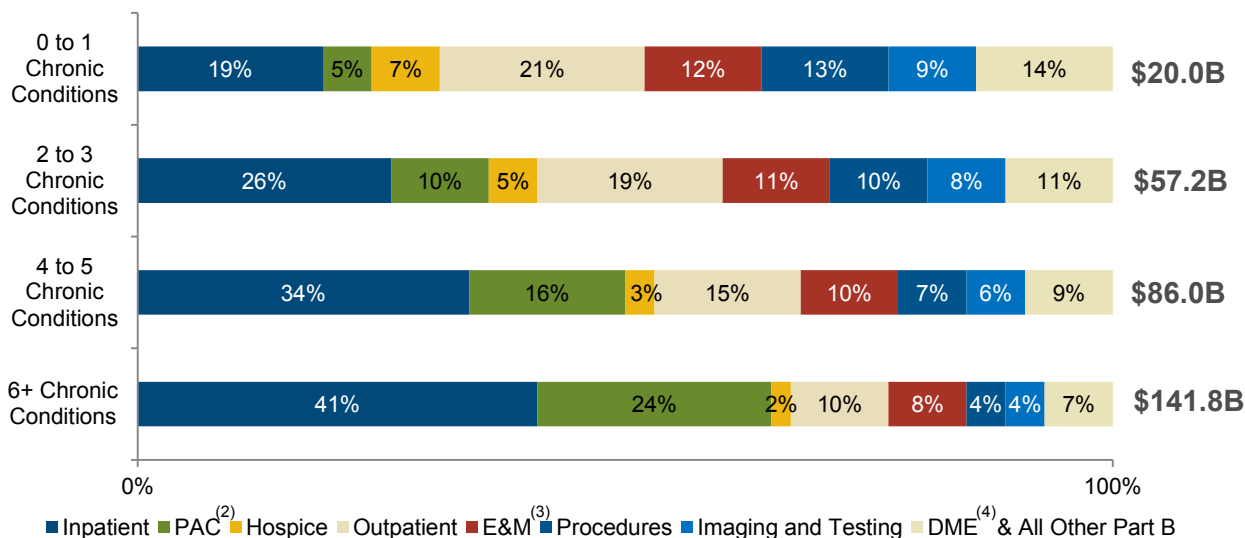
Source: Centers for Medicare & Medicaid Services. Medicare Chronic Condition Dashboard. Data released June 2, 2014. Available at: <https://www.ccwdata.org/web/guest/interactive-data/chronic-conditions-dashboard>.

(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.

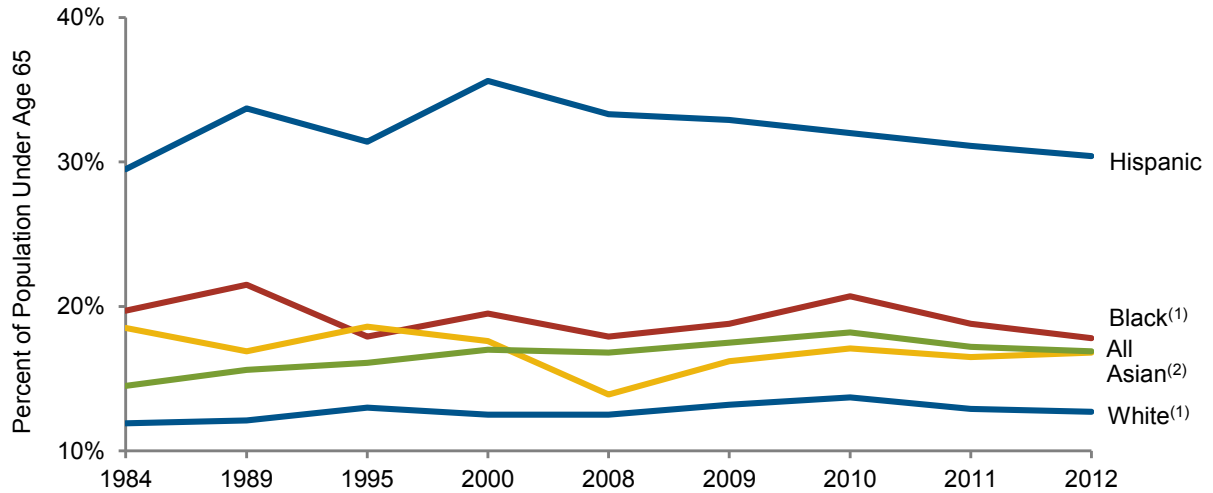
(3) E&M = Evaluation & Management.

