

## STATISTICAL BRIEF #385

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### Health Care Expenditures for the Five Most Commonly Treated Conditions of Men Ages 18 to 39, 2009

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#### Introduction

This Statistical Brief is one in a series presenting data from the Medical Expenditure Panel Survey's Household Component (MEPS-HC) on the most commonly treated medical conditions. This Brief focuses on the health care expenditures for the five conditions affecting the greatest number of men ages 18–39 in 2009. The five most commonly treated conditions—trauma, asthma, mental disorders, acute bronchitis, and skin disorders—were determined by totaling the number of people who had expenses for care associated with each condition and ranking them. Only differences between estimates that are statistically significant at the 0.05 level are discussed in the text.

#### Findings

The top five most commonly treated conditions among men ages 18–39 in 2009 included trauma-related disorders, asthma\*, mental disorders, acute bronchitis\*, and skin disorders. Of the 45.5 million civilian noninstitutionalized men ages 18–39 in the U.S., 13.2 million were treated for at least one of these conditions in 2009. These five conditions accounted for almost 40 percent of this group's total medical expenditures (data not shown).

Among men ages 18–39, 4.8 million had expenses for trauma, the most widely reported condition (figure 1). Asthma and mental disorders were the next most common conditions with estimates of 3.7 and 3.6 million men respectively incurring expenses. About 3.1 million men in this age group were treated for bronchitis, and 2.0 million for skin disorders.

The average expenditure per person with expenses for mental disorders (\$3,006) was higher than for asthma, bronchitis, and skin disorders (figure 2). Average expenses for trauma (\$1,772) were higher than for asthma and bronchitis.

In 2009, a total of \$67.4 billion was spent on all conditions for men ages 18–39, of which \$26.4 billion was spent on the five most commonly treated conditions. Of these five, total expenditures were higher for mental disorders (\$10.8 billion) and trauma (\$8.6 billion) than for asthma (\$2.7 billion), bronchitis (\$1.9 billion), or skin disorders (\$2.4 billion) (figure 3).

Medical treatment includes different types of service such as ambulatory visits, inpatient stays, emergency care, prescription medications, and home health care. Prescription medicines and ambulatory medical visits together accounted for a substantial portion of expenses for asthma (84.0 percent) and skin disorders (86.9 percent) while ambulatory medical visits and inpatient stays accounted for the majority of expenses for bronchitis (91.2 percent) (figure 4). About half of expenses for trauma were for ambulatory medical visits and the remainder was about evenly split between emergency room and inpatient care. Prescribed medicines accounted for about one-third of expenses (32.9 percent) for mental disorders followed by inpatient care (29.2 percent) and home health (20.5 percent).

Among men ages 18–39 in 2009, private insurance paid the largest share of expenditures for all five of the most commonly treated conditions except mental disorders, ranging from 53.4 percent (trauma) to 83.0 percent (bronchitis) (figure 5). Medicaid paid for about one-third of expenses for mental disorders (32.8 percent) but ranged from only 0.1 percent to 6.5 percent for the other four conditions.

#### Data Source

The estimates in this Brief were derived using data from the MEPS 2009 Full Year Consolidated Data, Event, and Medical Conditions files.

#### Highlights

- For men between 18 and 39 years of age, the conditions that ranked highest in terms of the number of individuals with expenses for care in 2009 were trauma, asthma, mental disorders, acute bronchitis, and skin disorders.
- The most commonly treated condition was trauma, with an estimated 4.8 million men ages 18–39 receiving treatment.
- Among the five most common conditions of men ages 18–39, the average expenditure per person with expenses was highest for mental disorders.
- The distribution of expenses by type of service category varied substantially across the five conditions.
- More than half of the expenditures for trauma, asthma, acute bronchitis, and skin disorders were paid by private insurance while Medicaid paid for about one-third of expenses for mental disorders.

## Definitions

\*In this Brief, asthma includes chronic obstructive pulmonary disorder (COPD). Bronchitis includes upper respiratory infection (URI).

