

CDR Contextual Data Resource
for Aging Surveys

Documentation for

Dartmouth Atlas of Health Care Data

Version 1.0, released October 2018

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Requested Acknowledgment

If you used the Contextual Data Resource data in a written analysis, please include the following acknowledgement:

This analysis uses data or information from the Contextual Data Resource (CDR): Dartmouth Atlas of Health Care by Hospitals, HSAs, HRRs, Counties and States, 1992-2011, Version 1.0 as of October 2018, developed by Jennifer Ailshire and Matthew M. Young at the USC/UCLA Center on Biodemography and Population Health. The development of the CDR was funded by the National Institute on Aging (R21 AG045625, P30 AG017625). For more information, please refer to <https://hrs.isr.umich.edu/data-products/restricted-data/available-products>.

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Data Sources

Dartmouth University Economic, <https://www.dartmouthatlas.org/>

Dartmouth Atlas Acknowledgment

According to the terms and conditions of using these data (http://www.dartmouthatlas.org/pages/terms_and_conditions) you must include the following acknowledgement in all publications:

The data were obtained from The Dartmouth Atlas, which is funded by the Robert Wood Johnson Foundation and the Dartmouth Clinical and Translational Science Institute, under award number UL1TR001086 from the National Center for Advancing Translational Sciences (NCATS) of the National Institutes of Health (NIH).

Version Note

Since the release of this version (1.0), Dartmouth Atlas has released an updated version of the dataset with new, easier-to-use formatting and a slightly different set of variables. Visit The Dartmouth Atlas Project website at <https://www.dartmouthatlas.org/> for more information on the most current Dartmouth Atlas of Healthcare Data.

Linking CDR Data with Survey Respondent Data

The Contextual Data Resource is designed to be linked with geocoded survey data.

All geographic identifiers are in string format, and match the US Census Bureau Geographies for states and counties, and the Dartmouth Atlas Hospital Referral Region (HRR) and Hospital Service Area (HSA) boundaries.

- To link state level data, merge using the d100 geographic identifier, which is the 2-digit state FIPS code.
- To link county level data, merge using the 5-digit d105 geographic identifier, which is the 2-digit state + 3-digit county FIPS code.
- To link Hospital Referral Region (HRR) level data, merge using the d103 identifier.
- To link Hospital Service Area (HSA) level data, merge using the d107 identifier.

Dataset Overview

The Dartmouth Atlas of Health Care dataset documents how medical resources are distributed and used in the United States. It uses primary data collected by Medicare. Data are organized topically by year, with multiple levels of geographic specificity usually provided for each topic. For example, data on surgical discharge rates are available at the State, Hospital Referral Region (HRR), and Hospital Service Area (HSA) levels of analysis (details on the meaning of HRR and HSA follow later in this document). Data availability across years varies from topic to topic; see the variable codebook for details.

Data Summary

Dataset Name: Dartmouth Atlas of Health Care

Data Source: Dartmouth University

Data Source URLs: <http://www.dartmouthatlas.org/>

Data Collection Method: Data provided by Medicare Units of Observation and Sample: County and Census Tract; population

Years Collected: The data range from 1992 to 2011. Not all topical areas contain every year within this range, and some use multiyear averages. See Table 1 and the dataset codebook for details.

Geographies: Hospitals, HSAs, HRRs, Counties, States (plus Washington, D.C. and US national aggregates for State-level files)

Years Available

The data range from 1992 to 2011. Not all topical areas contain every year within this range, and some use 3- or 5-year averages (denoted with a combined year code [e.g., 2003-2005 average is denoted by those year code 0305]). Table 1 provides a general summary of the years and geographies available for each of the dataset's 12 topics. Some variables within each topic file have more restricted availability. Variable-level information can be found in the dataset codebook.

Geography

Topical data within the Dartmouth Atlas is available at multiple geographic scales. These range from points (hospitals) to states, with various regional-level scales in-between. Two such scales are the Hospital Service Area (HSA) and Hospital Referral Region (HRR).

HSAs are local health care markets for hospital care. An HSA is a collection of ZIP codes whose residents receive most of their hospitalizations from the hospitals in that area. HSAs were defined by assigning ZIP codes to the hospital area where the greatest proportion of their Medicare residents were hospitalized. Minor adjustments were made to ensure geographic contiguity. This process resulted in 3,436 HSAs. When these regions were created in the early 1990s, most hospital service areas contained only one hospital. In the intervening years, hospital closures have left some HSAs with no hospital; these HSAs have been maintained as distinct areas in order to preserve the continuity of the database.

HRRs represent regional health care markets for tertiary medical care that generally requires the services of a major referral center. The regions were defined by determining where patients were referred for major cardiovascular surgical procedures and for neurosurgery. Each hospital service area (HSA) was examined to determine where most of its residents went for these services. The result was the aggregation of the 3,436 hospital service areas into 306 HRRs. Each HRR has at least one city where both major cardiovascular surgical procedures and neurosurgery are performed.

GIS shapefiles for HSA and HRR boundaries can be found at <http://www.dartmouthatlas.org/tools/downloads.aspx?tab=39>. This page also has crosswalk files for locating hospitals within the appropriate HSA/HRR, and for matching ZIP codes with HSAs and HRRs.

Table 1. Availability of Dartmouth Atlas Data by Category

Category	Years Available	Geographies Available
Care of Chronically Ill Patients During the Last 2 Years of Life (All)	2001-2007, 2010	HRR, Hospital, State
Care of Chronically Ill Patients During the Last 2 Years of Life (Cancer)	2003-2007, 2010	HRR, Hospital, State
Selected Hospital & Physician Capacity Measures	1996, 2006	HRR, HSA
Selected Measures of Inpatient Utilization During the Last 6 Months of Life	1994-2007	HRR, HSA, State
Selected Medical Discharge Rates	1992-2010, 2008-2010 3-year average	HRR, HSA, State
Medicare Mortality Rates	1999-2011	HRR, HSA, State
Selected Medicare Reimbursement Measures (Claims-Based)	2003-2010	HRR, HSA, County, State
Selected Medicare Reimbursement Measures (CMHS-Based)	1992-2007	HRR, HSA, State
Post-Discharge Events	2004, 2008, 2009, 2008-2009 2-year average, 2008-2010 3-year average	Hospital, HRR, County, State
Prescription Drug Use in Medicare Part D	2010	HRR, HSA, State
Selected Surgical Discharge Rates	1992-2010	HRR, HSA, State
Selected Measures of Primary Care Access & Quality	1992-2010	HRR, HSA, County, State

Glossary

The following sections provide information on measurement construction for each of the dataset's 12 topics as listed In Table 1, and the medical acronyms and other terminology used throughout the dataset. In each case, the information is adopted from the Dartmouth Atlas itself (see www.dartmouthatlas.org/data/topic/ and www.dartmouthatlas.org/tools/glossary.aspx).

Dartmouth Atlas Measurement Construction

The following is an overview of how the different measures found in The Dartmouth Atlas were constructed by topic. A more general discussion of the methods used in constructing the dataset can be found in the methodological FAQ at

<http://www.dartmouthatlas.org/tools/faq/researchmethods.aspx>.

Some rate values in the data appear as negative. This is not an error in the data; it is the means by which the Atlas flags rates that lack statistical precision due to a small sample size ($12 \leq n \leq 26$). In the original data they appear in parentheses via Microsoft Excel (see the answer to 'Why are some rates suppressed?' in the FAQ linked above). A full list of variables that contain observations with negative values can be found in Appendix A.

Care of Chronically Ill Patients During the Last 2 Years of Life (All and Cancer)

The primary database is derived from eight CMS research files for traditional (fee-for-service) Medicare: the Denominator file (which provides information on all Medicare beneficiaries' demographic data, eligibility status and date of death) and files that contain records of Medicare claims: the MedPAR file, the Inpatient file, the Physician/Supplier Part B file, the Outpatient file, and the Home Health Agency, Hospice, and Durable Medical Equipment files.

The measures are for two study populations, one based on assignment of decedents to the hospital they most frequently used in the last two years of life, and the other on place of residence at time of death. To allow for two years of follow-back for all patients, the populations are restricted to those whose age on the date of death was 67 to 99 years, and to those having full Part A and Part B entitlement throughout the last two years of life. Persons enrolled in managed care organizations were excluded from the analyses. Blank cells indicate that a hospital did not have a sufficient study population (400 deaths during the five-year study period) to measure Part B and outpatient events. Hospital and regional event measures based on a count of fewer than 11 patients are also not displayed for reasons of patient confidentiality.

Selected Hospital & Physician Capacity Measures

Capacity represents the capital investments and labor that permit the delivery of medical services. Two types of capacity determine the majority of health care costs. The first is hospital capacity, including the number of general and intensive care beds, imaging devices, and procedure suites

like operating rooms and cardiac catheterization labs. Health care labor is the second and related component of capacity, and includes the physicians, nurses, allied health professionals and administrative staff who work in hospitals and physician practices.

The American Hospital Association (AHA) hospital survey was used as the primary source for measurement of acute care hospital beds and employment. Dartmouth Atlas uses staffed beds as the best indicator of the hospital's capacity to admit patients. When a hospital did not report to the AHA, they used the CMS Cost Report file, then the CMS Provider of Services file, to determine the hospital's capacity. In the unusual situation that none of these sources provided measures of beds and employment, they used the AHA survey estimates.