(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 – 2012

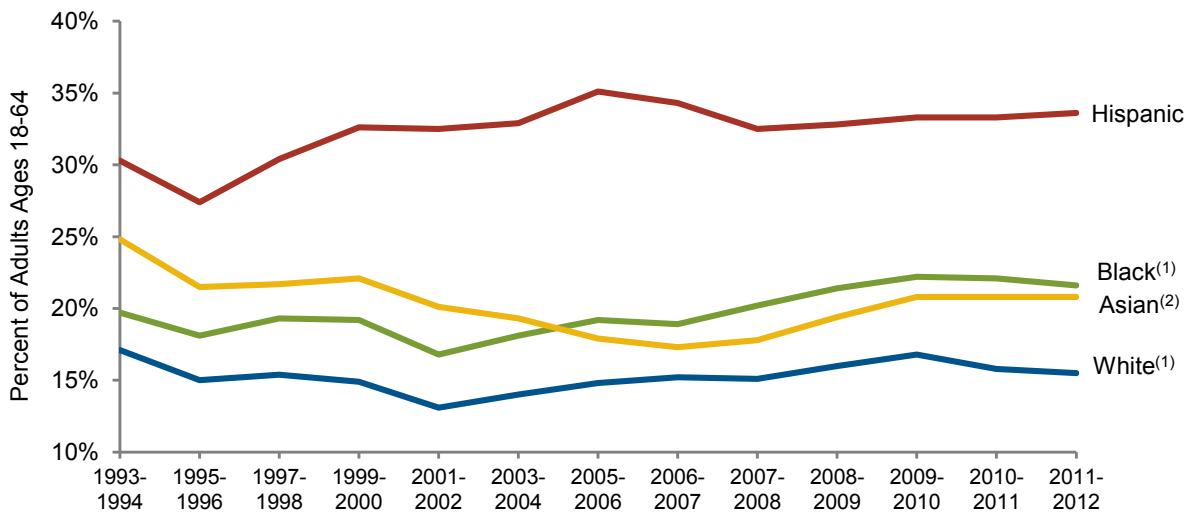


Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

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

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

Chart 7.14: Percent of Adults with No Usual Source of Care by Race, 1993 – 2012

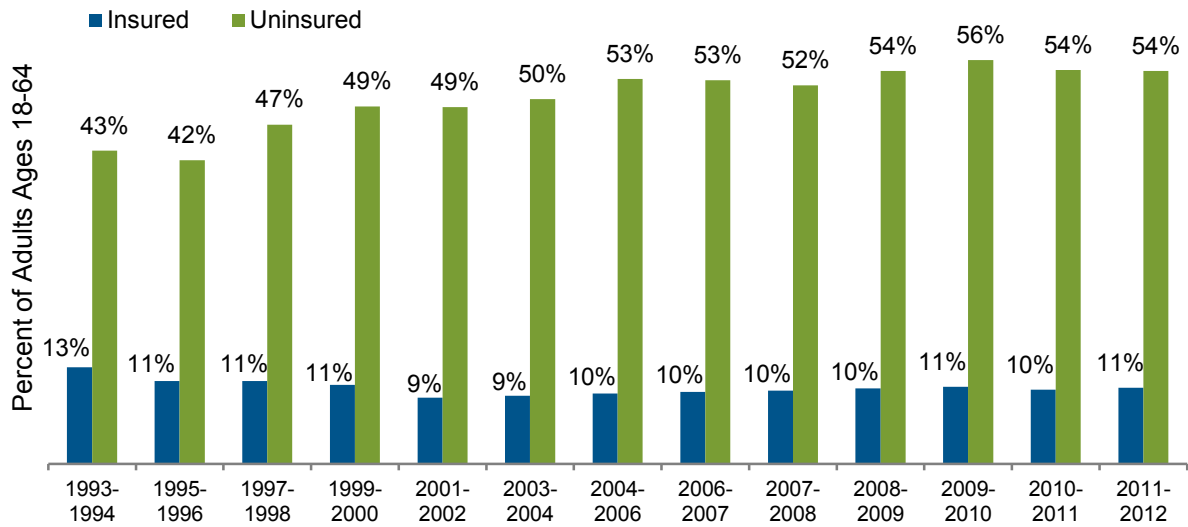


Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

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

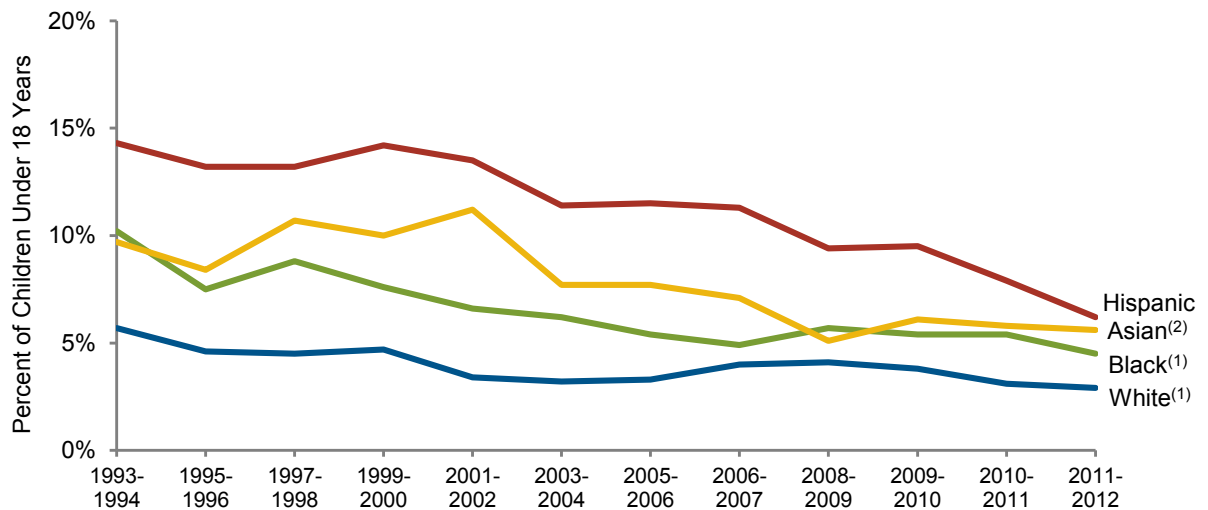
(2) Includes individuals of non-Hispanic origin only.

Chart 7.15: Percent of Adults with No Usual Source of Care by Insurance Status, 1993 – 2012



Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

Chart 7.16: Percent of Children with No Usual Source of Care by Race, 1993 – 2012

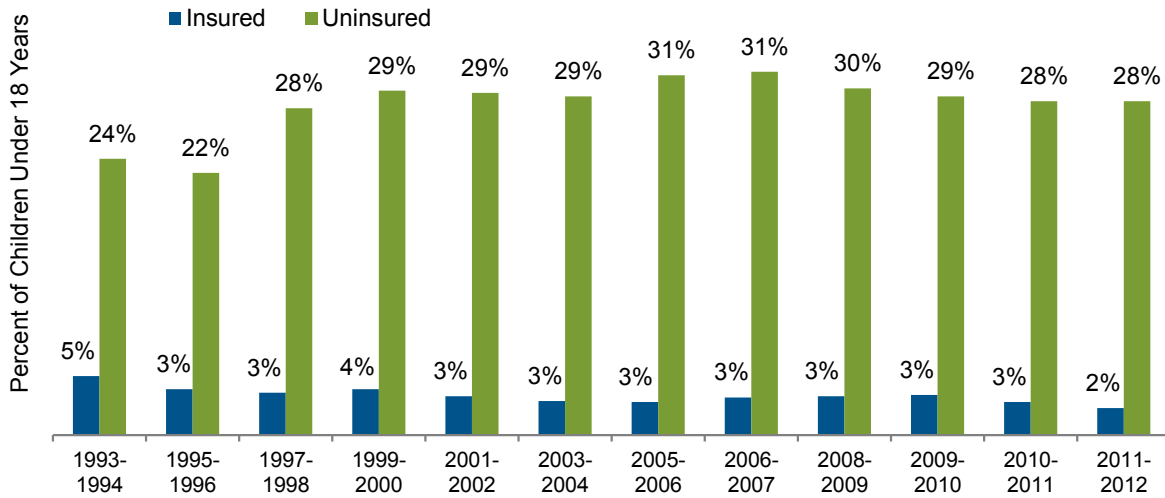


Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

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

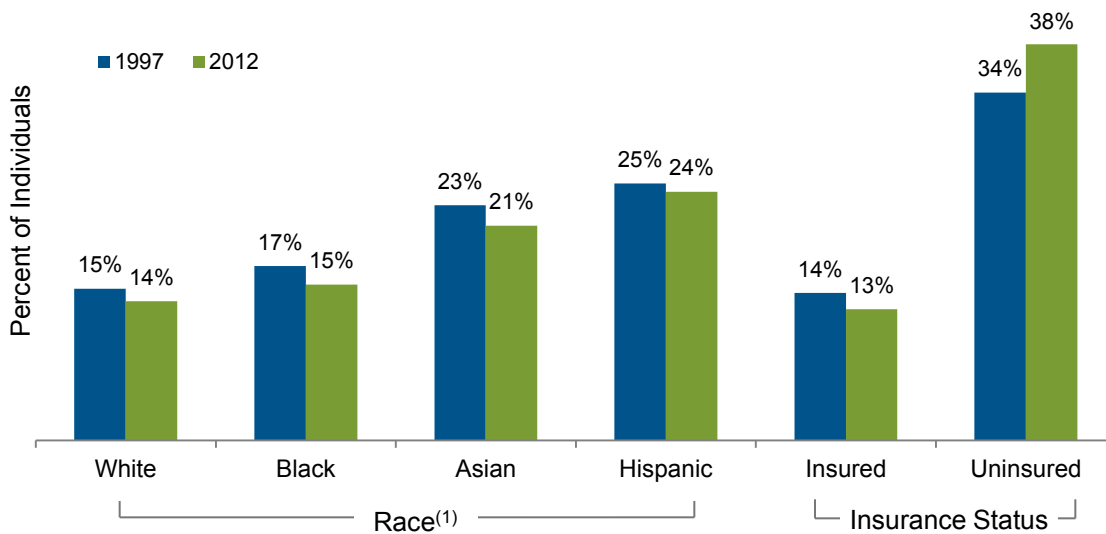
⁽²⁾ Includes individuals of non-Hispanic origin only.

