



Treo Services Demographic Datasets

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INTRODUCING THE TREO SERVICES DEMOGRAPHIC DATASETS

Treo Solutions is pleased to provide the Treo Services Demographic Datasets. These datasets represent unique information regarding several important aspects of outpatient and physician services. The Demographic Datasets can be used for a number of strategic planning, physician recruiting and programmatic development initiatives.

COMMON USES FOR THE DEMOGRAPHIC DATASETS

DATASET	COMMON USES
Ambulatory Care	Project annual ER volumes and estimate physician office visits, by specialty, generated by the service area.
Behavioral Medicine	Project future behavioral health demand for physician services and inpatient beds.
Cancer	Determine if demand exists in the service area for a dedicated cancer care program.
Cardiovascular Care	Project future cardiovascular demand for physician services, surgeries and inpatient beds.
DRGs	Determine inpatient volumes by MDC and individual DRG.
Eye Care	Project future eye care demand for physician services and outpatient surgeries.
Pediatric	Determine needed physician resources, ER visits, inpatient bed requirements and ambulatory surgery needs for pediatric population.
Rehabilitation	Project future rehabilitation demand for physician services by specialty and determine the need for inpatient beds.
Renal Care	Determine the physician needs, inpatient bed need and outpatient services needed for end-stage renal disease.
Respiratory	Project future respiratory demand for physician services by specialty, determine ER need and determine the need for inpatient beds.
Senior Care	Determine future number of Medicare eligibles in the service area, the number of physician office visits by specialty, required ambulatory services, the prevalence of chronic conditions and general disease incidence for seniors in the service area over 65 years of age.
Women's Care	Determine future number of physician office visits by specialty, required ambulatory services, and required inpatient and outpatient services for women 15 and older.
Key County Demographics	Determine number of M.D.'s, D.O.'s, Physician Assistants, Nurse Practitioners, Chiropractors and Medicaid enrollees by county.

DESCRIPTION

The shift from inpatient to outpatient care continues to impact the delivery of basic healthcare in the U.S. today. Obtaining comprehensive information regarding ambulatory service utilization and demand is important to the development of appropriate provider networks and delivery systems to serve the needs of the population. These predictive datasets combine the most accurate utilization data, estimates, and projections for physician, hospital emergency, outpatient department services and ambulatory surgery cases by procedure to present a complete view of an ambulatory services market.

USES

- Forecast the utilization of ambulatory services in an area by physician specialty.
- Estimate patient visits to hospital emergency and outpatient departments.
- Identify market opportunities by benchmarking actual utilization to expected norms.
- Project annual physician office visits by diagnosis and procedure.
- Analyze a site or market area for constructing new ambulatory healthcare delivery facilities.

SOURCES

National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, National Health Interview Survey, Persistent Regional Differences Database, Medical Management Index and Trend Database and Applied Geographic Systems.

AVAILABLE DATASETS

Dataset Name	Notes
Annual Physician Office Visits by Principal Diagnosis	Annual visits are presented by principal diagnosis recorded at visit and grouped by chapter headings within the ICD-9-CM coding system.
Annual Physician Office Visits by Physician Specialty	Annual visits are presented by specialty of attending physician into one of 13 specialties or "other specialty."
Annual Physician Office Visits by Top 20 Diagnoses ICD-9	Annual visits are presented for the 20 most common diagnoses in the current year physician office visit database. These diagnoses are presented in descending order of frequency and account for approximately 35-40% of all principal diagnoses in this setting.
Annual Hospital Emergency Room and Outpatient Visits	Annual visits to hospitals are presented separately for hospital emergency departments and other hospital outpatient departments. These are mutually exclusive categories (i.e., emergency department visits are not included in hospital outpatient department counts). "Urgent" emergency department visits are visits where the patient "requires immediate attention for acute illness or injury that threatens life or function." "Injury-related" emergency department visits are those visits where the visit abstract form records either a place of injury, a cause of injury, a nature of injury diagnosis, or an injury related reason for visit. Hospital outpatient visits are those to any of a hospital's outpatient departments, except emergency room.
Annual Emergency Department Visits by Top 20 Diagnoses ICD-9	Annual visits are presented for the 20 most common diagnoses in the current year emergency department visit database (NHAMCS). These diagnoses are presented in descending order of frequency and account for approximately 35-40% of all principal diagnoses in this setting.