The count of physicians was derived from the American Medical Association (AMA) Masterfile, which includes a record for nearly every allopathic and osteopathic physician in the U.S. with information about physician location and self-reported specialty. Primary care physicians included family and general practitioners, general pediatricians, and general internists. Almost all other physicians were categorized as specialists. Dartmouth Atlas limited physicians to those who have completed post-graduate medical education (residency) and work for more than 20 hours a week in an office or hospital-based practice. Residents are reported separately. The age of physicians was limited to 26 to 65.

All rates were adjusted for regional border crossing of patients and for differences in population age and sex using the indirect method.

Selected Measures of Inpatient Utilization During The Last 6 Months of Life

The intensity of care in the last six months of life is an indicator of the propensity to use life-saving technology. For rates pertaining to the last six months of life, the denominator was the Medicare population who died during the measurement year. Numerator events were determined using the Medicare Provider Analysis and Review (MedPAR) file. Rates for inpatient care per capita were computed using only the portion of the event (hospital stay or ICU stay) falling within the six-month period prior to death. Rates were age, sex and race adjusted using the indirect method. Event measures based on a count of fewer than 11 patients are not displayed for reasons of patient confidentiality. Rates with fewer than 26 expected events are also suppressed (note: included as negative numbers) because of a lack of statistical precision.

Selected Medical Discharge Rates

The counts of discharges (numerators) for medical conditions are determined from the Medicare Provider Analysis and Review (MedPAR) file. Medical discharges are identified using the Medicare diagnosis-related group (DRG) system. Specific ambulatory care-sensitive conditions were identified using International Classification of Disease (ICD-9-CM) diagnosis codes.

Enrollee counts were obtained from the Medicare Denominator file. The Medicare enrollee population includes those alive and age 65 to age 99 on June 30 of the measurement year. Measures based on a count of fewer than 11 patients are not displayed for reasons of patient confidentiality. Rates with fewer than 26 expected events are also suppressed (note: included as negative numbers) because of a lack of statistical precision.

Medicare Mortality Rates

This data consists of two figures taken directly from Medicare: The percentage of deaths among all Medicare enrollees during the year, and the percentage of deaths among Medicare enrollees during the year without HMO coverage. Both are adjusted for enrollee age, sex, and race.

Selected Medicare Reimbursement Measures (Claims- and CMHS-Based)

Dartmouth Atlas Medicare reimbursement rates are calculated from Medicare claims files from CMS. Fee-for-service patients enrolled in Medicare Parts A and B are included. Patients enrolled in risk-bearing health maintenance organizations (HMOs) are excluded from our analyses. Health maintenance organizations receive capitated payments from Medicare – a fixed annual amount per enrollee – in exchange for which the HMO must provide all required services. Since HMOs do not submit individual claims to Medicare, members of HMOs are excluded from claims analyses. The rates are adjusted for the age, sex and race of the underlying Medicare population using the indirect method. They are also adjusted for regional differences in prices.

Post-Discharge Events

The data in this category show variation in the care of Medicare patients after they are discharged from the hospital. Several important aspects of post-discharge care are featured, including 30-day readmission rates, the percent of patients visiting a primary care clinician or any clinician within two weeks after discharge, and the percent having an emergency room visit within 30 days. To help understand the extent of problems with discharge planning and care coordination, Dartmouth Atlas examined six Medicare patient populations: those discharged for medical conditions, for surgical conditions, for hip fracture, and for three common causes of medical hospitalization -- congestive heart failure, heart attacks and pneumonia.

The study population consists of 100% of fee-for-service Medicare beneficiaries who resided in the 306 Dartmouth Atlas hospital referral regions and had full Part A (acute care in facilities, including hospitals) and Part B (clinician services) coverage during the study periods. Beneficiaries had to be age 65 or older on July 1, 2003 for Time 1 (2004) and on July 1, 2008 (2009) for Time 2. Persons enrolled in managed care organizations were excluded from the analyses. For each study period, Dartmouth Atlas first identified hospital claims from short-term acute or critical access hospitals among the study population for each cohort. They excluded

cohort hospitalizations with the discharge status on the claim indicating expired (died in the hospital), left against medical advice or discharged to hospice. For the remaining cohort hospitalization records, they excluded hospitalizations when the patient had any acute care hospitalizations in the 90 days prior to cohort admission date. Transfers (defined as (1) within one-day transfer, (2) both stays had the same cohort event, and (3) both indicated transfer status) were considered as a single cohort hospitalization. For each study period, only one cohort hospitalization (index hospitalization) was selected for each patient for each cohort (we randomly selected one if more than one hospitalization met the criteria). Dartmouth Atlas further excluded index hospitalizations with the discharge status field indicating another acute care hospitals that did not meet the transfer criteria. Measures based on a count of fewer than 11 patients are not displayed for reasons of patient confidentiality. Rates with fewer than 26 expected events are also suppressed (note: included as negative numbers) because of a lack of statistical precision.

Prescription Drug Use In Medicare Part D

Expanding upon a construct established in prior Atlas work, prescription drugs can be divided into three broad categories: drugs that are effective in most patients at preventing or treating significant clinical outcomes; discretionary medications that require individuals to consider carefully the likelihood of uncertain benefits against potential risks or costs; and potentially harmful medications that have unfavorable risk-benefit tradeoffs for specific patients such as the elderly. Variation in effective drug use highlights regions that should serve as national benchmarks of quality prescribing as well as regions where targeted interventions and increased accountability are necessary to address a critical disconnect between evidence and practice. Variation in the use of high-risk medications provides an additional objective indicator of prescribing performance by identifying regions where physicians needlessly overuse risky medications. Lastly, variation in discretionary medication use demonstrates how physicians and patients respond to clinical uncertainty and highlights the importance of shared decision-making.

Selected Measures of Primary Care Access & Quality

Effective care refers to services that are of proven value and have no significant tradeoffs -- that is, the benefits of the services so far outweigh the risks that all patients with specific medical needs should receive them. These services, such as beta-blockers for heart attack patients, are backed by well-articulated medical theory and strong evidence of efficacy, determined by clinical trials or valid cohort studies. Failure to provide effective care can lead to serious consequences; for example, amputation of a leg is an infrequent but devastating complication of peripheral vascular disease and diabetes.

The claims-based analyses of effective care focus on either the entire fee-for-service Medicare population eligible for both Part A and B and between the ages of 65 and 99 or a subset of that

population at risk for a specific procedure or service. For example, the analysis of amputations examines the entire Medicare population, while the analyses of testing among diabetics are restricted to Medicare beneficiaries between the ages of 65 and 75 with a diagnosis of diabetes. When appropriate, statistical adjustments are carried out to account for differences in age, race and sex. The Dartmouth Atlas also reports quality measures regarding the underuse of effective care derived from the consensus measure set of the Hospital Quality Alliance (HQA), the first initiative to routinely report data on U.S. hospitals nationally. Data are posted on the CMS [Hospital Compare](#) web site. They provide summary scores on five measures for treating acute myocardial infarction (AMI); two for congestive heart failure (CHF); and three for pneumonia, for all reporting hospitals located within each hospital referral region. In addition, they report a composite score, which is the weighted average of the three condition-specific summary scores. For individual hospitals, summary scores are based on measures for which there are 25 or more eligible patients.

CMS also posts on the Hospital Compare web site the results of a national survey of the patient experience: the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). The HCAHPS survey provides measures of patient experience based on a sample of patients recently discharged from a participating hospital. The results of each survey question are given for participating hospitals. For all measures from CMS Hospital Compare, hospital measures were aggregated to the hospital referral region and state levels based on hospital location.

Selected Surgical Discharge Rates

The rates of inpatient surgery are based on the Medicare Provider Analysis and Review (MedPAR) file. The procedure codes (numerators) used in the MedPAR file are based on the International Classification of Disease (ICD-9-CM). Selection of procedure codes was based on review of the literature and/or consultation with clinical experts. Enrollee counts were obtained from the Medicare Denominator file. The Medicare enrollee population includes those alive and age 65 to age 99 on June 30 of the measurement year. Measures based on a count of fewer than 11 patients are not displayed for reasons of patient confidentiality. Rates with fewer than 26 expected events are also suppressed (note: included as negative numbers) because of a lack of statistical precision. The rates are adjusted for the age, sex and race of the underlying Medicare population using the indirect method.