### *Medical Conditions*

Condition data associated with medical events were collected from household respondents during each round as verbatim text and coded by professional coders using the International Classification of Diseases, Ninth Revision (ICD-9). ICD-9-CM condition codes were then aggregated into clinically meaningful categories that group similar conditions using the Clinical Classification System (CCS) software. Categories were collapsed when appropriate. Note that the reported ICD-9-CM condition code values were mapped to the appropriate clinical classification category prior to being collapsed to 3-digit ICD-9-CM condition codes. The result is that every record which has an ICD-9-CM diagnosis code also has a clinical classification code. For this Statistical Brief, the following CCS codes were used: mental disorders, 651–652, 654–655, 657–663, 670; acute bronchitis and URI, 125–126; COPD, asthma, 127–128, 130, 133–134; skin disorders, 197–200; trauma-related disorders, 225–236, 239–240.

### *Expenditures*

Expenditures refer to what is paid for health care services. More specifically, expenditures in MEPS are defined as the sum of direct payments for care provided during the year, including out-of-pocket payments and payments by private insurance, Medicaid, Medicare, and other sources. Payments for over-the-counter drugs are not included in MEPS total expenditures. Indirect payments not related to specific medical events, such as Medicaid Disproportionate Share and Medicare Direct Medical Education subsidies, are also excluded.

Expenditures may be associated with more than one condition and are not unduplicated in the condition totals; summing across conditions would double-count some expenses. Spending for conditions does not include amounts for other medical expenses, such as durable and nondurable supplies, medical equipment, eyeglasses, ambulance services, and dental expenses, because these items are not linked to specific conditions in the MEPS. Total expenditures do include these amounts.

MEPS expenditure data are derived from both the Medical Provider Component (MPC) and Household Component (HC). MPC data are generally used for hospital-based events (e.g., inpatient stays, emergency room visits, and outpatient department visits), prescribed medicine purchases, and home health agency care. Office-based physician care estimates use a mix of HC and MPC data while estimates for non-physician office visits, dental and vision services, other medical equipment and services, and independent provider home health care services are based on HC provided data. Details on the estimation process can be found in:

Machlin, S.R. and Dougherty, D.D. *Overview of Methodology for Imputing Missing Expenditure Data in the Medical Expenditure Panel Survey. Methodology Report No. 19. March 2007. Agency for Healthcare Research and Quality, Rockville, MD.* [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr19/mr19.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr19/mr19.pdf)

## About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics of the U.S. civilian noninstitutionalized population. It is co-sponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

## References

For a detailed description of the MEPS-HC survey design, sample design, and methods used to minimize sources of nonsampling errors, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component.* MEPS Methodology Report No. 1. AHCPR Pub. No. 970026. Rockville, MD: Agency for Health Care Policy and Research, 1997. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr1/mr1.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.pdf)

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component.* MEPS Methodology Report No. 2. AHCPR Pub. No. 970027. Rockville, MD: Agency for Health Care Policy and Research, 1997. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr2/mr2.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.pdf)

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003: 41 (7) Supplement: III-5–III-12.

Cohen, J. and Krauss, N. "Spending and Service Use among People with the Fifteen Most Costly Medical Conditions, 1997." *Health Affairs*; 22(2):129–138, 2003.

Ezzati-Rice, T.M., Rohde, F., Greenblatt, J. *Sample Design of the Medical Expenditure Panel Survey Household Component, 1998–2007.* Methodology Report No. 22. March 2008. Agency for Healthcare Research and Quality, Rockville, MD. [http://meps.ahrq.gov/mepsweb/data\\_files/publications/mr22/mr22.pdf](http://meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.pdf)

## Suggested Citation

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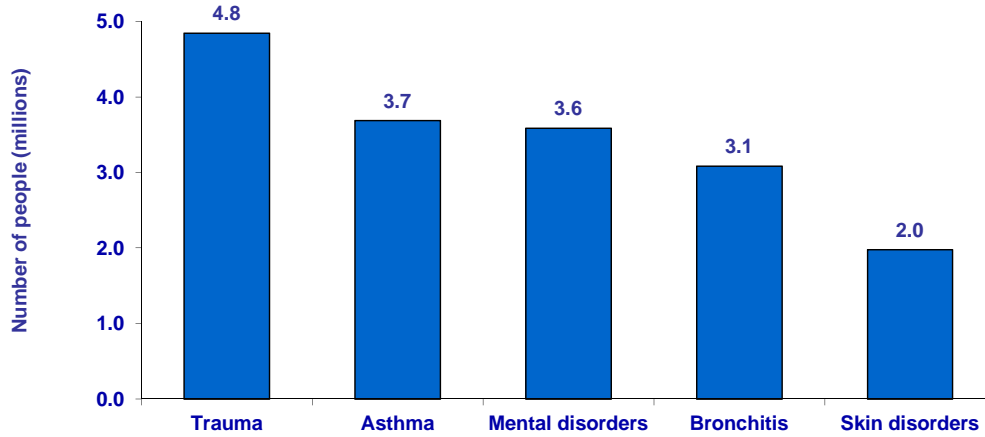
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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at [MEPSProjectDirector@ahrq.hhs.gov](mailto:MEPSProjectDirector@ahrq.hhs.gov) or send a letter to the address below:

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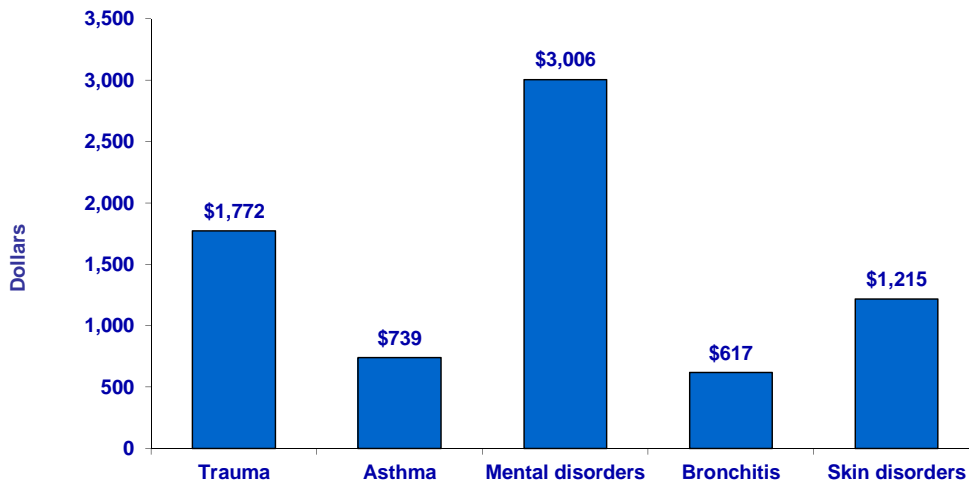
**Figure 1. Number of people treated for the five most commonly treated conditions, men ages 18 to 39, 2009**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



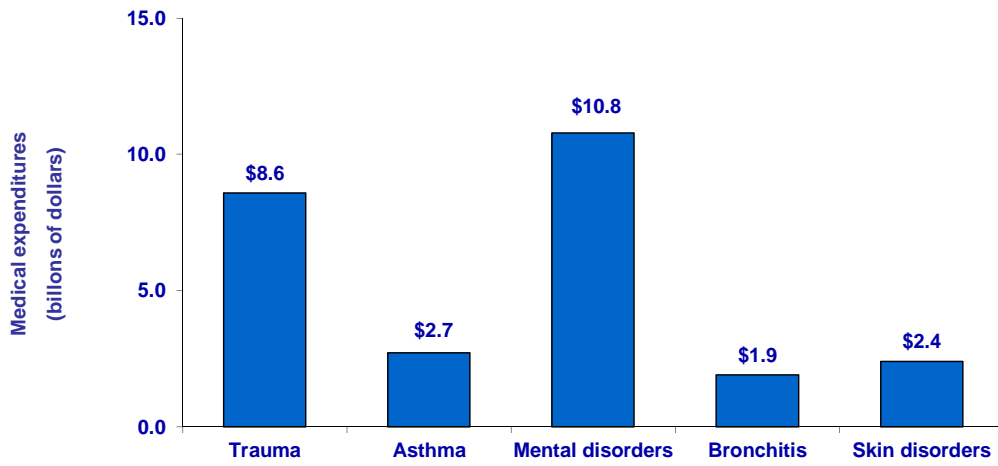
**Figure 2. Average expenditures per person with expenses for the five most commonly treated conditions, men ages 18 to 39, 2009**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