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AVAILABLE DATASETS, CONTINUED

Dataset Name	Notes
Annual Hospital Outpatient Department Visits by Top 20 Diagnoses ICD-9	Annual visits are presented for the 20 most common diagnoses in the current year hospital outpatient visit database (NHAMCS). These diagnoses are presented in descending order of frequency and account for approximately 35-40% of all principal diagnoses in this setting.
General Incidence of Acute Conditions, Total Population	Annual incident cases of these diseases are presented as estimated from the National Health Interview Survey. An acute condition is defined as one that is (a) first noticed no longer than three months before the reference date and (b) not one of the conditions considered chronic regardless of the time of onset. However, any acute condition not associated with either at least one doctor visit or at least one day of restricted activity during the reference period is considered to be of minor consequence and is excluded. This table estimates incidence of listed conditions, not visits for conditions as do most other tables. Generally, the count of incident cases of an acute condition will be greater than visits for that condition, because some cases do not result in physician office visits.
Annual Ambulatory Surgery Procedures	Annual ambulatory surgical procedures are presented by ICD-9 procedure code or range of codes. All-listed procedures (up to six per patient) occurring at freestanding ambulatory surgery centers or hospital outpatient departments are included. Hospitals included are nonfederal and short-stay (less than 30 days) or whose specialty is general or children's general. Hospitals must have at least 6 beds. Facilities specializing in dentistry, podiatry, pain block, abortion, family planning, or birthing are excluded. This table includes subcategories. For example, "Operations on the digestive system (ICD-9=42-54)" includes eight subgroups of codes (e.g., 42.92; 45.21-45.25). The totals for the subgroups are included in the total for operations on the digestive system.

DESCRIPTION

Behavioral healthcare often fails to receive attention commensurate with its impact on the nation's total healthcare picture. The treatment of behavioral disorders and substance abuse is highly managed and affects many other areas of care. There is a rapid shift towards delivering these services in the outpatient setting. These predictive datasets present the complete spectrum of mental health care.

USES

- Project the potential outpatient population by diagnosis.
- Forecast the number of hospital admissions and bed days.
- Perform a needs assessment of mental health services for a covered population.
- Identify market opportunities by benchmarking actual utilization to expected norms.

SOURCES

National Ambulatory Medical Care Survey, National Hospital Discharge Survey, Persistent Regional Differences Database, Medical Management Index and Trend Database, and Applied Geographic Systems.

AVAILABLE DATASETS

Dataset Name	Notes
Annual Physician Office Visits, Grouped by Principal Diagnosis	Annual visits are presented by principal diagnosis recorded at visit and grouped by an ad hoc series of ICD-9 codes relating to the diagnoses listed and developed for the American Psychiatric Association (see Schappert, SM. Office visits to psychiatrists: United States, 1989-90. Advanced Data from vital and health statistics; no 237. Hyattsville, Maryland: National Center for Health Statistics. 1993).
Annual Hospital Inpatient Diagnoses - Discharges by ICD-9	Annual visits to short-stay, nonfederal hospitals are presented by principal diagnosis for selected ICD-9 diagnosis codes related to behavioral medicine and substance abuse.
Annual Hospital Inpatient Diagnoses - Bed Days by ICD-9	Annual bed days at short-stay, nonfederal hospitals are presented by principal diagnosis for selected ICD-9 diagnosis codes related to behavioral medicine and substance abuse. Bed days are calculated by multiplying discharges by average length of stay (ALOS) for each diagnosis. For example, 100 persons hospitalized for an average of 2 days each = 200 bed days, as does 50 persons hospitalized for an average of 4 days each.
Annual Hospital Inpatient Procedures by ICD-9	Annual inpatient procedures at short-stay, nonfederal hospitals are presented by all-listed procedures (up to four per patient) for selected ICD-9 procedure codes related to behavioral medicine and substance abuse.
DRG Case Load Estimates	None.

DESCRIPTION

The fight against cancer is a major focus of healthcare research. The death rate from malignant neoplasms continues to edge upward. Cancer is the second leading cause of death in this country for all age groups and the leading cause among the 45-64 age cohort. These predictive datasets focus on the treatment of cancer and provide a broad spectrum of information related to the most prevalent types of neoplasms. The information includes estimates and projections of physician utilization by diagnosis and diagnostic testing by site of service.

USES

- Benchmark actual experience against expected norms.
- Estimate the potential for oncology related services.
- Project the number of hospital discharges.
- Identify market opportunities by benchmarking actual utilization to expected norms.