Terminology Used In The Dartmouth Atlas Data

- **[AAA]** - Abdominal aortic aneurysm.
- **[ACS conditions]** - Ambulatory care-sensitive (ACS) conditions - such as asthma, pneumonia, chronic pulmonary obstructive disease and congestive heart failure - refer to those for which hospitalization is often preventable when access to primary care is adequate.
- **[AMI]** - Acute myocardial infarction, commonly referred to as heart attack.
- **[Arthroplasty]** - Surgical replacement of a joint, such as a hip, knee or shoulder.
- **[CABG]** - Coronary artery bypass grafting, often referred to as coronary artery bypass surgery, heart bypass, or open heart surgery.
- **[Capitated]** - Under capitation, the federal government pays health maintenance organizations (HMO) a fixed annual amount per Medicare enrollee, in exchange for which the HMO must provide all required services. If the total costs of care exceed the amount the government pays, then the HMO must absorb the loss; if they are less, then the HMO may retain the difference.
- **[CHF]** - Congestive heart failure.
- **[CMHS file]** - Continuous Medicare History Sample file. This file includes a record for each beneficiary in a 5% sample for each year, going back thirty years. It includes summary expenditure data and is used to estimate Medicare spending by program component.
- **[CMS]** - The Centers for Medicare and Medicaid Services (CMS) is the U.S. federal agency that administers Medicare and Medicaid.
- **[Confidence interval]** - A range of values within which a measurement falls corresponding to a given probability. A 95% confidence interval indicates that, if the same population was sampled on numerous occasions and interval estimates were made on each occasion, the resulting intervals would bracket the true population measure in approximately 95% of the cases.
- **[COPD]** - Chronic obstructive pulmonary disease, including emphysema and chronic bronchitis.
- **[CPT codes]** - Current Procedural Terminology codes are used in medical claims to describe the services and procedures for which the bill was submitted.
- **[DME]** - Durable medical equipment, such as wheelchairs, prosthetics and oxygen for home use
- **[DRG]** - Diagnosis-related groups (DRGs) are used as part of Medicare's prospective payment system to classify hospital claims with similar characteristics into groups that can be expected to have similar hospital resource use. DRGs are assigned based on diagnoses, procedures, age, sex, discharge status, and the presence of complications or comorbidities.
- **[E&M]** - Evaluation & management (E&M) services include physician visits and consultations in all settings. Claims are classified as E&M by BETOS codes.
- **[EOL]** - End of life.

- **[ESRD]** - End stage renal disease. Medicare provides a national health insurance program for people with ESRD.
- **[FQHC]** - Federally Qualified Health Center. FQHC services are similar to those provided in rural health clinics (RHCs). FQHC services also include preventive primary health services.
- **[FTE]** - Full-time equivalent (FTE) is a standardized measure of work effort. An FTE of 1.0 means the equivalent of one full-time worker. Physician labor input measures use work relative value units (RVUs) to measure FTEs.
- **[HCI index]** - Hospital Care Intensity index. The HCI index is based on two variables: the number of days patients spent in the hospital and the number of physician encounters (visits) they experienced as inpatients. It is computed as the age-sex-race-illness standardized ratio of patient days and visits. For each variable, the ratio of a given hospital's utilization rate to the national average was calculated, and these two ratios were averaged to create the index.
- **[HMO]** - Health Maintenance Organization. Risk-bearing HMOs received capitated payments for each member, in exchange for which they must provide all required services.
- **[HRR]** - Hospital referral regions (HRRs) are regional market areas for tertiary medical care. Each HRR contains at least one hospital that performs major cardiovascular procedures and neurosurgery.
- **[HSA]** - Hospital service areas (HSAs) are local health care markets for hospital care. An HSA is a collection of ZIP codes whose residents receive most of their hospitalizations from the hospitals in that area.
- **[MUA/MUP]** - Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty, and/or high elderly population.
- **[NCQA]** - The National Committee for Quality Assurance (NCQA) is a private, not-for-profit organization dedicated to improving health care quality.
- **[Part A]** - Part A is Medicare's hospital insurance program. It covers inpatient care in hospitals, nursing homes, skilled nursing facilities, and critical access hospitals.
- **[Part B]** - The coverage provided by Medicare Part B includes medically necessary doctor's services, outpatient care, and most other services that Part A does not cover (such as some physical or occupational therapies and some home health care services). Part B covers preventive services as well.
- **[Part D]** - Part D is prescription drug coverage insurance that is provided by private companies approved by Medicare.
- **[PCI]** - Percutaneous coronary intervention, commonly known as coronary angioplasty.
- **[Revascularization]** - Surgical procedure to establish or improve blood supply to a body part or organ.

Variable List

Name	Definition	Geography and Years
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Geographic Identifiers

d100	State ID	All years
d101	State name	All years
d102	State Abbreviation	All years
d103	HRR ID	All years
d104	HRR name	All years
d105	County ID	All years
d106	County name	All years
d107	HSA ID	All years
d108	HSA name	All years

Care Of Chronically Ill Patients During The Last 2 Years Of Life (All)

d116	Region Information: Number of death among chronically ill patients living in region	HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d117	Region Information: Hospital care intensity index (standardized ratio of inpatient days & inpatient visits)	HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07

d121	State Information: Number of deaths among chronically ill patients living in the state	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d122	State Information: Hospital care intensity index (standardized ratio of inpatient days & inpatient visits)	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d123	Medicare spending per decedent by site of care during the last 2 years of life: Total Medicare spending	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d124	Medicare spending per decedent by site of care during the last 2 years of life: Inpatient sector	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d125	Medicare spending per decedent by site of care during the last 2 years of life: Outpatient sector	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d126	Medicare spending per decedent by site of care during the last 2 years of life: SNF/Long-term care sector	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d127	Medicare spending per decedent by site of care during the last 2 years of life: Home health sector	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d128	Medicare spending per decedent by site of care during the last 2 years of life: Hospice sector	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07

d129	Medicare spending per decedent by site of care during the last 2 years of life: Ambulance	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d130	Medicare spending per decedent by site of care during the last 2 years of life: Durable medical equipment	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d131	Medicare spending per decedent by site of care during the last 2 years of life: Other	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d132	Medicare Part B spending by type of service (BETOS category) per decedent during the last 2 years of life: Total Part B spending	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d133	Medicare Part B spending by type of service (BETOS category) per decedent during the last 2 years of life: Evaluation & management services	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d134	Medicare Part B spending by type of service (BETOS category) per decedent during the last 2 years of life: Procedures	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d135	Medicare Part B spending by type of service (BETOS category) per decedent during the last 2 years of life: Imaging	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07

d136	Medicare Part B spending by type of service (BETOS category) per decedent during the last 2 years of life: Tests	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d137	Medicare Part B spending by type of service (BETOS category) per decedent during the last 2 years of life: Other	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d138	Medical Care Cost Equation: Disaggregation of hospital (facility) reimbursements per decedent into contributions of volume (patient days per decedent) and price (average reimbursements per day in hospital) during the last two years of life: Hospital reimbursements per decedent	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d139	Medical Care Cost Equation: Disaggregation of hospital (facility) reimbursements per decedent into contributions of volume (patient days per decedent) and price (average reimbursements per day in hospital) during the last two years of life: Hospital days per decedent	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d140	Medical Care Cost Equation: Disaggregation of hospital (facility) reimbursements per decedent into contributions of volume (patient days per decedent) and price (average reimbursements per day in hospital) during the last two years of life: Reimbursements per patient day	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d141	Medical Care Cost Equation: Disaggregation of hospital (facility) reimbursements per decedent into contributions of volume (patient days per decedent) and price (average reimbursements per day in hospital) during the last two years of life: Ratio to US Average: Hospital reimbursements	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07

d142	Medical Care Cost Equation: Disaggregation of hospital (facility) reimbursements per decedent into contributions of volume (patient days per decedent) and price (average reimbursements per day in hospital) during the last two years of life: Ratio to US Average: Hospital days	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d143	Medical Care Cost Equation: Disaggregation of hospital (facility) reimbursements per decedent into contributions of volume (patient days per decedent) and price (average reimbursements per day in hospital) during the last two years of life: Ratio to US Average: Reimbursements per day	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d144	Medical Care Cost Equation: Disaggregation of payments for physician visits per decedent into contributions of volume (physician visits per decedent) and price (average payments per physician visit) during the last two years of life: Payments for physicians per decedent	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d145	Medical Care Cost Equation: Disaggregation of payments for physician visits per decedent into contributions of volume (physician visits per decedent) and price (average payments per physician visit) during the last two years of life: Physician visits per decedent	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d146	Medical Care Cost Equation: Disaggregation of payments for physician visits per decedent into contributions of volume (physician visits per decedent) and price (average payments per physician visit) during the last two years of life: Payments per physician visit	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d147	Medical Care Cost Equation: Disaggregation of payments for physician visits per decedent into contributions of volume (physician visits per decedent) and price (average payments per physician visit) during	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07

	the last two years of life: Ratios to US average: Physician visit payments	
d148	Medical Care Cost Equation: Disaggregation of payments for physician visits per decedent into contributions of volume (physician visits per decedent) and price (average payments per physician visit) during the last two years of life: Ratios to US average: Physician visits	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d149	Medical Care Cost Equation: Disaggregation of payments for physician visits per decedent into contributions of volume (physician visits per decedent) and price (average payments per physician visit) during the last two years of life: Ratios to US average: Payments per visit	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d150	Resource inputs per 1,000 decedents during the last two years of life: Hospital beds	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d151	Resource inputs per 1,000 decedents during the last two years of life: Intensive care beds: Total	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d152	Resource inputs per 1,000 decedents during the last two years of life: Intensive care beds: High-intensity	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d153	Resource inputs per 1,000 decedents during the last two years of life: Intensive care beds: Intermediate-intensity	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07

		HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d154	Resource inputs per 1,000 decedents during the last two years of life: Medical & surgical unit beds	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d155	Resource inputs per 1,000 decedents during the last two years of life: SNF beds	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d156	Resource inputs per 1,000 decedents during the last two years of life: Standardized FTE physician labor: Total	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d157	Resource inputs per 1,000 decedents during the last two years of life: Standardized FTE physician labor: Medical specialists	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d158	Resource inputs per 1,000 decedents during the last two years of life: Standardized FTE physician labor: Primary care	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d159	Resource inputs per 1,000 decedents during the last two years of life: Standardized FTE physician labor: Ratio MS/PC	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07

d160	Resource inputs per 1,000 decedents during the last two years of life: RNs required under proposed federal standards	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d161	Patient experience of end-of-life care: Hospital days per decedent	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d162	Patient experience of end-of-life care: Intensive care days per decedent: Total	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d163	Patient experience of end-of-life care: Intensive care days per decedent: High-intensity	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d164	Patient experience of end-of-life care: Intensive care days per decedent: Intermediate-intensity	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d165	Patient experience of end-of-life care: Medical & surgical unit days per decedent	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d166	Patient experience of end-of-life care: SNF days per decedent	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07

d167	Patient experience of end-of-life care: Physician visits per decedent: Total	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d168	Patient experience of end-of-life care: Physician visits per decedent: Medical specialists	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d169	Patient experience of end-of-life care: Physician visits per decedent: Primary care	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d170	Patient experience of end-of-life care: Physician visits per decedent: Ratio MS/PC	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d171	Patient experience of end-of-life care: Home health agency visits per decedent	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d172	Patient experience of end-of-life care: Percent of deaths occurring in hospital	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d173	Patient experience of end-of-life care: Percent of deaths that include ICU admission	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07

d174	Patient experience of end-of-life care: Percent enrolled in hospice	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d175	Patient experience of end-of-life care: Hospice days per decedent	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d176	Patient experience of end-of-life care: Percent of patient seeing 10 or more different physicians	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d177	Patient experience of end-of-life care: Number of different physicians seen per decedent	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d178	Patient experience of end-of-life care: Average co-payments per decedent during the last 2 years of life: Total	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d179	Patient experience of end-of-life care: Average co-payments per decedent during the last 2 years of life: Physician services	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d180	Patient experience of end-of-life care: Average co-payments per decedent during the last 2 years of life: Durable medical equipment	State: annual 2003-2007, 2010; pooled 2001-05, 2003-07 HRR: annual 2003-2007, 2010; pooled 2001-05, 2003-07
d181	CMS Hospital Compare technical process quality measures: Composite quality score	State: pooled 2001-05, 2003-07 HRR: pooled 2001-05, 2003-07

d182	CMS Hospital Compare technical process quality measures: AMI score	State: pooled 2001-05, 2003-07 HRR: pooled 2001-05, 2003-07
d183	CMS Hospital Compare technical process quality measures: CHF score	State: pooled 2001-05, 2003-07 HRR: pooled 2001-05, 2003-07
d184	CMS Hospital Compare technical process quality measures: Pneumonia score	State: pooled 2001-05, 2003-07 HRR: pooled 2001-05, 2003-07

Care of Chronically Ill Patients During The Last 2 Years of Life (Cancer)

d185	Number of deaths among cancer patients	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d186	Percent of cancer patients dying in hospital: Point estimate	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d187	Percent of cancer patients dying in hospital: Lower confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d188	Percent of cancer patients dying in hospital: Upper confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d189	Percent of cancer patients admitted to hospital during the last month of life: Point estimate	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07

d190	Percent of cancer patients admitted to hospital during the last month of life: Lower confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d191	Percent of cancer patients admitted to hospital during the last month of life: Upper confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d192	Hospital days per cancer patient during the last month of life: Point estimate	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d193	Hospital days per cancer patient during the last month of life: Lower confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d194	Hospital days per cancer patient during the last month of life: Upper confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d195	Percent of cancer patients admitted to intensive care during the last month of life: Point estimate	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d196	Percent of cancer patients admitted to intensive care during the last month of life: Lower confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07

d197	Percent of cancer patients admitted to intensive care during the last month of life: Upper confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d198	ICU days per cancer patient during the last month of life: Point estimate	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d199	ICU days per cancer patient during the last month of life: Lower confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d200	ICU days per cancer patient during the last month of life: Upper confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d201	Percent of cancer patients receiving life-sustaining treatment during the last month of life: Point estimate	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d202	Percent of cancer patients receiving life-sustaining treatment during the last month of life: Lower confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d203	Percent of cancer patients receiving life-sustaining treatment during the last month of life: Upper confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07

d204	Percent of cancer patients receiving chemotherapy during the last two weeks of life: Point estimate	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d205	Percent of cancer patients receiving chemotherapy during the last two weeks of life: Lower confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d206	Percent of cancer patients receiving chemotherapy during the last two weeks of life: Upper confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d207	Percent of cancer patients enrolled in hospice during the last month of life: Point estimate	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d208	Percent of cancer patients enrolled in hospice during the last month of life: Lower confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d209	Percent of cancer patients enrolled in hospice during the last month of life: Upper confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d210	Hospice days per cancer patient during the last month of life: Point estimate	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07

d211	Hospice days per cancer patient during the last month of life: Lower confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d212	Hospice days per cancer patient during the last month of life: Upper confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d213	Percent of cancer patients enrolled in hospice during the last three days of life: Point estimate	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d214	Percent of cancer patients enrolled in hospice during the last three days of life: Lower confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d215	Percent of cancer patients enrolled in hospice during the last three days of life: Upper confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d216	Percent of cancer patients seeing ten or more physicians during the last six months of life: Point estimate	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
d217	Percent of cancer patients seeing ten or more physicians during the last six months of life: Lower confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07

d218	Percent of cancer patients seeing ten or more physicians during the last six months of life: Upper confidence limit	State: annual 2010; pooled 2003-07 HRR: annual 2010; pooled 2003-07
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Selected Hospital & Physician Capacity Measures

d220	Resident population	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d221	Acute care hospital beds per 1,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d222	Hospital-based registered nurses per 1,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d223	FTE hospital employees per 1,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d224	Total physicians per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d225	Primary care physicians per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d226	Total specialists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d227	Allergists/immunologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d228	Anesthesiologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d229	Cardiologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006

d230	Cardiovascular/thoracic surgeons per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d231	Critical care physicians per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d232	Dermatologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d233	Emergency medicine physicians per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d234	Endocrinologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d235	Family practice physicians per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d236	General surgeons per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d237	Gastroenterologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d238	Hematologists/oncologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d239	Infectious disease specialists per per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d240	Internal medicine physicians per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d241	Neonatologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006

d242	Nephrologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d243	Neurosurgeons per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d244	Neurologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d245	Obstetrician/gynecologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d246	Ophthalmologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d247	Orthopedic surgeon per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d248	Otolaryngologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d249	Pathologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d250	Pediatricians per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d251	Plastic & reconstructive surgeons per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d252	Psychiatrists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d253	Pulmonologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006

d254	Radiologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d255	Radiation oncologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d256	Physical medicine/rehabilitation physicians per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d257	Rheumatologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d258	Urologists per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d259	Vascular surgeons per 100,000 residents	HRR: annual 1996, 2006 HSA: annual 1996, 2006
d260	Medical specialists per 100,000 residents	HRR: annual 2006 HSA: annual 2006
d261	Hospital-based registered physicians per 1,000 residents	HRR: annual 2006 HSA: annual 2006
d262	Surgeons per 100,000 residents	HRR: annual 2006 HSA: annual 2006
d263	Resident physicians per 100,000 residents	HRR: annual 2006 HSA: annual 2006
d264	Geriatricians per 100,000 residents	HRR: annual 2006 HSA: annual 2006

Selected Measures of Inpatient Utilization During the Last 6 Months Of Life

d265	Medicare deaths	State: annual 1994-2007 HRR: annual 1994-2007 HSA: annual 1994-2007
d266	Percent of Medicare decedents hospitalized at least once during the last 6 months of life	State: annual 1994-2007 HRR: annual 1994-2007 HSA: annual 1994-2007
d267	Hospital days per decedent during the last 6 months of life	State: annual 1994-2007 HRR: annual 1994-2007 HSA: annual 1994-2007
d268	Reimbursements per decedent for inpatient hospitalization during the last 6 months of life	State: annual 1994-2007 HRR: annual 1994-2007 HSA: annual 1994-2007
d269	Percent of Medicare deaths occurring within a hospital	State: annual 1994-2007 HRR: annual 1994-2007 HSA: annual 1994-2007
d270	Hospital days per decedent during the hospitalization in which death occurred	State: annual 1994-2007 HRR: annual 1994-2007 HSA: annual 1994-2007
d271	Inpatient hospitalization reimbursements per decedent during the hospitalization in which death occurred	State: annual 1994-2007 HRR: annual 1994-2007 HSA: annual 1994-2007
d272	Percent of Medicare decedents admitted to ICU/CCU during the hospitalization in which death occurred	State: annual 1994-2007 HRR: annual 1994-2007 HSA: annual 1994-2007
d273	ICU/CCU days per decedent during the hospitalization in which death occurred	State: annual 1994-2007 HRR: annual 1994-2007 HSA: annual 1994-2007

d274	ICU/CCU allowed charges per decedent during the hospitalization in which death occurred	State: annual 1994-2007 HRR: annual 1994-2007 HSA: annual 1994-2007
d275	Percent of Medicare decedents admitted to ICU/CCU at least once during the last 6 months of life	State: annual 1994-2007 HRR: annual 1994-2007 HSA: annual 1994-2007
d276	ICU/CCU days per decedent during the last 6 months of life	State: annual 1994-2007 HRR: annual 1994-2007 HSA: annual 1994-2007
d277	Percent of decedents spending 7 or more days in ICU/CCU during the last 6 months of life	State: annual 1994-2007 HRR: annual 1994-2007 HSA: annual 1994-2007
d278	ICU/CCU charges per decedent during the last 6 months of life	State: annual 1994-2007 HRR: annual 1994-2007 HSA: annual 1994-2007

