Trends in Medicare Admissions and Spending for Skin Disorders from 2014-2017

Lisa N. Guo, BS, Vinod E. Nambudiri, MD, MBA
Brigham and Women’s Hospital, Department of Dermatology; Harvard Medical School, Boston, MA

Background

- Skin disease is prevalent amongst hospitalized patients.¹
- Primary teams caring for patients hospitalized for skin disorders are frequently non-dermatologists, with dermatologists serving as consultants.¹,²
- Examining hospital utilization and associated costs and reimbursements for patients admitted for dermatologic conditions is important for understanding the role of inpatient dermatology services.
- Admissions and spending for soft tissue infections such as cellulitis have been studied previously.³,⁴

Objectives

- To describe recent trends in Medicare hospitalizations for major and minor non-cellulitis skin disorders.
- To characterize costs and reimbursements for Medicare hospitalizations for major and minor non-cellulitis skin disorders from 2014 to 2017.

Methods

- Data source: Centers for Medicare and Medicaid Services (CMS) Inpatient Utilization and Payment Public Use Files from 2014 to 2017.⁵
- Encompasses more than 3,000 US hospitals receiving Medicare Inpatient Prospective Payment System (IPPS) payments.
- Medical Severity Diagnosis Related Groups (MS-DRGs) examined:
  - 595: Major skin disorders with major complication or comorbidity (MCC)
  - 596: Major skin disorders without MCC
  - 606: Minor skin disorders with MCC
  - 607: Minor skin disorders without MCC
- Examined trends in hospitalizations, charges, total payments, Medicare payments and proportion of charges covered by Medicare.

Results

- Total Discharges, 2014-2017
- Percentage of Discharges with MCCs
- Total Charges, 2014-2017
- Total Medicare Payments, 2014-2017
- Percentage of Charges Covered by Medicare for Major Skin Disorders
- Percentage of Charges Covered by Medicare for Minor Skin Disorders
- Average Charges
- Average Medicare Payments

Conclusions

- Total hospitalizations for non-cellulitis skin disorders decreased from 2014 to 2017.
- There was a modest but steady increase in the proportion of admissions with major complications or comorbidities.
- Medicare reimbursements diminished relative to hospital charges.
- There may be a potentially growing need for the expertise of dermatologists to help care for an increasingly complex Medicare patient population.
- Concurrently, increasing cost constraints under DRG-based payment systems may have implications for the involvement of specialists or consultants.

Limitations

- No data only reflects Medicare patients.
- Actual costs to hospitals not available.
- Presence or absence of MCC codes may oversimplify differences in case complexity.
- Data does not provide specific details regarding diagnoses or involvement of dermatologists.

Future Directions

- Examine trends for specific diagnoses encompassed by dermatology-related DRGs.
- Compare regional and geographic differences in skin disorder admissions, costs, and reimbursements.
- Investigate the most appropriate role for inpatient dermatology services to help deliver cost-effective care.

References


The authors have no relevant disclosures.
Disclosure Page

Disclosures: none.