SOURCES

National Ambulatory Medical Care Survey, National Hospital Ambulatory Care Survey, National Hospital Discharge Survey, Persistent Regional Differences Database, Medical Management Index and Trend Database, and Applied Geographic Systems.

AVAILABLE DATASETS

Dataset Name	Notes
Annual Physician Office Visits by ICD-9	Annual visits are presented by principal diagnosis recorded at visit and grouped by individual ICD-9 disease codes or ranges of codes related to neoplasms. The six subcategory diagnoses do not represent all divisions of neoplasm diagnoses. The major cancer sites, however, are presented.
Annual Hospital Inpatient Discharges by ICD-9	Annual hospital discharges from short-stay, nonfederal hospitals are presented by principal diagnosis recorded at discharge and grouped by individual ICD-9 disease codes or ranges of codes related to neoplasms. Data for the major cancer sites are presented, as well as a figure for benign neoplasms of any site.
Annual Hospital Inpatient Discharges by DRG	Annual inpatient discharges from short-stay, nonfederal hospitals by DRG relevant to cancer are presented. DRGs are those in effect in 1999 (the year of the survey data).
Annual Hospital Inpatient Diagnostic Procedures by ICD-9	Annual diagnostic procedures at short-stay, nonfederal hospitals are presented by ICD-9 procedure code (up to two procedures per patient). The values for each variable are annual diagnostic procedures performed on persons admitted to a hospital (inpatients). Procedures include biopsy, colonoscopy, sigmoidoscopy.
Annual Physician Office Outpatient Diagnostic Procedures by ICD-9	Annual diagnostic procedures performed at a physician's office are presented by ICD-9 procedure code. The values for each variable are annual diagnostic procedures performed on persons in a physician's office. Up to five diagnostic and two surgical procedures are recorded per visit. Procedures include biopsies, colonoscopies, sigmoidoscopies.
Annual Hospital Outpatient Diagnostic Procedures by ICD-9	Annual diagnostic procedures at short-stay, nonfederal hospital outpatient departments are presented by ICD-9 procedure code. Up to five diagnostic and two surgical procedures were recorded per visit. The values for each variable are annual diagnostic procedures performed on persons as outpatients in a hospital outpatient department. Procedures include biopsies, colonoscopies, sigmoidoscopies.

DESCRIPTION

Heart disease affects more than fifty million Americans and is the leading cause of death for men and women in the U.S. today. Nowhere in medicine is timely access to services and facilities and the ability to accurately analyze the population more important. As the baby boom generation ages, heart disease will continue to be a significant concern despite the fact that cardiovascular mortality rates have declined over the past two decades. Cardiovascular care is witnessing a tremendous amount of innovation in the areas of diagnostic testing, invasive and noninvasive procedures, and pharmaceuticals. These predictive datasets provide estimates and projections of inpatient and outpatient cardiac procedures.

USES

- Identify the need for new technologies and capital equipment.
- Evaluate the prevalence of cardiovascular conditions in a given population.
- Project the number of inpatient and outpatient cardiovascular related procedures.
- Forecast the expected inpatient population.
- Identify market opportunities by benchmarking actual utilization to expected norms.

SOURCES

National Health Interview Survey, National Ambulatory Medical Care Survey, National Survey of Ambulatory Surgery, National Hospital Discharge Survey, Persistent Regional Differences Database, Medical Management Index and Trend Database, and Applied Geographic Systems.

AVAILABLE DATASETS

Dataset Name	Notes
General Prevalence of Chronic Cardiovascular Conditions	Annual prevalent cases of selected cardiovascular conditions are presented as estimated from the National Health Interview Survey. A chronic condition is defined as one that (a) was first noticed 3 months or more before the reference date of interview or (b) belongs to a list of conditions (including heart disease and diabetes) that are considered chronic regardless of when they began.
Annual Physician Office Based Care Visits by ICD-9	Annual visits are presented by principal diagnosis recorded at visit to a physician's office and grouped by individual disease codes or ranges of ICD-9 codes. In addition to the three visit estimates by ICD-9 code, there is an estimate of the number of total visits to cardiologists with any diagnosis.
Annual Hospital Inpatient Discharges by ICD-9	Annual hospital discharges from short-stay, nonfederal hospitals are presented by principal diagnosis recorded at discharge and grouped by individual ICD-9 codes.
Annual Hospital Inpatient Procedures by ICD-9	Annual inpatient procedures performed at short-stay, nonfederal hospitals are presented by all-listed procedures (not limited to principal procedure). Up to four procedures were recorded per patient.
Annual Hospital Inpatient Discharges by DRG	Annual inpatient discharges from short-stay, nonfederal hospitals by DRG relevant to cardiovascular care are presented. DRGs are those in effect in 1999 (the year of the survey data).