Selected Medical Discharge Rates

d279	Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d280	All medical discharges per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10

d281	Medical discharges excluding ACS events per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d282	Discharges for ambulatory care sensitive conditions per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d283	Discharges for convulsions per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d284	COPD discharges per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d285	Bacterial Pneumonia discharges per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10

d286	Asthma discharges per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d287	Congestive heart failure discharges per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d288	Hypertension discharges per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d289	Angina discharges per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d290	Cellulitis discharges per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10

d291	Diabetes discharges per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d292	Gastroenteritis discharges per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d293	Kidney/urinary infection discharges per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d294	Dehydration discharges per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10

Medicare Mortality Rates

d295	Medicare enrollees	State: annual 1999-2011 HRR: annual 1999-2011 HSA: annual 1999-2011
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d296	Total mortality: ASR-adjusted % of deaths among Medicare enrollees	State: annual 1999-2011 HRR: annual 1999-2011 HSA: annual 1999-2011
d297	Non-HMO Mortality: ASR-adjusted % of deaths among Medicare enrollees without HMO coverage	State: annual 1999-2011 HRR: annual 1999-2011 HSA: annual 1999-2011

Selected Medicare Reimbursement Measures (Claims-Based)

d298	Medicare enrollees (20% sample)	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010
d299	Total Medicare reimbursements per enrollee (Parts A & B): age, sex & race-adjusted	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010
d300	Total Medicare reimbursements per enrollee (Parts A & B): price, age, sex & race-adjusted	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010
d301	Hospital & skilled nursing facility reimbursements per enrollee: age, sex & race-adjusted	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010
d302	Hospital & skilled nursing facility reimbursements per enrollee: price, age, sex & race-adjusted	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010

d303	Physician reimbursements per enrollee: age, sex & race-adjusted	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010
d304	Physician reimbursements per enrollee: price, age, sex & race-adjusted	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010
d305	Outpatient facility reimbursements per enrollee: age, sex & race-adjusted	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010
d306	Outpatient facility reimbursements per enrollee: price, age, sex & race-adjusted	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010
d307	Home health agency reimbursements per enrollee: age, sex & race-adjusted	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010
d308	Home health agency reimbursements per enrollee: price, age, sex & race-adjusted	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010
d309	Hospice reimbursements per enrollee: age, sex & race-adjusted	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010

d310	Hospice reimbursements per enrollee: price, age, sex & race-adjusted	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010
d311	Durable medical equipment reimbursements per enrollee: age, sex & race-adjusted	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010
d312	Durable medical equipment reimbursements per enrollee: price, age, sex & race-adjusted	State: annual 2003-2010 HRR: annual 2003-2010 HSA: annual 2003-2010 County: annual 2003-2010

Selected Medicare Reimbursement Measures (CMHS-Based)

d313	Medicare enrollees (CMHS 5% sample)	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007
d314	Total Medicare reimbursements per enrollee (Part A & B)	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007
d315	Total Part A Medicare reimbursements per enrollee	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007
d316	Total Part B Medicare reimbursements per enrollee	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007
d317	Medicare reimbursements for inpatient short stays per enrollee	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007

d318	Medicare reimbursements for inpatient long stays per enrollee	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007
d319	Medicare reimbursements for outpatient services per enrollee	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007
d320	Part B Medicare reimbursements for professional & laboratory services per enrollee	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007
d321	Part B Medicare reimbursements for medical & surgical services per enrollee	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007
d322	Part B Medicare reimbursements for medical care per enrollee	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007
d323	Part B Medicare reimbursements for surgical services per enrollee	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007
d324	Part B Medicare reimbursements for diagnostic, laboratory, and X-ray services per enrollee	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007
d325	Part B Medicare reimbursements for durable medical equipment per enrollee	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007
d326	Medicare reimbursements for home health services per enrollee	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007

d327	Medicare reimbursements for hospice services per enrollee	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007
d328	Medicare reimbursements for skilled nursing facilities per enrollee	State: annual 1992-2007 HRR: annual 1992-2007 HSA: annual 1992-2007

Pacemaker Insertion

d329	Medicare enrollees (20% sample)	HRR: annual 2006
d330	Pacemaker placement (inpatient & outpatient) per 1,000 Medicare enrollees	HRR: annual 2006

Post-Discharge Events

d331	Number of patients in cohort (AMI)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-10 County: annual 2004, 2008-2010
d332	Cohort discharges per 1,000 Medicare beneficiaries (AMI)	State: annual 2004, 2009 HRR: annual 2009 County: annual 2004, 2009
d333	Percent readmitted within 30 days of discharge: Rate (AMI)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-10 County: annual 2004, 2008-2010
d334	Percent readmitted within 30 days of discharge: Lower confidence limit (AMI)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-10 County: annual 2004, 2008-2010

d335	Percent readmitted within 30 days of discharge: Upper confidence limit (AMI)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-10 County: annual 2004, 2008-2010
d336	Percent seeing a primary care clinician within 14 days of discharge to home: Rate (AMI)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-10 County: annual 2004, 2008-2010
d337	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit (AMI)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-10 County: annual 2004, 2008-2010
d338	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit (AMI)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-10 County: annual 2004, 2008-2010
d339	Percent having an ambulatory visit within 14 days of discharge to home: Rate (AMI)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-10 County: annual 2004, 2008-2010
d340	Percent having an ambulatory visit within 14 days of discharge to home: Lower confidence limit (AMI)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-10 County: annual 2004, 2008-2010
d341	Percent having an ambulatory visit within 14 days of discharge to home: Upper confidence limit (AMI)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-10 County: annual 2004, 2008-2010

d342	Percent having an emergency room visit within 30 days of discharge: Rate (AMI)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-10 County: annual 2004, 2008-2010
d343	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit (AMI)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-10 County: annual 2004, 2008-2010
d344	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit (AMI)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-10 County: annual 2004, 2008-2010
d345	Number of patients in cohort by race: Black (AMI)	HRR: pooled 2008-09
d346	Percent readmitted within 30 days of discharge: Rate by race: Black (AMI)	HRR: pooled 2008-09
d347	Percent readmitted within 30 days of discharge: Lower confidence limit by race: Black (AMI)	HRR: pooled 2008-09
d348	Percent readmitted within 30 days of discharge: Upper confidence limit by race: Black (AMI)	HRR: pooled 2008-09
d349	Percent seeing a primary care clinician within 14 days of discharge to home: Rate by race: Black (AMI)	HRR: pooled 2008-09
d350	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit by race: Black (AMI)	HRR: pooled 2008-09
d351	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit by race: Black (AMI)	HRR: pooled 2008-09

d352	Percent having an ambulatory visit within 14 days of discharge to home: Rate by race: Black (AMI)	HRR: pooled 2008-09
d353	Percent having an ambulatory visit within 14 days of discharge to home: Lower confidence limit by race: Black (AMI)	HRR: pooled 2008-09
d354	Percent having an ambulatory visit within 14 days of discharge to home: Upper confidence limit by race: Black (AMI)	HRR: pooled 2008-09
d355	Percent having an emergency room visit within 30 days of discharge: Rate by race: Black (AMI)	HRR: pooled 2008-09
d356	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit by race: Black (AMI)	HRR: pooled 2008-09
d357	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit by race: Black (AMI)	HRR: pooled 2008-09
d358	Number of patients in cohort by race: non-Black (AMI)	HRR: pooled 2008-09
d359	Percent readmitted within 30 days of discharge: Rate by race: non-Black (AMI)	HRR: pooled 2008-09
d360	Percent readmitted within 30 days of discharge: Lower confidence limit by race: non-Black (AMI)	HRR: pooled 2008-09
d361	Percent readmitted within 30 days of discharge: Upper confidence limit by race: non-Black (AMI)	HRR: pooled 2008-09
d362	Percent seeing a primary care clinician within 14 days of discharge to home: Rate by race: non-Black (AMI)	HRR: pooled 2008-09