Chart 7.17: Percent of Children with No Usual Source of Care by Insurance Status, 1993 – 2012



Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

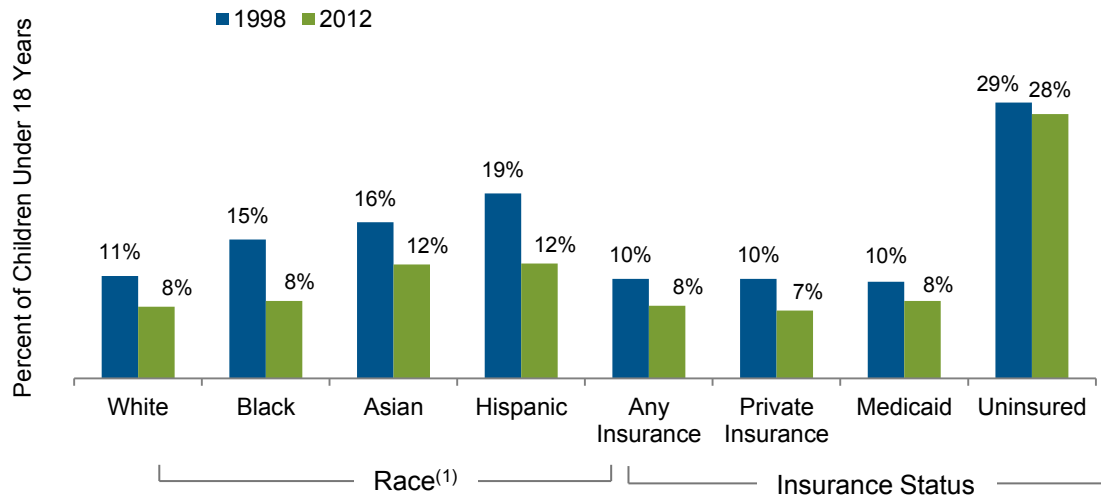
Chart 7.18: Percent of Individuals with No Health Care Visits by Race, Insurance Status, 1997 and 2012



Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

(1) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

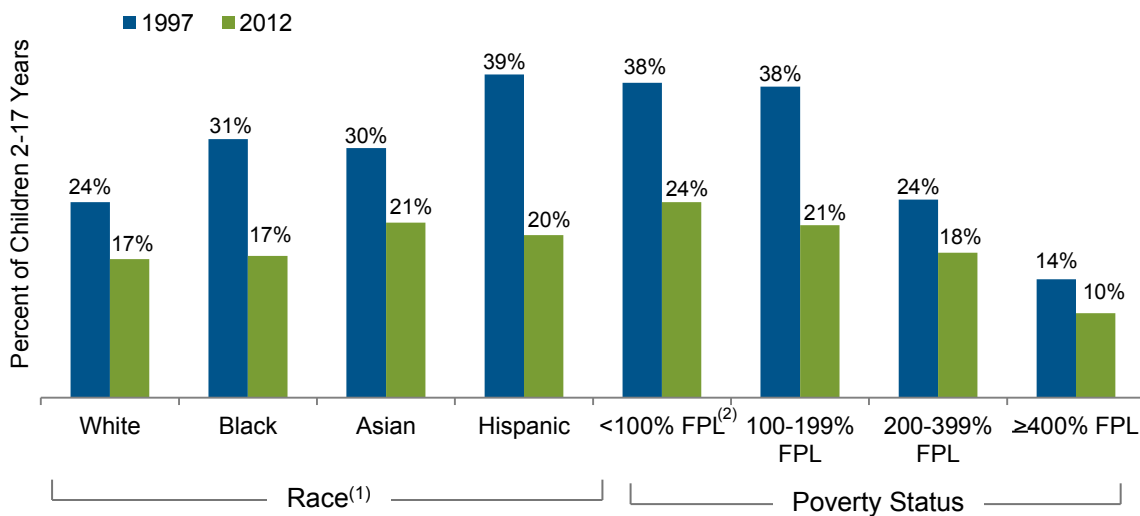
Chart 7.19: Percent of Children with No Health Care Visits by Race, Insurance Status, 1998 and 2012



Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

(1) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

Chart 7.20: Percent of Children with No Dental Visits by Race, Poverty Status, 1997 and 2012

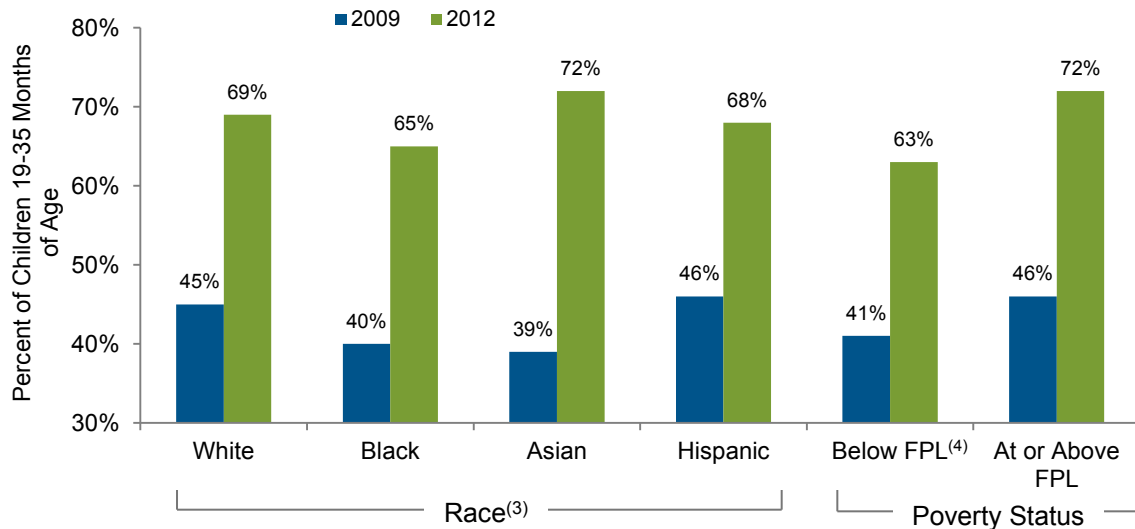


Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

(1) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

(2) FPL = federal poverty limit.

Chart 7.21: Percent of Children Vaccinated⁽¹⁾ by Race, Poverty Status, 2009⁽²⁾ and 2012



Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

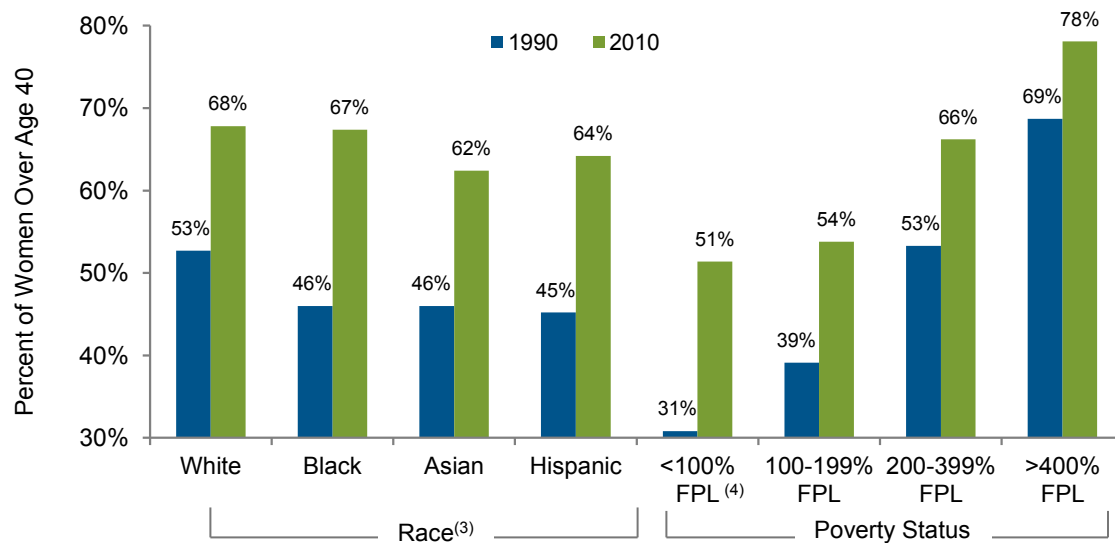
(1) Vaccinations include DTP, Polio, MMR, Hib, Hepatitis B, Varicella and PCV.