DESCRIPTION

Diagnosis Related Groups (DRGs) introduced by the Health Care Financing Administration are a means of grouping related conditions and stabilizing reimbursements. Payers and institutions use DRGs to measure utilization and allocate resources. They provide a convenient, standardized means for evaluating inpatient hospital care. The Major Diagnostic Category (MDC), classification is a roll-up of individual DRGs into groupings based primarily upon bodily systems. Currently, there are 25 MDCs.

DRG caseload estimates are developed from the total DRG universe incorporating admissions from all ages and all payer types. These predictive datasets present inpatient discharge estimates that are more representative of the total population in a market than similar estimates created solely with Medicare data.

USES

- Project the potential inpatient volume in your market.
- Develop market share estimates.
- Benchmark actual experience against expected norms.
- Identify market opportunities by benchmarking actual utilization to expected norms.

SOURCES

National Hospital Discharge Survey, HCUP-3 (Release 2), Persistent Regional Differences Database, Medical Management Index and Trend Database, and Applied Geographic Systems.

AVAILABLE DATASETS

Dataset Name	Notes
Annual Hospital Inpatient Discharges by MDC	Annual hospital inpatient discharges by Major Diagnostic Category (MDC) from short-stay, nonfederal hospitals are presented.
Annual Hospital Inpatient Discharges by DRG (495 DRGs)	Annual hospital inpatient discharges by Diagnosis Related Group (DRG) from short-stay, nonfederal hospitals are presented. Diagnoses are grouped according to the 495 DRGs in effect in 1999.

DESCRIPTION

The highest volume of ambulatory procedures are those related to eye treatment. These predictive datasets contain diagnostic and procedural level data estimates and projections for both inpatient and office-based care including optometric dispensing and ambulatory surgical procedures.

USES

- Forecast the need for ophthalmologists within a given population.
- Estimate the total market for all types of eye treatment.
- Project the potential procedural volume.
- Analyze the market for optometric services.
- Identify market opportunities by benchmarking actual utilization to expected norms.

SOURCES

National Ambulatory Medical Care Survey, National Hospital Discharge Survey, Persistent Regional Differences Database, National Survey of Ambulatory Surgery, Medical Management Index and Trend Database and Applied Geographic Systems.

AVAILABLE DATASETS

Dataset Name	Notes
Annual Ophthalmology-Related Physician Office Visits	Annual visits are presented by specialty of attending physician, therapeutic/preventive services ordered or provided, surgical procedure performed, or principal diagnosis. Up to two surgical procedures are recorded per office visit. Diagnoses are coded according to ICD-9.
Annual Hospital Inpatient Discharges by ICD-9	Annual hospital discharges from short-stay, nonfederal hospitals are presented by principal diagnosis recorded at discharge and grouped by individual disease codes.
Annual Hospital Inpatient Procedures by ICD-9	Annual inpatient procedures at short-stay, nonfederal hospitals are presented by all-listed procedures (not limited to principal procedure). Up to four procedures per patient were recorded.
Annual Hospital Inpatient Discharges by DRG	Annual inpatient discharges from short-stay, nonfederal hospitals are presented by DRG relevant to ophthalmologic (eye) care. DRGs are those in effect in 1999 (the year of the survey data).
Annual Optometric Dispensing	None.
Annual Ambulatory Surgery Procedures by ICD-9	None.
Prevalence of Selected Chronic Ophthalmologic Conditions	None.

DESCRIPTION

Pediatric patients require different services from that of adult patients. Proper pediatric care is critical in preventing the development of serious conditions and controlling costs incurred by this segment of the population. These predictive datasets contain estimates and projections on a broad variety of inpatient and outpatient data to provide a comprehensive overview of this important market segment including ambulatory surgery cases.

USES

- Project the potential pediatric inpatient and outpatient population.
- Forecast the expected volume of procedures.
- Estimate physician utilization by diagnosis and specialty.
- Identify market opportunities by benchmarking actual utilization to expected norms.

