

Pennsylvania Health Care
Cost Containment Council

PHC4

**Research
Briefs**

Pennsylvania's "Super-Utilizers" of Inpatient Hospital Care

The term "super-utilizer" describes patients who make frequent trips to hospital emergency rooms or have repeated inpatient hospital stays. These individuals often move between emergency departments and inpatient admissions and readmissions, and often across different hospitals or health systems. The result is high health care costs that might have been prevented through early intervention and collaborative care.

For purposes of this analysis, super-utilizers were identified as those patients with five or more admissions to a Pennsylvania general acute care hospital in fiscal year 2014 (July 1, 2013-June 30, 2014). Data is for Pennsylvania residents (age 18 and older) and does not include maternity or rehabilitation cases or patient visits to the emergency department unless they resulted in hospitalization.

Patients admitted to a Pennsylvania hospital five or more times during FY 2014 represent:

3% of hospitalized patients (21,308 individual patients).

11% of hospital admissions (136,795 admissions).

14% of hospital days (813,606 days).

The top reasons "super-utilizers" were admitted:

- heart failure
- septicemia
- mental health disorders

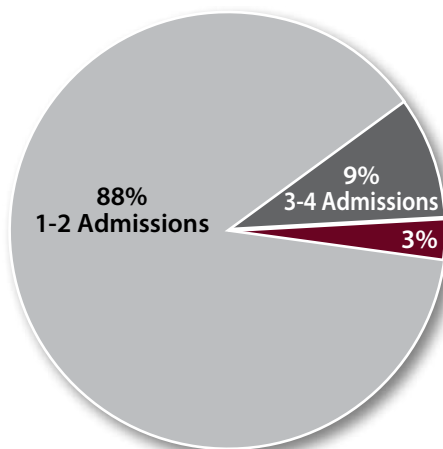
The average length of stay was **5.9 days** for patients admitted five or more times, compared to **4.4 days** for patients admitted 1-2 times.

Of the 3% of patients with five or more admissions (21,308 patients):

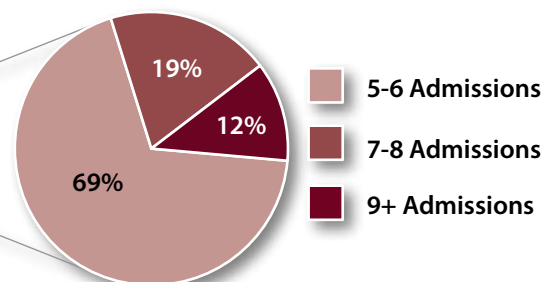
31% had seven or more admissions (6,594 patients).

12% had nine or more admissions (2,484 patients).