(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) White, Black and Asian include individuals of non-Hispanic origin only.

(4) FPL = federal poverty limit.

Chart 7.22: Percent of Women⁽¹⁾ Receiving Mammography⁽²⁾ by Race, Poverty Status, 1990 and 2010



Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

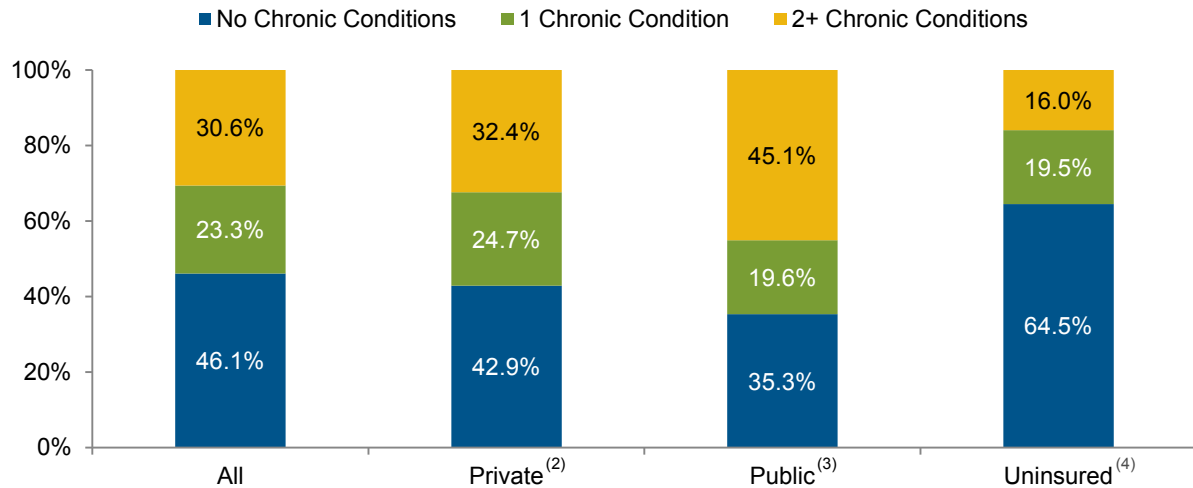
(1) Women over 40 years of age.

(2) Indicates use of mammography in two years prior to 1990 and 2010.

(3) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

(4) FPL = federal poverty limit.

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.

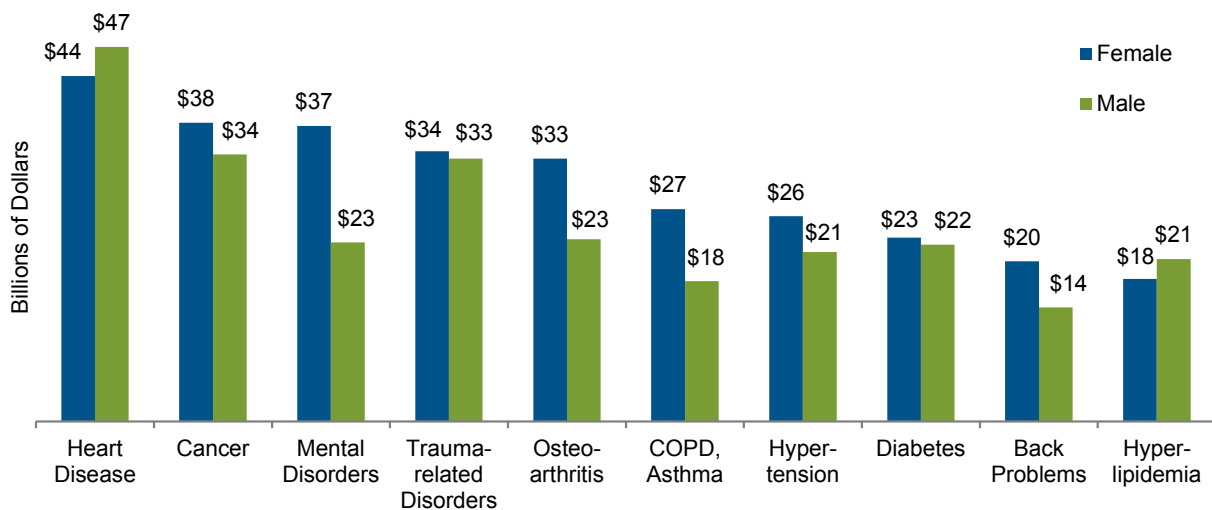
(2) Includes individuals who had any private insurance coverage (including TRICARE) anytime between 2007 to 2008.

(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



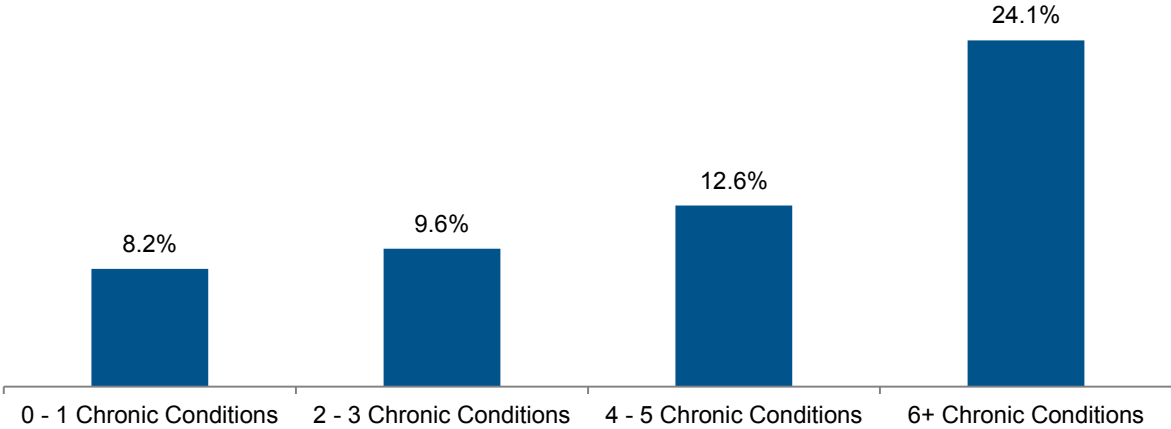
Source: Agency for Healthcare Research and Quality. Center for Financing, Access, and Cost Trends. Household Component of the Medical Expenditure Panel Survey, 2008. Available at: http://meps.ahrq.gov/mepsweb/data_files/publications/st331/stat331.shtml.