SOURCES

National Hospital Discharge Survey, National Hospital Ambulatory Medical Care Survey, National Ambulatory Medical Care Survey, National Health Interview Survey, National Survey of Ambulatory Surgery Persistent Regional Differences Database, Medical Management Index and Trend Database, and Applied Geographic Systems.

AVAILABLE DATASETS

Dataset Name	Notes
Annual Physician Office Visits, Pop. Age 0-14, Top 10 Diagnoses by ICD-9	Annual visits are presented for the 10 most common diagnoses among children under 15 years of age in the current year physician office visit database. These diagnoses are presented in descending order of frequency, by ICD-9 code.
Annual Physician Office Visits by Specialty, Pop. Age 0-14	Annual visits by patients under 15 years of age are presented by specialty of attending physician into one of 13 specific categories or "other specialty."
Annual Hospital Emergency and Outpatient Department Visits for Pop. Age 0-14	Annual visits by patients under 15 years to short-stay, nonfederal hospitals are presented separately for hospital emergency departments and other hospital OP departments. These are mutually exclusive categories (the emergency department is not included in hospital OP department counts). "Urgent" emergency department visits are visits where the patient "requires immediate attention for acute illness or injury that threatens life or function." "Injury-related" emergency department visits are those visits where the visit abstract form records either a place of injury, a cause of injury, a nature of injury diagnosis, or an injury-related reason for visit.
Annual Hospital Inpatient Discharges by Primary Diag. for Pop. Age 0-14 by ICD-9	Annual inpatient discharges of patients under 15 years from short-stay, nonfederal hospitals are presented by selected diagnoses.
Annual Hospital Inpatient Procedures for Pop. Age 0-14 by ICD-9	Annual inpatient procedures at short-stay, nonfederal hospitals are presented by all-listed procedures (not limited to principal procedure) delivered to patients under 15 years. Up to four procedures per patient were recorded.
Annual Ambulatory Surgery Procedures for Pop. Age 0-14 by Selected ICD-9	Annual ambulatory surgical procedures for patients under 15 years of age are presented by ICD-9 procedure code or range of codes. All listed procedures (up to six per patient) performed at freestanding ambulatory surgery centers and hospital outpatient departments are included.
General Incidence of Acute Conditions for Pop. Age 0-14	Annual incident cases of these diseases among persons under age 15 are presented as estimated from the National Health Interview Survey. An acute condition is defined as one (a) first noticed no longer than three months before the reference date, and (b) not one of the conditions considered chronic regardless of the time of onset. This dataset estimates incidence of each listed condition, NOT visits for conditions. Generally, the count of incident cases of an acute condition will be greater than visits for that condition, because some cases do not result in doctor visits.

DESCRIPTION

Rehabilitative care is an important component of healthcare. It is increasingly specialized and subjected to the pressures of managed care. There is a shift away from acute care services towards outpatient long-term care. These descriptive datasets describe the orthopedic and neurological specialties, as they are the primary points of entry into rehabilitative care.

The DRG caseload estimates focuses on those DRGs as identified by ABI Associates in a study of subacute care in freestanding skilled nursing facilities. The study revealed that many of these DRGs were treatable in long-term care facilities with subacute programs.

USES

- Project the potential rehabilitation patient population.
- Estimate the expected physical therapy patient volume.
- Forecast the orthopedic and neurological specialty patient volume.
- Identify market opportunities by benchmarking actual utilization to expected norms.

SOURCES

National Hospital Ambulatory Medical Care Survey, National Hospital Discharge Survey, National Ambulatory Medical Care Survey, National Survey of Ambulatory Surgery, Regional Differences Database, Medical Management Index and Trend Database, and Applied Geographic Systems.