d363	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit by race: non-Black (AMI)	HRR: pooled 2008-09
d364	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit by race: non-Black (AMI)	HRR: pooled 2008-09
d365	Percent having an ambulatory visit within 14 days of discharge to home: Rate by race: non-Black (AMI)	HRR: pooled 2008-09
d366	Percent having an ambulatory visit within 14 days of discharge to home: Lower confidence limit by race: non-Black (AMI)	HRR: pooled 2008-09
d367	Percent having an ambulatory visit within 14 days of discharge to home: Upper confidence limit by race: non-Black (AMI)	HRR: pooled 2008-09
d368	Percent having an emergency room visit within 30 days of discharge: Rate by race: non-Black (AMI)	HRR: pooled 2008-09
d369	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit by race: non-Black (AMI)	HRR: pooled 2008-09
d370	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit by race: non-Black (AMI)	HRR: pooled 2008-09
d371	Number of patients in cohort (CHF)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d372	Cohort discharges per 1,000 Medicare beneficiaries (CHF)	State: annual 2004, 2009 HRR: annual 2009 County: annual 2004, 2009

d373	Percent readmitted within 30 days of discharge: Rate (CHF)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d374	Percent readmitted within 30 days of discharge: Lower confidence limit (CHF)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d375	Percent readmitted within 30 days of discharge: Upper confidence limit (CHF)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d376	Percent seeing a primary care clinician within 14 days of discharge to home: Rate (CHF)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d377	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit (CHF)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d378	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit (CHF)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d379	Percent having an ambulatory visit within 14 days of discharge to home: Rate (CHF)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010

d380	Percent having an ambulatory visit within 14 days of discharge to home: Lower confidence limit (CHF)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d381	Percent having an ambulatory visit within 14 days of discharge to home: Upper confidence limit (CHF)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d382	Percent having an emergency room visit within 30 days of discharge: Rate (CHF)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d383	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit (CHF)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d384	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit (CHF)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d385	Number of patients in cohort by race: Black (CHF)	HRR: pooled 2008-09
d386	Percent readmitted within 30 days of discharge: Rate by race: Black (CHF)	HRR: pooled 2008-09
d387	Percent readmitted within 30 days of discharge: Lower confidence limit by race: Black (CHF)	HRR: pooled 2008-09
d388	Percent readmitted within 30 days of discharge: Upper confidence limit by race: Black (CHF)	HRR: pooled 2008-09
d389	Percent seeing a primary care clinician within 14 days of discharge to home: Rate by race: Black (CHF)	HRR: pooled 2008-09

d390	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit by race: Black (CHF)	HRR: pooled 2008-09
d391	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit by race: Black (CHF)	HRR: pooled 2008-09
d392	Percent having an ambulatory visit within 14 days of discharge to home: Rate by race: Black (CHF)	HRR: pooled 2008-09
d393	Percent having an ambulatory visit within 14 days of discharge to home: Lower confidence limit by race: Black (CHF)	HRR: pooled 2008-09
d394	Percent having an ambulatory visit within 14 days of discharge to home: Upper confidence limit by race: Black (CHF)	HRR: pooled 2008-09
d395	Percent having an emergency room visit within 30 days of discharge: Rate by race: Black (CHF)	HRR: pooled 2008-09
d396	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit by race: Black (CHF)	HRR: pooled 2008-09
d397	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit by race: Black (CHF)	HRR: pooled 2008-09
d398	Number of patients in cohort by race: non-Black (CHF)	HRR: pooled 2008-09
d399	Percent readmitted within 30 days of discharge: Rate by race: non-Black (CHF)	HRR: pooled 2008-09
d400	Percent readmitted within 30 days of discharge: Lower confidence limit by race: non-Black (CHF)	HRR: pooled 2008-09

d401	Percent readmitted within 30 days of discharge: Upper confidence limit by race: non-Black (CHF)	HRR: pooled 2008-09
d402	Percent seeing a primary care clinician within 14 days of discharge to home: Rate by race: non-Black (CHF)	HRR: pooled 2008-09
d403	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit by race: non-Black (CHF)	HRR: pooled 2008-09
d404	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit by race: non-Black (CHF)	HRR: pooled 2008-09
d405	Percent having an ambulatory visit within 14 days of discharge to home: Rate by race: non-Black (CHF)	HRR: pooled 2008-09
d406	Percent having an ambulatory visit within 14 days of discharge to home: Lower confidence limit by race: non-Black (CHF)	HRR: pooled 2008-09
d407	Percent having an ambulatory visit within 14 days of discharge to home: Upper confidence limit by race: non-Black (CHF)	HRR: pooled 2008-09
d408	Percent having an emergency room visit within 30 days of discharge: Rate by race: non-Black (CHF)	HRR: pooled 2008-09
d409	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit by race: non-Black (CHF)	HRR: pooled 2008-09
d410	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit by race: non-Black (CHF)	HRR: pooled 2008-09

d411	Number of patients in cohort (Medical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d412	Cohort discharges per 1,000 Medicare beneficiaries (Medical)	State: annual 2004, 2009 HRR: annual 2009 County: annual 2004, 2009
d413	Percent readmitted within 30 days of discharge: Rate (Medical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d414	Percent readmitted within 30 days of discharge: Lower confidence limit (Medical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d415	Percent readmitted within 30 days of discharge: Upper confidence limit (Medical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d416	Percent seeing a primary care clinician within 14 days of discharge to home: Rate (Medical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d417	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit (Medical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d418	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit (Medical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010

d419	Percent having an ambulatory visit within 14 days of discharge to home: Rate (Medical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d420	Percent having an ambulatory visit within 14 days of discharge to home: Lower confidence limit (Medical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d421	Percent having an ambulatory visit within 14 days of discharge to home: Upper confidence limit (Medical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d422	Percent having an emergency room visit within 30 days of discharge: Rate (Medical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d423	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit (Medical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d424	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit (Medical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d425	Number of patients in cohort by race: Black (Medical)	HRR: pooled 2008-09
d426	Percent readmitted within 30 days of discharge: Rate by race: Black (Medical)	HRR: pooled 2008-09
d427	Percent readmitted within 30 days of discharge: Lower confidence limit by race: Black (Medical)	HRR: pooled 2008-09

d428	Percent readmitted within 30 days of discharge: Upper confidence limit by race: Black (Medical)	HRR: pooled 2008-09
d429	Percent seeing a primary care clinician within 14 days of discharge to home: Rate by race: Black (Medical)	HRR: pooled 2008-09
d430	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit by race: Black (Medical)	HRR: pooled 2008-09
d431	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit by race: Black (Medical)	HRR: pooled 2008-09
d432	Percent having an ambulatory visit within 14 days of discharge to home: Rate by race: Black (Medical)	HRR: pooled 2008-09
d433	Percent having an ambulatory visit within 14 days of discharge to home: Lower confidence limit by race: Black (Medical)	HRR: pooled 2008-09
d434	Percent having an ambulatory visit within 14 days of discharge to home: Upper confidence limit by race: Black (Medical)	HRR: pooled 2008-09
d435	Percent having an emergency room visit within 30 days of discharge: Rate by race: Black (Medical)	HRR: pooled 2008-09
d436	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit by race: Black (Medical)	HRR: pooled 2008-09
d437	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit by race: Black (Medical)	HRR: pooled 2008-09
d438	Number of patients in cohort by race: non-Black (Medical)	HRR: pooled 2008-09

d439	Percent readmitted within 30 days of discharge: Rate by race: non-Black (Medical)	HRR: pooled 2008-09
d440	Percent readmitted within 30 days of discharge: Lower confidence limit by race: non-Black (Medical)	HRR: pooled 2008-09
d441	Percent readmitted within 30 days of discharge: Upper confidence limit by race: non-Black (Medical)	HRR: pooled 2008-09
d442	Percent seeing a primary care clinician within 14 days of discharge to home: Rate by race: non-Black (Medical)	HRR: pooled 2008-09
d443	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit by race: non-Black (Medical)	HRR: pooled 2008-09
d444	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit by race: non-Black (Medical)	HRR: pooled 2008-09
d445	Percent having an ambulatory visit within 14 days of discharge to home: Rate by race: non-Black (Medical)	HRR: pooled 2008-09
d446	Percent having an ambulatory visit within 14 days of discharge to home: Lower confidence limit by race: non-Black (Medical)	HRR: pooled 2008-09
d447	Percent having an ambulatory visit within 14 days of discharge to home: Upper confidence limit by race: non-Black (Medical)	HRR: pooled 2008-09
d448	Percent having an emergency room visit within 30 days of discharge: Rate by race: non-Black (Medical)	HRR: pooled 2008-09
d449	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit by race: non-Black (Medical)	HRR: pooled 2008-09

d450	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit by race: non-Black (Medical)	HRR: pooled 2008-09
d451	Number of patients in cohort (Pneumonia)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d452	Cohort discharges per 1,000 Medicare beneficiaries (Pneumonia)	State: annual 2004, 2009 HRR: annual 2009 County: annual 2004, 2009
d453	Percent readmitted within 30 days of discharge: Rate (Pneumonia)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d454	Percent readmitted within 30 days of discharge: Lower confidence limit (Pneumonia)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d455	Percent readmitted within 30 days of discharge: Upper confidence limit (Pneumonia)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d456	Percent seeing a primary care clinician within 14 days of discharge to home: Rate (Pneumonia)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d457	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit (Pneumonia)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010