(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 – 2012⁽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	\$1,155	\$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	\$3,819	\$2,065	\$59.8	\$32.3
1996	\$1,081.8	\$568.2	\$3,992	\$2,097	\$68.1	\$35.8
1997	\$1,142.6	\$586.6	\$4,170	\$2,141	\$77.6	\$39.9
1998	\$1,208.9	\$611.1	\$4,364	\$2,206	\$88.4	\$44.7
1999	\$1,286.5	\$636.3	\$4,595	\$2,272	\$104.7	\$51.8
2000	\$1,377.2	\$659.0	\$4,884	\$2,337	\$120.9	\$57.8
2001	\$1,493.4	\$694.8	\$5,240	\$2,438	\$138.7	\$64.5
2002	\$1,638.0	\$750.2	\$5,687	\$2,605	\$158.2	\$72.4
2003	\$1,778.0	\$796.2	\$6,131	\$2,746	\$177.0	\$79.3
2004	\$1,905.7	\$831.3	\$6,504	\$2,837	\$193.0	\$84.2
2005	\$2,035.4	\$858.8	\$6,900	\$2,911	\$205.3	\$86.6
2006	\$2,166.7	\$885.6	\$7,271	\$2,972	\$224.5	\$91.7
2007	\$2,302.9	\$915.2	\$7,651	\$3,041	\$235.9	\$93.8
2008	\$2,411.7	\$923.0	\$7,933	\$3,036	\$242.6	\$92.8
2009	\$2,504.2	\$961.8	\$8,157	\$3,133	\$254.5	\$97.8
2010	\$2,599.0	\$982.1	\$8,411	\$3,178	\$255.7	\$96.6
2011	\$2,692.8	\$986.4	\$8,658	\$3,172	\$262.2	\$96.0
2012	\$2,793.4	\$1002.5	\$8,925	\$3,203	\$263.3	\$94.5

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 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, 2002 – 2012⁽¹⁾

Year	Hospital Care	Prescription Drugs	Admin. & Net Cost of Private Health Insurance	Home Health Care	Nursing Home Care
2002	8.3%	14.0%	24.4%	6.4%	4.1%
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%	9.8%	8.0%	4.3%
2007	6.2%	5.1%	3.8%	9.9%	7.8%
2008	5.3%	2.8%	-1.9%	7.8%	4.9%
2009	6.6%	4.9%	-1.3%	8.0%	4.5%
2010	4.6%	0.4%	9.0%	5.8%	3.2%
2011	3.5%	2.5%	5.0%	4.1%	4.3%
2012	4.9%	0.4%	4.0%	5.1%	1.6%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 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 – 2022⁽²⁾

Year	Expenditures (billions)
1980	\$255.8
1990	\$724.3
2000	\$1,377.2
2001	\$1,493.4
2002	\$1,638.0
2003	\$1,775.4
2004	\$1,901.6
2005	\$2,030.5
2006	\$2,163.3
2007	\$2,298.3
2008	\$2,406.6
2009	\$2,501.2
2010	\$2,600.0
2011	\$2,700.7
2012	\$2,806.6
2013	\$2,914.7
2014	\$3,093.2
2015	\$3,273.4
2016	\$3,458.3
2017	\$3,660.4
2018	\$3,889.1
2019	\$4,142.4
2020	\$4,416.2
2021	\$4,702.0
2022	\$5,008.8

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released September 2013.

⁽¹⁾ Years 2012 – 2022 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, 1992– 2012⁽¹⁾

Year	Payment (billions)
1992	\$144.2
1993	\$145.3
1994	\$143.5
1995	\$146.4
1996	\$152.2
1997	\$163.8
1998	\$179.4
1999	\$190.4
2000	\$201.7
2001	\$209.0
2002	\$221.9
2003	\$238.2
2004	\$251.7
2005	\$267.3
2006	\$277.3
2007	\$293.6
2008	\$300.7
2009	\$300.7
2010	\$305.6
2011	\$316.1
2012	\$328.2

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 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, 1992 – 2012⁽¹⁾

Year	Percentage
1992	3.95%
1993	4.07%
1994	6.78%
1995	12.33%
1996	15.31%
1997	15.61%
1998	16.30%
1999	21.04%
2000	17.81%
2001	15.32%
2002	13.47%
2003	13.45%
2004	12.50%
2005	9.52%
2006	14.59%
2007	8.42%
2008	6.07%
2009	12.96%
2010	1.18%
2011	6.95%
2012	1.11%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 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, 1992 – 2012⁽¹⁾

Year	Out-of-pocket Payment (billions)	Private Health Insurance (billions)
1992	\$23.663	\$14.786
1993	\$23.891	\$16.214
1994	\$23.282	\$19.146
1995	\$23.351	\$24.376
1996	\$24.468	\$29.942
1997	\$25.986	\$35.922
1998	\$27.782	\$42.335
1999	\$30.852	\$51.913
2000	\$33.934	\$60.702
2001	\$36.625	\$70.634
2002	\$40.947	\$79.924
2003	\$45.644	\$87.239
2004	\$48.304	\$95.158
2005	\$51.509	\$102.207
2006	\$51.363	\$102.061
2007	\$52.052	\$107.421
2008	\$49.830	\$110.896
2009	\$49.450	\$117.985
2010	\$45.993	\$118.528
2011	\$46.926	\$119.488
2012	\$46.834	\$117.027

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 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 1.12

Table 1.7: Number and Percent Uninsured, 1992 – 2012

Year	Number (millions)	Percent
1992	38.6	15.0%
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%

Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2012. Data released September 2013. Table 7. People Without Health Insurance Coverage by Selected Characteristics: 2011 and 2012.
Link: <http://www.census.gov/prod/2013pubs/p60-245.pdf>.

Data for Chart 1.15



Table 1.8: Average Percent Uninsured by State, 2010 – 2012

State	Average Percent Uninsured	State	Average Percent Uninsured
Alabama	14.4	Montana	18.2
Alaska	18.4	Nebraska	13.0
Arizona	18.2	Nevada	22.5
Arkansas	18.1	New Hampshire	11.6
California	19.0	New Jersey	15.0
Colorado	14.1	New Mexico	21.0
Connecticut	9.3	New York	12.9
Delaware	10.7	North Carolina	16.9
District of Columbia	9.7	North Dakota	11.3
Florida	20.7	Ohio	13.2
Georgia	19.3	Oklahoma	17.1
Hawaii	7.8	Oregon	15.1
Idaho	17.3	Pennsylvania	11.2
Illinois	14.4	Rhode Island	12.0
Indiana	12.9	South Carolina	17.9
Iowa	10.8	South Dakota	13.5
Kansas	12.9	Tennessee	13.9
Kentucky	15.0	Texas	24.3
Louisiana	19.7	Utah	14.3
Maine	9.6	Vermont	8.3
Maryland	13.0	Virginia	13.3
Massachusetts	4.3	Washington	14.0
Michigan	12.1	West Virginia	14.3
Minnesota	9.1	Wisconsin	9.8
Mississippi	17.5	Wyoming	16.8
Missouri	14.0		

Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2012 Data released September 2013. Link: <http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2012/state.xls>.

Data for Chart 1.16

Table 1.9: Medicaid Enrollees,⁽¹⁾ 1990, 1995, 2000 – 2013

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	35.0	20.0		72.0

Source: Congressional Budget Office. Data released May 2013. Spending and Enrollment Detail for CBO's May 2013 Baseline: Medicaid. Link: <http://www.cbo.gov/sites/default/files/cbofiles/attachments/44204-2013-05-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 2011 – FY 2012⁽¹⁾

State	Percent Change FY 11 - FY 12	State	Percent Change FY 11 - FY 12
Alabama	3%	Montana	17%
Alaska	-5%	Nebraska	6%
Arizona	78%	Nevada	0%
Arkansas	10%	New Hampshire	6%
California	1%	New Jersey	2%
Colorado	20%	New Mexico	-1%
Connecticut	0%	New York	-1%
Delaware	-17%	North Carolina	2%
District of Columbia	-16%	North Dakota	10%
Florida	-4%	Ohio	1%
Georgia	4%	Oklahoma	4%
Hawaii	10%	Oregon	9%
Idaho	8%	Pennsylvania	0%
Illinois	3%	Rhode Island	9%
Indiana	-2%	South Carolina	4%
Iowa	7%	South Dakota	5%
Kansas	6%	Tennessee	6%
Kentucky	0%	Texas	3%
Louisiana	-1%	Utah	11%
Maine	1%	Vermont	7%
Maryland	10%	Virginia	4%
Massachusetts	0%	Washington	-2%
Michigan	-2%	West Virginia	0%
Minnesota	-8%	Wisconsin	-2%
Mississippi	2%	Wyoming	2%
Missouri	-1%		

Source: Centers for Medicare & Medicaid Services. Data released April 2013. Number of Children Ever Enrolled by Program Type. Link: http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/FY-2012-Childrens-Enrollment-04_09_13.pdf.