AVAILABLE DATASETS

Dataset Name	Notes
Annual Physician Office Visits	Annual physician office visits are summarized by visits with total operations on the musculoskeletal system, as well as visits to orthopedic and neurologic specialists with physiotherapy performed or ordered or with drug mentions.
Annual Physician Office Visits with Physiotherapy by ICD-9	Annual visits to physician's office with physiotherapy ordered or performed are presented by principal diagnosis recorded at time of visit. The dataset presents six specific codes, as well as "All other diagnoses." The total of all table variables provides total annual physician office visits with physiotherapy ordered or performed.
Annual Physician Office Visits to Orthopedic Surgeons	Annual visits to orthopedic surgeons are presented by patient reported symptoms (up to three symptoms recorded per patient visit). A visit is included in the count for a specific symptom if the symptom appears in any of the three entries.
Annual Physician Office Visits to Neurologists	Annual visits to neurologists are presented by patient reported symptoms (up to three symptoms recorded per patient visit). A visit is included in the count for a specific symptom if the symptom appears in any of the three entries.
Annual Hospital Inpatient Procedures by ICD-9	Annual number of all-listed procedures for selected procedures relevant to rehabilitative care (up to four per patient) performed for discharges from short-stay, nonfederal hospitals.
Ambulatory Surgery Procedures by Selected ICD-9	Annual AmSurg procedures are presented for selected ICD-9 procedure codes within the heading "Operations on the musculoskeletal system." All listed procedures (up to six per patient) are included. AmSurg surgical procedures are those occurring at freestanding ambulatory surgery centers and hospital outpatient departments.
Annual Hospital Inpatient Discharges by DRG	Annual discharges from short-stay, nonfederal hospitals are presented by DRG classification. DRGs included are those relevant to rehabilitation and subacute care. Diagnoses are grouped according to DRG codes in effect for 1999.

DESCRIPTION

Diabetes Mellitus is one of the top 10 causes of death among persons of all ages. Renal disease is a leading cause of death among persons age 65 and older. Diabetes can contribute to a constellation of health problems, such as ophthalmic conditions, vascular disease, non-healing wounds, and renal disease. End-stage renal disease (ESRD) can necessitate renal dialysis or kidney transplantation (by far the most common organ transplant). Treatment of diabetes and renal disease account for over 10% of healthcare expenditures. With access to appropriate services diabetes is a manageable and often preventable disease. These predictive datasets contain estimates and projections of renal and diabetes related services.

USES

- Predict the need for new technologies and capital equipment
- Identify the prevalence of renal conditions in a specific population
- Project the demand for renal dialysis
- Forecast the expected diabetic populations.
- Identify market opportunities by benchmarking actual utilization to expected norms.

SOURCES

U.S. Renal Data System, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, National Hospital Discharge Survey, Regional Differences Database, Medical Management Index and Trend Database, and Applied Geographic Systems.

AVAILABLE DATASETS

Dataset Name	Notes
Annual Physician Office Visits by ICD-9	Annual office visits are presented by selected groups of principal diagnoses based on ICD-9. All visits for diabetes mellitus (3-digit ICD-9=250) are included, as well as four groups of diabetes subcodes. The first variable (3-digit ICD-9=250) is the total of the next four subdiagnoses. The final two variables (nephritis and diabetes complicating pregnancy) are independent of the other variables in the dataset.
Annual Hospital Discharges - Principal Diagnosis by ICD-9	Annual discharges from short-stay, nonfederal hospitals are presented by principal diagnosis, coded by ICD-9. Estimates for total diabetes mellitus as well as for four subgroups are provided. Estimates for renal failure and gestational diabetes also are included.
Annual Hospital Inpatient Discharges by DRG	Annual discharges from short-stay, nonfederal hospitals are presented by DRG codes relevant to renal or diabetes care. Diagnoses are grouped according to DRG codes in effect for 1999.

DESCRIPTION

Diseases and disorders of the respiratory system are the second most common Major Diagnosis Category (MDC) in the United States. It is projected that over 3.4 million disorders and diseases of the respiratory system will be diagnosed in the year 2003. These predictive datasets include estimates and projections of the number of physician office visits, inpatient and outpatient hospital visits, and the general incidence of respiratory conditions.

USES

- Forecast the need for respiratory services within a given population.
- Identify the prevalence of respiratory conditions for your region.
- Plan the resources necessary to meet inpatient and outpatient service demand.
- Identify market opportunities by benchmarking actual utilization to expected norms.

SOURCES

National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, National Hospital Discharge Survey, National Survey of Ambulatory Surgery, National Health Interview Survey, Persistent Regional Differences Database, Medical Management Index and Trend Database, and Applied Geographic Systems.