d458	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit (Pneumonia)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d459	Percent having an ambulatory visit within 14 days of discharge to home: Rate (Pneumonia)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d460	Percent having an ambulatory visit within 14 days of discharge to home: Lower confidence limit (Pneumonia)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d461	Percent having an ambulatory visit within 14 days of discharge to home: Upper confidence limit (Pneumonia)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d462	Percent having an emergency room visit within 30 days of discharge: Rate (Pneumonia)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d463	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit (Pneumonia)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d464	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit (Pneumonia)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d465	Number of patients in cohort by race: Black (Pneumonia)	HRR: pooled 2008-09

d466	Percent readmitted within 30 days of discharge: Rate by race: Black (Pneumonia)	HRR: pooled 2008-09
d467	Percent readmitted within 30 days of discharge: Lower confidence limit by race: Black (Pneumonia)	HRR: pooled 2008-09
d468	Percent readmitted within 30 days of discharge: Upper confidence limit by race: Black (Pneumonia)	HRR: pooled 2008-09
d469	Percent seeing a primary care clinician within 14 days of discharge to home: Rate by race: Black (Pneumonia)	HRR: pooled 2008-10
d470	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit by race: Black (Pneumonia)	HRR: pooled 2008-09
d471	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit by race: Black (Pneumonia)	HRR: pooled 2008-11
d472	Percent having an ambulatory visit within 14 days of discharge to home: Rate by race: Black (Pneumonia)	HRR: pooled 2008-09
d473	Percent having an ambulatory visit within 14 days of discharge to home: Lower confidence limit by race: Black (Pneumonia)	HRR: pooled 2008-12
d474	Percent having an ambulatory visit within 14 days of discharge to home: Upper confidence limit by race: Black (Pneumonia)	HRR: pooled 2008-09
d475	Percent having an emergency room visit within 30 days of discharge: Rate by race: Black (Pneumonia)	HRR: pooled 2008-13
d476	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit by race: Black (Pneumonia)	HRR: pooled 2008-09

d477	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit by race: Black (Pneumonia)	HRR: pooled 2008-14
d478	Number of patients in cohort by race: non-Black (Pneumonia)	HRR: pooled 2008-09
d479	Percent readmitted within 30 days of discharge: Rate by race: non-Black (Pneumonia)	HRR: pooled 2008-15
d480	Percent readmitted within 30 days of discharge: Lower confidence limit by race: non-Black (Pneumonia)	HRR: pooled 2008-09
d481	Percent readmitted within 30 days of discharge: Upper confidence limit by race: non-Black (Pneumonia)	HRR: pooled 2008-16
d482	Percent seeing a primary care clinician within 14 days of discharge to home: Rate by race: non-Black (Pneumonia)	HRR: pooled 2008-09
d483	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit by race: non-Black (Pneumonia)	HRR: pooled 2008-17
d484	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit by race: non-Black (Pneumonia)	HRR: pooled 2008-09
d485	Percent having an ambulatory visit within 14 days of discharge to home: Rate by race: non-Black (Pneumonia)	HRR: pooled 2008-18
d486	Percent having an ambulatory visit within 14 days of discharge to home: Lower confidence limit by race: non-Black (Pneumonia)	HRR: pooled 2008-09
d487	Percent having an ambulatory visit within 14 days of discharge to home: Upper confidence limit by race: non-Black (Pneumonia)	HRR: pooled 2008-19

d488	Percent having an emergency room visit within 30 days of discharge: Rate by race: non-Black (Pneumonia)	HRR: pooled 2008-09
d489	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit by race: non-Black (Pneumonia)	HRR: pooled 2008-20
d490	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit by race: non-Black (Pneumonia)	HRR: pooled 2008-09
d491	Number of patients in cohort (Surgical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d492	Cohort discharges per 1,000 Medicare beneficiaries (Surgical)	State: annual 2004, 2009 HRR: annual 2009 County: annual 2004, 2009
d493	Percent readmitted within 30 days of discharge: Rate (Surgical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d494	Percent readmitted within 30 days of discharge: Lower confidence limit (Surgical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d495	Percent readmitted within 30 days of discharge: Upper confidence limit (Surgical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010

d496	Percent seeing a primary care clinician within 14 days of discharge to home: Rate (Surgical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d497	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit (Surgical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d498	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit (Surgical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d499	Percent having an emergency room visit within 30 days of discharge: Rate (Surgical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d500	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit (Surgical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d501	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit (Surgical)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d502	Number of patients in cohort by race: Black (Surgical)	HRR: pooled 2008-09
d503	Percent readmitted within 30 days of discharge: Rate by race: Black (Surgical)	HRR: pooled 2008-09
d504	Percent readmitted within 30 days of discharge: Lower confidence limit by race: Black (Surgical)	HRR: pooled 2008-09

d505	Percent readmitted within 30 days of discharge: Upper confidence limit by race: Black (Surgical)	HRR: pooled 2008-09
d506	Percent seeing a primary care clinician within 14 days of discharge to home: Rate by race: Black (Surgical)	HRR: pooled 2008-09
d507	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit by race: Black (Surgical)	HRR: pooled 2008-09
d508	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit by race: Black (Surgical)	HRR: pooled 2008-09
d509	Percent having an emergency room visit within 30 days of discharge: Rate by race: Black (Surgical)	HRR: pooled 2008-09
d510	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit by race: Black (Surgical)	HRR: pooled 2008-09
d511	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit by race: Black (Surgical)	HRR: pooled 2008-09
d512	Number of patients in cohort by race: non-Black (Surgical)	HRR: pooled 2008-09
d513	Percent readmitted within 30 days of discharge: Rate by race: non-Black (Surgical)	HRR: pooled 2008-09
d514	Percent readmitted within 30 days of discharge: Lower confidence limit by race: non-Black (Surgical)	HRR: pooled 2008-09
d515	Percent readmitted within 30 days of discharge: Upper confidence limit by race: non-Black (Surgical)	HRR: pooled 2008-09

d516	Percent seeing a primary care clinician within 14 days of discharge to home: Rate by race: non-Black (Surgical)	HRR: pooled 2008-09
d517	Percent seeing a primary care clinician within 14 days of discharge to home: Lower confidence limit by race: non-Black (Surgical)	HRR: pooled 2008-09
d518	Percent seeing a primary care clinician within 14 days of discharge to home: Upper confidence limit by race: non-Black (Surgical)	HRR: pooled 2008-09
d519	Percent having an emergency room visit within 30 days of discharge: Rate by race: non-Black (Surgical)	HRR: pooled 2008-09
d520	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit by race: non-Black (Surgical)	HRR: pooled 2008-09
d521	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit by race: non-Black (Surgical)	HRR: pooled 2008-09
d522	Number of patients in cohort (Hip fracture)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d523	Cohort discharges per 1,000 Medicare beneficiaries (Hip fracture)	State: annual 2004, 2009 HRR: annual 2009 County: annual 2004, 2009
d524	Percent readmitted within 30 days of discharge: Rate (Hip fracture)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010

d525	Percent readmitted within 30 days of discharge: Lower confidence limit (Hip fracture)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d526	Percent readmitted within 30 days of discharge: Upper confidence limit (Hip fracture)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d527	Percent having an emergency room visit within 30 days of discharge: Rate (Hip fracture)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d528	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit (Hip fracture)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d529	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit (Hip fracture)	State: annual 2004, 2008-2010 HRR: annual 2008-2010; pooled 2008-09 County: annual 2004, 2008-2010
d530	Number of patients in cohort by race: Black (Hip fracture)	HRR: pooled 2008-09
d531	Percent readmitted within 30 days of discharge: Rate by race: Black (Hip fracture)	HRR: pooled 2008-09
d532	Percent readmitted within 30 days of discharge: Lower confidence limit by race: Black (Hip fracture)	HRR: pooled 2008-09
d533	Percent readmitted within 30 days of discharge: Upper confidence limit by race: Black (Hip fracture)	HRR: pooled 2008-09

d534	Percent having an emergency room visit within 30 days of discharge: Rate by race: Black (Hip fracture)	HRR: pooled 2008-09
d535	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit by race: Black (Hip fracture)	HRR: pooled 2008-09
d536	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit by race: Black (Hip fracture)	HRR: pooled 2008-09
d537	Number of patients in cohort by race: non-Black (Hip fracture)	HRR: pooled 2008-09
d538	Percent readmitted within 30 days of discharge: Rate by race: non-Black (Hip fracture)	HRR: pooled 2008-09
d539	Percent readmitted within 30 days of discharge: Lower confidence limit by race: non-Black (Hip fracture)	HRR: pooled 2008-09
d540	Percent readmitted within 30 days of discharge: Upper confidence limit by race: non-Black (Hip fracture)	HRR: pooled 2008-09
d541	Percent having an emergency room visit within 30 days of discharge: Rate by race: non-Black (Hip fracture)	HRR: pooled 2008-09
d542	Percent having an emergency room visit within 30 days of discharge: Lower confidence limit by race: non-Black (Hip fracture)	HRR: pooled 2008-09
d543	Percent having an emergency room visit within 30 days of discharge: Upper confidence limit by race: non-Black (Hip fracture)	HRR: pooled 2008-09