⁽¹⁾ 2009 figure reflects revised data released by Centers for Medicare & Medicaid Services on February 1, 2011.

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 – 2013

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

Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2013. Employer Health Benefits: 1999, 2002, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013. 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 – 2013

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

Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2012. Employer Health Benefits: 1999, 2002, 2006, 2007, 2008, 2009, 2010, 2011, 2012 and 2013. 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, 1992 – 2012^(1,2)

Year	Growth in Medicare Spending per Beneficiary	Growth in Private Health Insurance Spending per Enrollee
1992	8.8%	7.7%
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	4.9%	6.3%
2009	3.0%	7.4%
2010	0.4%	4.5%
2011	1.8%	3.5%
2012	0.9%	4.3%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 7, 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, 2011 – 2013

	2011	2012	2013
Aetna	9.1%	8.2%	6.7%
WellPoint	7.4%	7.3%	8.0%
United HealthCare	8.3%	8.4%	7.9%
Cigna	10.0%	9.5%	6.7%
Humana	6.1%	5.2%	5.0%

Source: FactSet Research Systems Inc. Data for all years updated as of March 2014.
Data from Hoovers used in 2011 and earlier years' Chartbooks.

Data for Chart 1.29



APPENDIX 2

Supplementary Data Tables
Organizational Trends



Table 2.1: Number of Community Hospitals,⁽¹⁾ 1992 – 2012

Year	All Hospitals	Urban ⁽²⁾	Rural ⁽²⁾	In Health System
1992	5,292	3,007	2,285	-
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

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

⁽¹⁾ All nonfederal, 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, 1992 – 2012

Year	Number of Beds	Beds per 1,000
1992	919,505	3.61
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

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

Data for Chart 2.2



Table 2.3: Beds per 1,000 Persons by State, 2011 and 2012

State	Beds per 1,000 Persons		State	Beds per 1,000 Persons	
	11	12		11	12
Alabama	3.20	3.11	Montana	3.63	3.69
Alaska	2.15	2.12	Nebraska	3.58	3.77
Arizona	2.06	2.06	Nevada	2.02	1.99
Arkansas	3.21	3.19	New Hampshire	2.15	2.14
California	1.86	1.87	New Jersey	2.31	2.39
Colorado	1.99	1.97	New Mexico	1.95	1.95
Connecticut	2.16	2.26	New York	2.98	2.92
Delaware	2.36	2.18	North Carolina	2.40	2.33
District of Columbia	5.88	5.72	North Dakota	4.60	4.65
Florida	2.78	2.78	Ohio	2.93	2.92
Georgia	2.58	2.49	Oklahoma	2.98	2.97
Hawaii	1.86	2.01	Oregon	1.76	1.72
Idaho	2.09	2.07	Pennsylvania	3.11	3.08
Illinois	2.55	2.54	Rhode Island	2.35	2.34
Indiana	2.68	2.69	South Carolina	2.62	2.65
Iowa	3.26	3.24	South Dakota	4.96	5.03
Kansas	3.49	3.51	Tennessee	3.13	3.12
Kentucky	3.25	3.24	Texas	2.37	2.35
Louisiana	3.35	3.30	Utah	1.82	1.83
Maine	2.68	2.65	Vermont	1.94	1.97
Maryland	2.04	2.09	Virginia	2.20	2.22
Massachusetts	2.41	2.44	Washington	1.71	1.76
Michigan	2.57	2.54	West Virginia	3.97	3.89
Minnesota	2.80	2.77	Wisconsin	2.30	2.27
Mississippi	4.32	4.32	Wyoming	3.45	3.34
Missouri	3.12	3.16			

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.
US Census Bureau: National and State Population Estimates, July 1, 2012.
Link: <http://www.census.gov/popest/data/state/totals/2012/index.html>.

Data for Chart 2.3

Table 2.4: Percentage of Hospitals with Physician Affiliates⁽¹⁾ by Type of Relationship, 2002 – 2012

	02	03	04	05	06	07	08	09	10	11	12
Physician Hospital Organization	22%	21%	19%	19%	19%	19%	18%	16%	16%	16%	16%
Independent Practice Association	16%	16%	15%	14%	14%	13%	12%	12%	11%	10%	10%
Management Service Organization	11%	10%	9%	9%	9%	9%	9%	9%	9%	9%	9%
Group Practice without Walls	4%	4%	3%	4%	3%	3%	3%	3%	3%	3%	3%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

Previously Table 2.5 in 2009 and earlier years' Chartbooks.

⁽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.

Data for Chart 2.6

Table 2.5: Percentage of Hospitals with Insurance Products by Type of Insurance, 2002 – 2012

	02	03	04	05	06	07	08	09	10	11	12
Preferred Provider Organization	19%	19%	18%	19%	18%	17%	14%	14%	15%	15%	12%
Health Maintenance Organization	14%	14%	14%	14%	13%	13%	12%	12%	12%	13%	13%
Indemnity or Fee for Service	5%	6%	6%	6%	6%	6%	5%	5%	5%	5%	4%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, 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⁾ 2002 – 2012

	02	03	04	05	06	07	08	09	10	11	12
Home Health Service	65%	64%	64%	63%	63%	63%	61%	61%	60%	60%	60%
Skilled Nursing Facility	46%	45%	43%	42%	42%	41%	40%	39%	37%	37%	38%
Other Long-term Care	12%	13%	14%	14%	14%	14%	14%	14%	12%	12%	14%
Assisted Living	15%	16%	16%	16%	16%	15%	15%	15%	15%	15%	15%
Hospice	55%	57%	59%	60%	62%	63%	62%	62%	61%	62%	64%
Meals on Wheels	25%	24%	24%	23%	23%	22%	22%	21%	21%	20%	20%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals. Previously Table 2.7 in 2009 and earlier years' Chartbooks.

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

Data for Chart 2.8



APPENDIX 3

Supplementary Data Tables
Utilization and Volume



Table 3.1: Trends in Inpatient Utilization in Community Hospitals, 1992 – 2012

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
1992	31,033,557	121.7	221,047,104	866.8	10,552,378	7.1
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

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2012.
 Link: <http://www.census.gov/popest/data/state/totals/2012/index.html>.

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



Table 3.2: Average Length of Stay in Community Hospitals by State, 2011 and 2012

State	Average Length of Stay		State	Average Length of Stay	
	11	12		11	12
Alabama	5.2	5.0	Montana	8.7	8.7
Alaska	6.2	6.1	Nebraska	6.5	6.9
Arizona	4.4	4.4	Nevada	5.4	5.2
Arkansas	5.2	5.2	New Hampshire	5.2	5.2
California	5.0	5.1	New Jersey	5.1	5.1
Colorado	5.0	5.1	New Mexico	4.9	4.8
Connecticut	5.2	5.4	New York	6.8	6.9
Delaware	5.8	5.0	North Carolina	5.6	5.6
District of Columbia	7.3	7.0	North Dakota	7.5	7.8
Florida	4.9	5.0	Ohio	4.9	4.9
Georgia	6.4	6.3	Oklahoma	5.3	5.3
Hawaii	6.9	6.8	Oregon	4.3	4.2
Idaho	4.7	4.9	Pennsylvania	5.5	5.5
Illinois	4.9	4.8	Rhode Island	5.1	5.0
Indiana	5.0	5.1	South Carolina	5.7	5.7
Iowa	6.0	6.0	South Dakota	9.4	8.9
Kansas	6.4	6.5	Tennessee	5.5	5.5
Kentucky	5.1	5.1	Texas	5.2	5.2
Louisiana	5.4	5.4	Utah	4.2	4.1
Maine	5.6	5.5	Vermont	6.3	6.3
Maryland	4.6	4.9	Virginia	5.6	5.7
Massachusetts	5.0	5.1	Washington	4.5	4.6
Michigan	5.2	5.1	West Virginia	5.8	5.7
Minnesota	6.0	6.0	Wisconsin	5.0	4.9
Mississippi	6.4	6.5	Wyoming	8.3	8.5
Missouri	5.1	5.2			

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

Data for Chart 3.6

Table 3.3: Emergency Department Visits, Emergency Department Visits per 1,000 and Number of Emergency Departments, 1992 – 2012

Year	ED Visits (millions)	ED Visits per 1,000	Emergency Departments ⁽¹⁾
1992	90.8	356	5,035
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

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2012.