AVAILABLE DATASETS

Dataset Name	Notes
Annual Physician Office Visits by Principal Diagnosis (ICD-9)	Annual visits are presented by principal diagnosis recorded at visit for selected three and four digit ICD-9 codes.
Annual Hospital Outpatient Visits by Principal Diagnosis (ICD-9)	Annual outpatient department visits at short-stay, nonfederal hospitals are presented by principal diagnosis recorded at visit for selected three-digit ICD-9 codes.
Annual Emergency Department Visits by Principal Diagnosis (ICD-9)	Annual emergency department visits at short-stay, nonfederal hospitals visits are presented by principal diagnosis recorded at visit for selected three-digit ICD-9 codes.
Annual Hospital Inpatient Discharges by DRG	Annual inpatient discharges from short-stay, nonfederal hospitals are presented by Diagnosis Related Group (DRG) codes relevant to respiratory care. Diagnoses are grouped according to DRG codes in effect for 1999.
General Incidence of Acute Chronic Respiratory Conditions and Prevalence of Chronic Respiratory Conditions	Annual incident cases of selected respiratory diseases are presented as estimated from the National Health Interview Survey. An acute condition is defined as one (a) first noticed no longer than three months before the reference date and (b) it is not one of the conditions considered chronic regardless of the time of onset. However, any acute condition not associated with either at least one doctor visit or at least one day of restricted activity during the reference period is considered to be of minor consequence and is excluded. Annual prevalent cases of selected respiratory conditions are presented as estimated from the National Health Interview Survey. A chronic condition is defined as one that (a) was first noticed 3 months or more before the reference date of interview or (b) belongs to a list of conditions (including heart disease and diabetes) that are considered chronic regardless of when they began. This dataset estimates the incidence and prevalence of conditions, not just visits for conditions.
Annual Ambulatory Surgery Procedures by ICD-9	Annual ambulatory surgical procedures on the respiratory system are presented by ICD-9 procedure code. All listed procedures (up to six per patient) performed at freestanding ambulatory surgery centers and hospital outpatient departments are included. Hospitals included are nonfederal and short-stay or whose specialty is general or children's general.

DESCRIPTION

Americans are living longer. The number of adults over 75, 85, and 95 years of age is increasing, a trend that will continue. Over the coming decades the baby boomers will be entering their golden years, increasing the need for senior services. The elderly require services that address a unique set of needs. The senior population often requires more frequent healthcare services, more temporary and permanent inpatient or institutional healthcare than younger adults and more general lifestyle services.

The physical health and psychosocial needs of older adults are more diverse and complex than any other segment of the population. Age-related changes combined with chronic health problems, acute illness and other life events create a need for gerontologically sound healthcare services. The majority of seniors rely upon Medicare for reimbursement of hospital and medical expenses. A dramatic shift to managed care within the Medicare program is affecting the delivery of care to this population. These predictive datasets contain extensive information related to the healthcare utilization characteristics of the senior population including estimates and projections of the number of ambulatory surgery cases.

USES

- Project the potential for home health services.
- Estimate the expected market for senior health services.
- Analyze the relative mixture of long-term care services.
- Focus on and quantify your target population.
- Identify market opportunities by benchmarking actual utilization to expected norms.

SOURCES

National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, National Hospital Discharge Survey, National Health Interview Survey, National Survey of Ambulatory Surgery, National Home and Hospice Care Survey, National Nursing Home Survey, HCFA, Persistent Regional Differences Database, Medical Management Index and Trend Database, and Applied Geographic Systems.