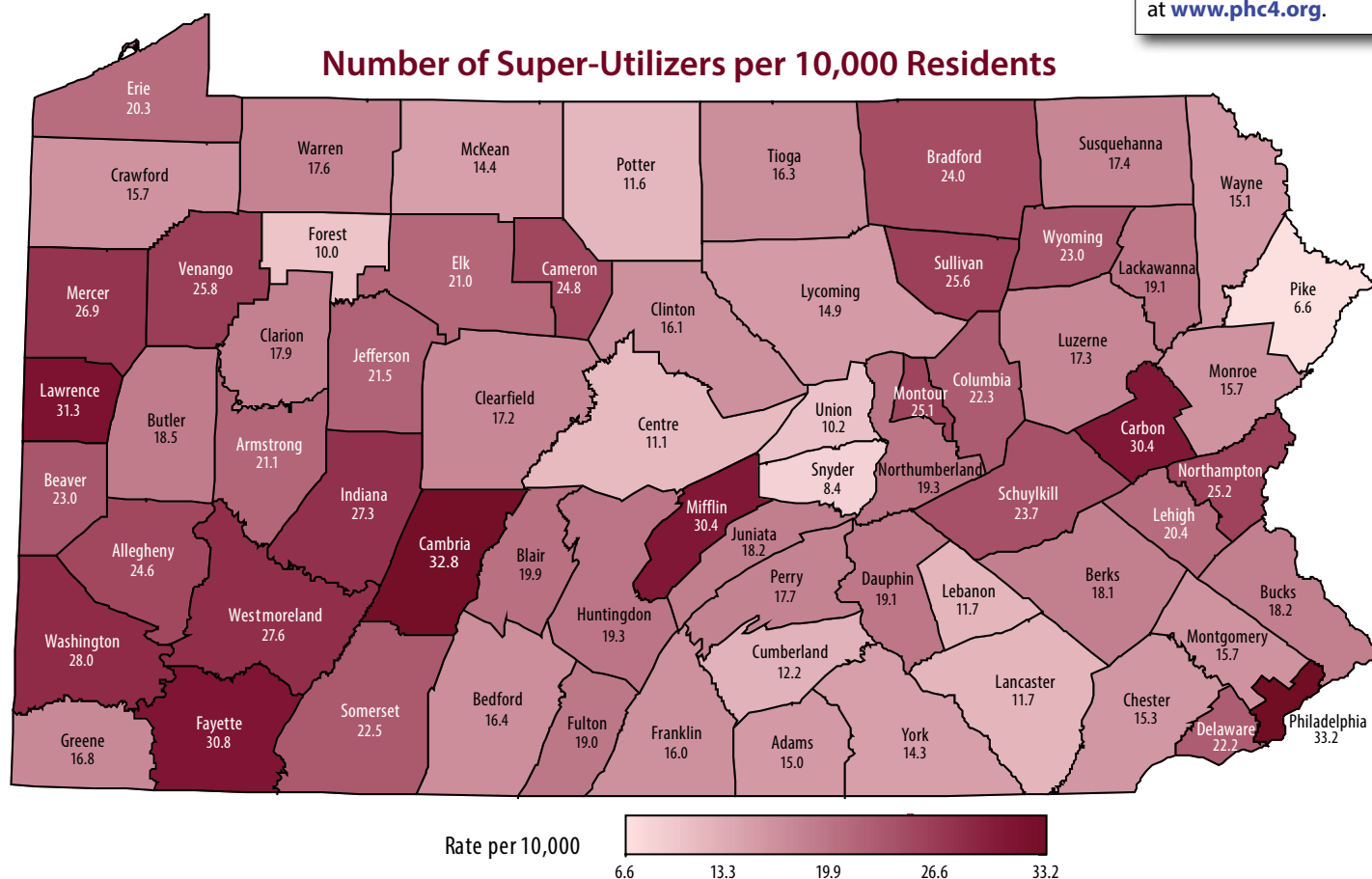
All (Total) Patients



Super-Utilizers



Number of Super-Utilizers per 10,000 Residents



Statewide, there were 21.2 super-utilizers per 10,000 Pennsylvania residents. Higher rates for some counties might be dependent on larger numbers of residents with high risk characteristics such as age of 75 years or older (rate of 55.8); black, non-Hispanic race/ethnicity (rate of 41.9); and residence in high poverty areas (rate of 36.9). County rates were not adjusted for these population differences so that important effects of these patient characteristics were not masked by such adjustment.

Super-utilizer admissions by payer types:

- 10% of the Medicare admissions (56,855 out of 545,916 admissions) were for super-utilizers.
- 18% of the Medicaid admissions (26,792 out of 152,403 admissions) were for super-utilizers.
- 20% of the admissions where the payer was both Medicare and Medicaid (26,313 out of 130,041 admissions) were for super-utilizers.
- 7% of the commercial payer admissions (23,816 out of 328,886 admissions) were for super-utilizers.

Medicare and Medicaid payments:

- \$545 million (14%) of Medicare payments for inpatient stays were for super-utilizers.
- \$216 million (17%) of Medicaid payments for inpatient stays were for super-utilizers.

Note: Medicare payments include fee-for-service patients only; Medicaid payments include managed care and fee-for-service patients (2012 data). These figures represent general acute care discharges for adult PA residents only, and do not include maternity care, rehabilitation, or ER visits.

About PHC4

Created by the Pennsylvania General Assembly in 1986, Pennsylvania Health Care Cost Containment Council (PHC4) is an independent state agency charged with collecting, analyzing and reporting information that can be used to improve the quality and restrain the cost of health care in the state. More than 840,000 public reports on patient treatment results are downloaded from the PHC4 website each year, and nearly 100 organizations and individuals annually utilize PHC4's special requests process to access and use data. A 25-member board of directors, representing business, labor, consumers, health care providers, insurers and state government governs PHC4.

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