Link: <http://www.census.gov/popest/data/state/totals/2012/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, 1992 – 2012

Year	Total Outpatient Visits	Outpatient Visits per 1,000	Outpatient Surgeries
1992	347,847,202	1,364.1	12,307,594
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

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, 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⁾ Operating Margins⁽²⁾ and Patient Margins;⁽³⁾ Percentage of Hospitals with Negative Total Margins; and Aggregate Non-operating Gains as a Percentage of Total Net Revenue, 1992 – 2012

Year	Aggregate Total Hospital Margins	Aggregate Operating Margins	Aggregate Patient 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
1992	4.6%	2.7%	-2.7%	23.8%		1.9%
1993	4.2%	2.5%	-3.2%	24.2%		1.8%
1994	4.8%	3.4%	-2.8%	22.4%		1.5%
1995	5.6%	3.9%	-2.2%	20.4%	28.0%	1.8%
1996	6.7%	4.6%	-1.0%	19.4%	27.7%	2.3%
1997	6.7%	4.0%	-1.7%	20.4%	28.9%	2.7%
1998	5.8%	3.1%	-3.0%	26.6%	36.1%	2.8%
1999	4.6%	2.1%	-4.3%	32.5%	41.9%	2.6%
2000	4.6%	2.0%	-4.2%	32.0%	42.2%	2.6%
2001	4.2%	2.7%	-3.6%	29.4%	36.7%	1.6%
2002	4.4%	3.7%	-2.3%	29.3%	33.4%	0.8%
2003	4.8%	3.3%	-2.8%	29.9%	35.9%	1.5%
2004	5.2%	3.6%	-2.3%	26.5%	33.4%	1.7%
2005	5.3%	3.7%	-2.0%	25.4%	32.0%	1.7%
2006	6.0%	4.0%	-2.1%	24.3%	31.8%	2.1%
2007	6.9%	4.3%	-1.7%	21.6%	30.2%	2.7%
2008	2.6%	3.3%	-2.6%	32.4%	32.8%	-0.7%
2009	5.0%	4.4%	-1.4%	27.5%	30.1%	0.6%
2010	7.2%	5.5%	-0.2%	22.8%	28.3%	1.8%
2011	7.0%	5.5%	-0.3%	24.0%	28.4%	1.6%
2012	7.8%	6.5%	0.7%	21.3%	25.9%	1.4%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, 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.

⁽³⁾ Patient Margin is calculated as the difference between net patient revenue and total expenses divided by net patient revenue.

Data for Charts 4.1, 4.2 and 4.8



Table 4.2: Distribution of Inpatient vs. Outpatient Revenues, 1992 – 2012

Year	Gross Outpatient Revenue	Gross Inpatient Revenue
1992	25%	75%
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%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

Data for Chart 4.3

Table 4.3: Annual Change in Hospital Operating Revenue and Expenses per Adjusted Admission,⁽¹⁾ 1992 – 2012

Year	Expenses per Adjusted Admission	Operating Revenue per Adjusted Admission	Percent Change Expenses	Percent Change Operating Revenue
1992	\$5,794	\$5,958	8.1%	8.7%
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%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, 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, 1992 – 2012

Year	Medicare ⁽¹⁾	Medicaid ⁽²⁾	Private Payer
1992	89.0%	89.5%	131.8%
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%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, 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 – 2012⁽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

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, 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, 2010 and 2011

State	Physicians per 1,000 Persons		State	Physicians per 1,000 Persons	
	10	11		10	11
Alabama	2.14	2.14	Montana	2.25	2.21
Alaska	2.43	2.43	Nebraska	2.45	2.47
Arizona	2.26	2.38	Nevada	1.98	1.94
Arkansas	2.02	2.05	New Hampshire	2.95	3.01
California	2.61	2.62	New Jersey	3.18	3.20
Colorado	2.69	2.74	New Mexico	2.38	2.38
Connecticut	3.60	3.65	New York	3.64	3.74
Delaware	2.63	2.64	North Carolina	2.50	2.50
District of Columbia	7.69	7.64	North Dakota	2.50	2.42
Florida	2.60	2.58	Ohio	2.85	2.91
Georgia	2.13	2.19	Oklahoma	2.10	2.09
Hawaii	3.13	2.98	Oregon	2.83	2.90
Idaho	1.84	1.81	Pennsylvania	3.26	3.30
Illinois	2.79	2.85	Rhode Island	3.71	3.78
Indiana	2.22	2.22	South Carolina	2.33	2.30
Iowa	2.18	2.17	South Dakota	2.30	2.31
Kansas	2.40	2.43	Tennessee	2.60	2.64
Kentucky	2.31	2.32	Texas	2.15	2.18
Louisiana	2.54	2.60	Utah	2.10	2.15
Maine	3.18	3.17	Vermont	3.57	3.57
Maryland	3.91	3.93	Virginia	2.70	2.71
Massachusetts	4.34	4.45	Washington	2.71	2.71
Michigan	2.89	2.94	West Virginia	2.55	2.56
Minnesota	3.01	3.00	Wisconsin	2.68	2.68
Mississippi	1.83	1.85	Wyoming	1.97	1.93
Missouri	2.63	2.71			

Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. 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: Medical and Dental Residents⁽¹⁾ in Training in Community Hospitals, 1992 – 2012

Year	Residents
1992	69,111
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

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.
⁽¹⁾ Includes full-time equivalent interns and residents.

Data for Chart 5.3



Table 5.3: Total Full-time Equivalent Employees Working in Hospitals and Full-time Equivalents per Adjusted Admission,⁽¹⁾ 1992 – 2012

Year	FTE Personnel	FTE per Adjusted Admission
1992	3,615,145	0.084
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

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, 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 Charts 5.4 and 5.5



Table 5.4: 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, 1992 – 2012

Year	RN FTEs (thousands)	RN FTEs per Adjusted Admission	RN FTEs as a Percent of Total FTEs
1992	858.9	0.0201	23.8%
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%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

Data for Charts 5.6 and 5.7



Table 5.5: Number of Physicians⁽¹⁾ by Age, 1980, 1990, 2000 and 2012

Age Group	1980	1990	2000	2012
Under 35	128,506	134,872	136,704	152,583
35-44	118,840	184,743	211,873	219,926
45-54	88,063	116,803	201,646	215,295
55-64	68,239	83,614	118,608	208,894
65 & Over	64,031	95,389	144,939	230,090
Total # of Physicians	467,679	615,421	813,770	1,026,788

Source: American Medical Association. (2014 Edition). *Physician Characteristics and Distribution in the US*.

⁽¹⁾ Includes inactive physicians and residents.

Data for Chart 5.8

Table 5.6: 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	8.8%	7.7%
Percent Employed by Public/Community Health	7.4%	6.6%
All Other	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 offices of physicians, outpatient care centers, other healthcare 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 healthcare services, elementary and secondary schools and justice, public order and safety activities.

⁽⁴⁾ Category includes nursing care facilities and residential care facilities, without nursing.