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AVAILABLE DATASETS

Dataset Name	Notes
Annual Physician Office Visits by Principal Diagnosis - Patients 65 and Over	Persons 65 and over. Annual visits are presented by principal diagnosis recorded at visit and grouped by chapter headings within the ICD-9-CM coding system.
Annual Hospital ER and Outpatient Department Visits - Patients 65 and Over	Persons 65 and over. Annual visits by seniors to hospitals are presented separately for hospital emergency departments and other hospital outpatient departments. These are mutually exclusive categories (i.e., the emergency department is not included in hospital outpatient department counts). "Urgent" emergency department visits are those where the patient "requires immediate attention for acute illness or injury that threatens life or function." "Injury-related" emergency department visits are those visits where the visit abstract form records either a place of injury, a cause of injury, a nature of injury diagnosis, or an injury-related reason for visit. Hospital outpatient visits are those to any of a hospital's outpatient department clinic, except emergency room.
Annual Hospital Inpatient Discharges by Principal Diagnosis - Patients 65 and Over	Persons 65 and over. Annual hospital inpatient discharges from short-stay, nonfederal hospitals are presented by principal diagnosis recorded at visit and grouped by chapter headings within the ICD-9-CM coding system.
Annual Ambulatory Surgery Procedures by ICD-9, Patients 65 and Over	Persons 65 and over. Annual ambulatory surgical procedures are presented by ICD-9 procedure code or range of codes. All listed procedures (up to six per patient) occurring at freestanding ambulatory surgery centers and hospital outpatient departments are included. Hospitals included are nonfederal and short-stay (less than 30 days) or whose specialty is general or children's general. Hospitals must have at least 6 beds. Facilities specializing in dentistry, podiatry, pain block, abortion, family planning, or birthing are excluded. This dataset includes subcategories. For example, "Operations on the digestive system (ICD-9=42-54)" includes eight subgroups of codes (e.g., 42.92;45.21-45.25). The totals for the subgroups are included in the total for Operations on the digestive system.
General Incidence of Acute Conditions - Population 65 and Over	Persons 65 and over. Annual incident cases of these diseases are presented as estimated from the National Health Interview Survey. An acute condition is defined as one (a) first noticed no longer than three months before the reference date, and (b) not one of the conditions considered chronic regardless of the time of onset. However, any acute condition not associated with either at least one physician office visit or at least one day of restricted activity during the reference period is considered to be of minor consequence and is excluded. This dataset estimates incidence of each listed condition, not just visits for conditions. Generally, the count of incident cases of an acute condition will be greater than visits for that condition, because some cases do not result in doctor visits.
Prevalence of Selected Chronic Conditions for Population 65 and Over	Annual prevalent cases of selected chronic conditions are presented as estimated from the National Health Interview Survey. A chronic condition is defined as one that (a) was first noticed 3 months or more before the reference date of interview, or (b) belongs to a list of conditions (including heart disease and diabetes) that are considered chronic regardless of when they began. This dataset does not include subcategories; all variables are mutually exclusive. The variables (conditions) listed under each heading do not comprise the entire group of diseases which would fall under that heading.

DESCRIPTION

Women receive approximately 60% of office-based and inpatient care, and often are the primary household decision makers for healthcare services. These predictive datasets provide a concise overview of the services unique to women. Utilization estimates are limited to women age 15 and older. They include estimates and projections of the number of ambulatory surgery cases performed on this distinct population.

USES

- Forecast the potential inpatient and outpatient population for women's healthcare services.
- Quantify the need for physician office-based care.
- Estimate the expected demand for diagnostic and screening services by location.
- Identify market opportunities by benchmarking actual utilization to expected norms.

SOURCES

National Hospital Discharge Survey, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, National Survey of Ambulatory Surgery, Persistent Regional Differences Database, Medical Management Index and Trend Database, and Applied Geographic Systems.

AVAILABLE DATASETS

Dataset Name	Notes
Annual Physician Office Visits and Procedures by ICD-9	Women age 15 and over. Annual physician office visits and outpatient department visits of a short-stay, nonfederal hospital with a principal diagnosis of "visit for normal pregnancy" are summarized. Operations on female genital organs (up to two per patient) performed in a physician's office also are summarized.
Annual Physician Office Visits to Obstetricians and Gynecologists by ICD-9	Women age 15 and over. Annual visits to OB/GYNs in the office setting are presented by ten selected principal diagnoses.
Annual Hospital Inpatient Discharges by Principal Diagnosis by ICD-9	Women age 15 and over. Annual hospital inpatient discharges from short-stay, nonfederal hospitals are presented by principal diagnosis recorded at visit.
Annual Hospital Inpatient Procedures by ICD-9	Women age 15 and over. Annual hospital inpatient procedures from short-stay, nonfederal hospitals are presented by any-listed procedure (up to four per patient) recorded at visit.
Annual Ambulatory Procedures by Selected ICD-9	Women age 15 and over. Annual ambulatory surgical procedures are presented by ICD-9 procedure code or range of codes. All listed procedures (up to six per patient) performed at freestanding ambulatory surgery centers and hospital outpatient departments are included. Hospitals included are nonfederal and short-stay or whose specialty is general or children's general.
Annual Hospital Inpatient Discharges by DRG	Women age 15 and over. Annual inpatient discharges from short-stay, nonfederal hospitals by DRG are presented for DRGs relevant to women's health. DRGs are those in effect in 1999 (the year of the survey data).

DESCRIPTION

Treo Solutions also offers reports listing key county demographics. The source of this data is the Area Resource File, which is made available by the Bureau of Health Professions. An abbreviated list of demographics available by county with state and national comparison benchmarks follows:

AVAILABLE DATASETS

- M.D. counts with specialty and age breakdowns
- D.O. counts with specialty and age breakdowns
- Physician Assistant counts
- Nurse Practitioner counts
- Chiropractor counts
- Medicare enrollee detailed counts by county