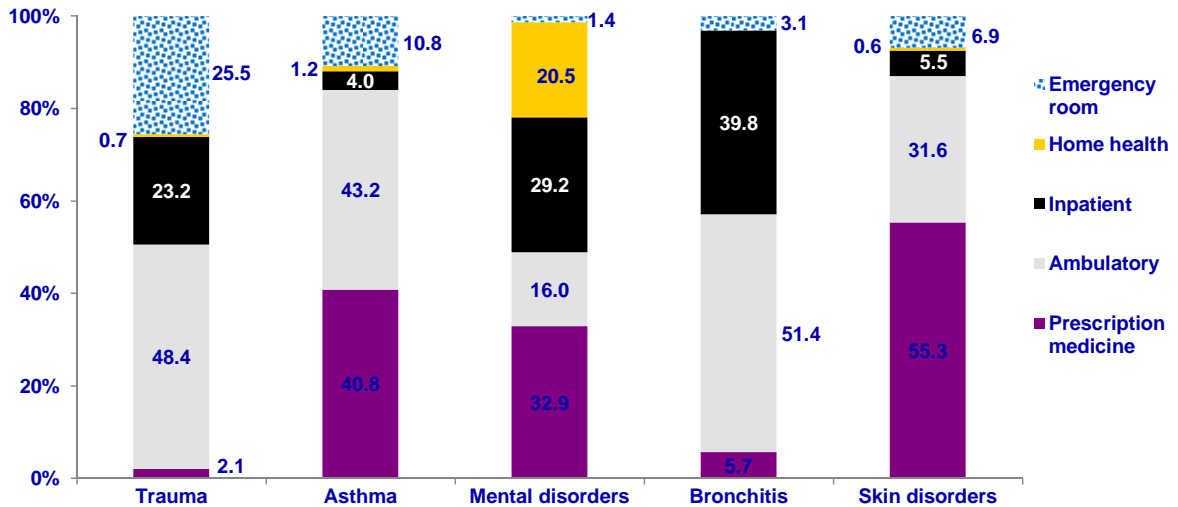
**Figure 3. Expenditures for the five most commonly treated conditions, men ages 18 to 39, 2009**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009

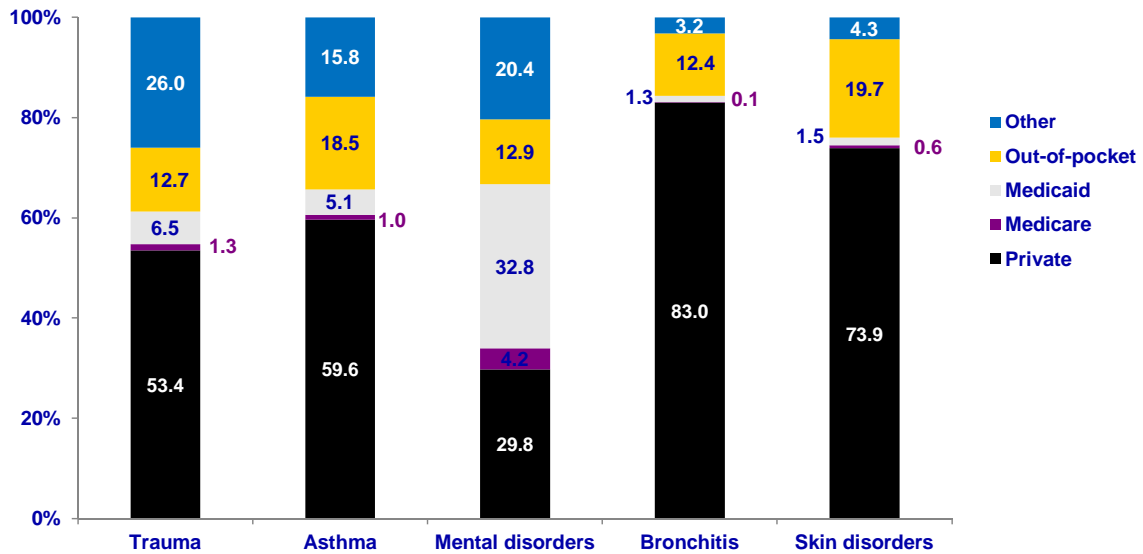


**Figure 4. Percentage distribution of annual expenditures for the five most commonly treated conditions, men ages 18 to 39, by type of service, 2009**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009

**Figure 5. Percentage distribution of annual expenditures for the five most commonly treated conditions, men ages 18 to 39, by source of payment, 2009**



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009