Data for Chart 5.9



Table 5.7: 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>.

Data for Chart 5.10

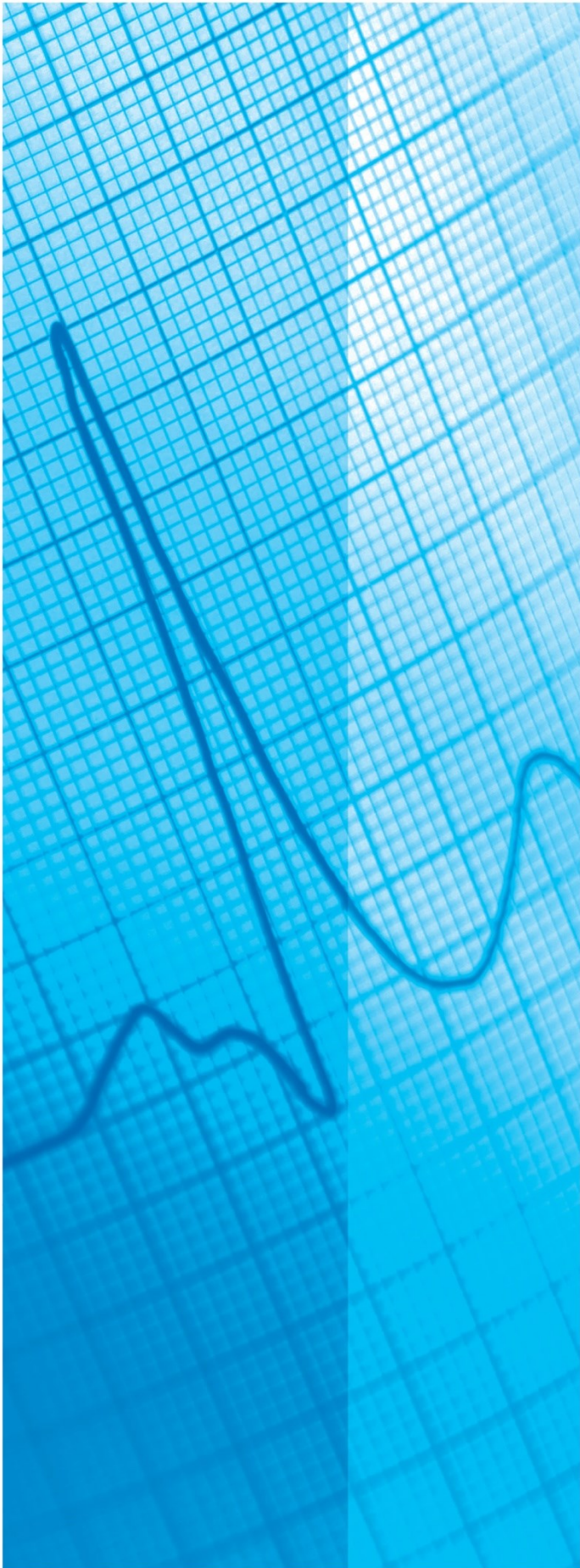


Table 5.8: National Supply and Demand Projections for FTE RNs, 2018 – 2025

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.

Data for Chart 5.12



APPENDIX 6

Supplementary Data Tables
The Economic Contribution
of Hospitals



Table 6.1: Number of Full-time and Part-time Hospital Employees, 1993 – 2012

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

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2012, for community hospitals.

Data for Chart 6.2



Table 6.2: Hospital Employment vs. Employment in Other Industries, 2013

Title	Employment (thousands)
Full-service Restaurants	4925.3
General Medical & Surgical Hospitals ⁽¹⁾	4444.6
Limited-service Eating Places	3818.7
Employment Services	3323.2
Grocery Stores	2563.8
Offices of Physicians	2437.1
Building Equipment Contractors	1740.1
Department Stores	1344.7

Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2014. 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, 1993 – 2013

Year	Hospitals ⁽²⁾	All Service-providing Industries
1993	\$460.29	\$345.03
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	\$690.09
2008	\$920.70	\$709.79
2009	\$946.11	\$719.27
2010	\$980.15	\$734.98
2011	\$1,009.52	\$756.14
2012	\$1,028.74	\$775.34
2013	\$1,052.09	\$787.85

Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2014. 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⁽¹⁾ by Age, 1980 – 2060

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	80,549	165,957	30,752	4,240
2010	83,268	185,210	34,775	5,493
2015	82,921	190,746	41,389	6,306
2020	84,537	193,392	49,276	6,693
2025	86,725	194,632	57,662	7,389
2030	89,014	196,683	63,828	8,946
2035	90,656	201,691	65,736	11,578
2040	91,957	208,337	65,605	14,114
2045	93,503	215,145	64,775	16,512
2050	95,422	220,643	65,760	17,979
2055	97,437	225,126	69,109	18,199
2060	99,221	229,012	73,845	18,187

Source: U.S. Department of Commerce, Bureau of the Census. *Projections of the Population by Age and Sex for the United States: 2010-2060*.

(1) Years 2015 through 2060 are projections.

Data for Chart 7.1



Table 7.2: U.S. Population Trends and Projections⁽¹⁾ by Race,⁽²⁾ 2015 – 2060

Year	White, Non-Hispanic (thousands)	Black (thousands)	White, Hispanic (thousands)	Asian (thousands)	All Other ⁽³⁾ (thousands)
2015	198,449	42,532	248,725	17,009	13,097
2020	199,313	44,810	255,346	18,884	14,856
2025	199,557	47,064	261,761	20,830	16,754
2030	198,817	49,246	267,604	22,833	18,787
2035	196,886	51,348	272,493	24,849	20,973
2040	193,887	53,412	276,438	26,838	23,328
2045	190,221	55,474	279,798	28,798	25,863
2050	186,334	57,553	282,959	30,726	28,565
2055	182,531	59,662	286,182	32,613	31,415
2060	178,951	61,822	289,587	34,448	34,412

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) 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, 2010

Cause of Death	All Persons (per 100,000)	White ⁽¹⁾ (per 100,000)	Black ⁽¹⁾ (per 100,000)
Diseases of the Heart	179.1	176.9	224.9
Malignant Neoplasms	172.8	172.4	203.8
Cerebrovascular Disease	39.1	37.7	53.0
Chronic Lower Respiratory Diseases	42.2	44.6	29.0
Diabetes	20.8	19.0	38.7
Influenza and Pneumonia	15.1	14.9	16.8
HIV Infection	2.6	1.4	11.6

Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. 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 – 2012

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

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 and 2012.

Data for Chart 7.6



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

Years	Overweight ⁽²⁾	Obese
1960-1962	44.8%	13.3%
1976-1980	47.4%	15.1%
1988-1994	56.0%	23.3%
1999-2002	65.2%	31.1%
2003-2006	66.9%	34.1%
2009-2012	68.8%	35.7%

Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. 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⁾⁽²⁾ 1984 – 2012

Year	All	White	Black	Asian	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%

Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

⁽¹⁾ White and Black categories include individuals of non-Hispanic origin only. Asian category includes individuals of Hispanic and non-Hispanic origin.

⁽²⁾ Data for population under age 65.

Data for Chart 7.13

Table 7.7: Percent of Persons with No Usual Source of Care by Race,⁽¹⁾ 1993 – 2012

Year	White	Black	Asian	Hispanic
Adults, Ages 18 – 64				
1993-1994	17.1	19.7	24.8	30.3
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
Children Under 18 Years				
1993-1994	5.7	10.2	9.7	14.3
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

Source: National Center for Health Statistics. (2014). *Health, United States, 2013*. Hyattsville, MD.

⁽¹⁾ White and Black categories include individuals of non-Hispanic origin only. Asian category 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 Patient Margin – Difference between net patient revenue and total expenses divided by net patient 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.