Prescription Drug Use In Medicare Part D

d544	Medicare Part D beneficiaries	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d545	Average number of 30-day prescription fills per beneficiary	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d546	Percent of patients filling beta-blocker prescriptions in the first 6 months following heart attack (2008-2010)	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d547	Percent of patients filling beta-blocker prescriptions in the 7-12 months following heart attack (2008-2010)	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d548	Percent of patients filling statin prescriptions in the first 6 months following heart attack (2008-2010)	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d549	Percent of patients filling statin prescriptions in the 7-12 months following heart attack (2008-2010)	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d550	Percent of diabetic patients age 65-75 filling ACE-I or ARB prescription	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d551	Percent of diabetic patients age 65-75 filling statin prescription	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d552	Percent of beneficiaries with a fragility fracture filling prescription for an osteoporosis drug within 6 months (2006-2010)	State: annual 2010 HRR: annual 2010 HSA: annual 2010

d553	Percent of beneficiaries filling at least one prescription for a PPI	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d554	Percent of beneficiaries filling at least one prescription for an SSRI/SNRI	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d555	Percent of beneficiaries filling at least one prescription for a dementia medication	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d556	Percent of beneficiaries filling at least one prescription for a new sedative-hypnotic	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d557	Percent of beneficiaries filling prescriptions for more than one discretionary medication	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d558	Percent of beneficiaries filling at least one prescription for a high-risk medication	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d559	Percent of beneficiaries filling prescriptions for more than one high-risk medication	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d560	Part D spending per Medicare beneficiary	State: annual 2010 HRR: annual 2010 HSA: annual 2010
d561	Spending for non-prescription drug services (Parts A & B) per Medicare beneficiary	State: annual 2010 HRR: annual 2010 HSA: annual 2010

d562	Proportion of 30-day prescriptions filled with brand-name products	State: annual 2010 HRR: annual 2010 HSA: annual 2010
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Selected Measures Of Primary Care Access & Quality

d563	Number of Medicare beneficiaries (20% Part B sample): Overall	State: pooled 2003-05, 2003-07, 2006-07 HRR: pooled 2003-05, 2003-07, 2006-07 HSA: pooled 2003-05, 2003-07, 2006-07 County: pooled 2003-05, 2003-07, 2006-07
d564	Number of Medicare beneficiaries (20% Part B sample): Black	State: pooled 2003-05, 2003-07, 2006-07 HRR: pooled 2003-05, 2003-07, 2006-07 HSA: pooled 2003-05, 2003-07, 2006-07 County: pooled 2003-05, 2003-07, 2006-07
d565	Number of Medicare beneficiaries (20% Part B sample): White	State: pooled 2003-05, 2003-07, 2006-07 HRR: pooled 2003-05, 2003-07, 2006-07 HSA: pooled 2003-05, 2003-07, 2006-07 County: pooled 2003-05, 2003-07, 2006-07
d566	Number of Medicare beneficiaries (Part B eligible): Overall	State: annual 2008-2010 HRR: annual 2008-2010 HSA: annual 2008-2010 County: annual 2008-2010
d567	Number of Medicare beneficiaries (Part B eligible): Black	State: annual 2008-2010 HRR: annual 2008-2010 HSA: annual 2008-2010 County: annual 2008-2010
d568	Number of Medicare beneficiaries (Part B eligible): White	State: annual 2008-2010 HRR: annual 2008-2010 HSA: annual 2008-2010 County: annual 2008-2010

d569	Average annual percent of Medicare enrollees having ambulatory visit to a primary care clinician: Overall rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d570	Average annual percent of Medicare enrollees having ambulatory visit to a primary care clinician: Overall rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d571	Average annual percent of Medicare enrollees having ambulatory visit to a primary care clinician: Overall rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d572	Average annual percent of Medicare enrollees having ambulatory visit to a primary care clinician: Black rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d573	Average annual percent of Medicare enrollees having ambulatory visit to a primary care clinician: Black rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d574	Average annual percent of Medicare enrollees having ambulatory visit to a primary care clinician: Black rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d575	Average annual percent of Medicare enrollees having ambulatory visit to a primary care clinician: White rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d576	Average annual percent of Medicare enrollees having ambulatory visit to a primary care clinician: White rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d577	Average annual percent of Medicare enrollees having ambulatory visit to a primary care clinician: White rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d578	Number of diabetic Medicare enrollees age 65-75: Overall	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d579	Number of diabetic Medicare enrollees age 65-75: Black	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d580	Number of diabetic Medicare enrollees age 65-75: White	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d581	Average annual percent of diabetic Medicare enrollees age 65-75 having hemoglobin A1c test: Overall rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d582	Average annual percent of diabetic Medicare enrollees age 65-75 having hemoglobin A1c test: Overall rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d583	Average annual percent of diabetic Medicare enrollees age 65-75 having hemoglobin A1c test: Overall rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d584	Average annual percent of diabetic Medicare enrollees age 65-75 having hemoglobin A1c test: Black rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d585	Average annual percent of diabetic Medicare enrollees age 65-75 having hemoglobin A1c test: Black rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d586	Average annual percent of diabetic Medicare enrollees age 65-75 having hemoglobin A1c test: Black rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d587	Average annual percent of diabetic Medicare enrollees age 65-75 having hemoglobin A1c test: White rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d588	Average annual percent of diabetic Medicare enrollees age 65-75 having hemoglobin A1c test: White rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d589	Average annual percent of diabetic Medicare enrollees age 65-75 having hemoglobin A1c test: White rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d590	Average annual percent of diabetic Medicare enrollees age 65-75 having eye examination: Overall rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d591	Average annual percent of diabetic Medicare enrollees age 65-75 having eye examination: Overall rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d592	Average annual percent of diabetic Medicare enrollees age 65-75 having eye examination: Overall rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d593	Average annual percent of diabetic Medicare enrollees age 65-75 having eye examination: Black rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d594	Average annual percent of diabetic Medicare enrollees age 65-75 having eye examination: Black rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d595	Average annual percent of diabetic Medicare enrollees age 65-75 having eye examination: Black rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d596	Average annual percent of diabetic Medicare enrollees age 65-75 having eye examination: White rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d597	Average annual percent of diabetic Medicare enrollees age 65-75 having eye examination: White rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d598	Average annual percent of diabetic Medicare enrollees age 65-75 having eye examination: White rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d599	Average annual percent of diabetic Medicare enrollees age 65-75 having blood lipids (LDL-C): Overall rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d600	Average annual percent of diabetic Medicare enrollees age 65-75 having blood lipids (LDL-C): Overall rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d601	Average annual percent of diabetic Medicare enrollees age 65-75 having blood lipids (LDL-C): Overall rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d602	Average annual percent of diabetic Medicare enrollees age 65-75 having blood lipids (LDL-C): Black rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d603	Average annual percent of diabetic Medicare enrollees age 65-75 having blood lipids (LDL-C): Black rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d604	Average annual percent of diabetic Medicare enrollees age 65-75 having blood lipids (LDL-C): Black rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d605	Average annual percent of diabetic Medicare enrollees age 65-75 having blood lipids (LDL-C): White rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d606	Average annual percent of diabetic Medicare enrollees age 65-75 having blood lipids (LDL-C): White rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d607	Average annual percent of diabetic Medicare enrollees age 65-75 having blood lipids (LDL-C): White rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d608	Number of female Medicare enrollees age 67-69: Overall	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d609	Number of female Medicare enrollees age 67-69: Black	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d610	Number of female Medicare enrollees age 67-69: White	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d611	Average annual percent of female Medicare enrollees age 67-69 having at least one mammogram over a 2- year period: Overall rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d612	Average annual percent of female Medicare enrollees age 67-69 having at least one mammogram over a 2- year period: Overall rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d613	Average annual percent of female Medicare enrollees age 67-69 having at least one mammogram over a 2-year period: Overall rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d614	Average annual percent of female Medicare enrollees age 67-69 having at least one mammogram over a 2-year period: Black rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d615	Average annual percent of female Medicare enrollees age 67-69 having at least one mammogram over a 2-year period: Black rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d616	Average annual percent of female Medicare enrollees age 67-69 having at least one mammogram over a 2-year period: Black rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d617	Average annual percent of female Medicare enrollees age 67-69 having at least one mammogram over a 2-year period: White rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d618	Average annual percent of female Medicare enrollees age 67-69 having at least one mammogram over a 2-year period: White rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d619	Average annual percent of female Medicare enrollees age 67-69 having at least one mammogram over a 2-year period: White rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d620	Number of Medicare beneficiaries (100% Part A): Overall	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d621	Number of Medicare beneficiaries (100% Part A): Black	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d622	Number of Medicare beneficiaries (100% Part A): White	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d623	Leg amputations per 1,000 Medicare enrollees: Overall rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d624	Leg amputations per 1,000 Medicare enrollees: Overall rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d625	Leg amputations per 1,000 Medicare enrollees: Overall rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d626	Leg amputations per 1,000 Medicare enrollees: Black rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d627	Leg amputations per 1,000 Medicare enrollees: Black rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d628	Leg amputations per 1,000 Medicare enrollees: Black rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d629	Leg amputations per 1,000 Medicare enrollees: White rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d630	Leg amputations per 1,000 Medicare enrollees: White rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d631	Leg amputations per 1,000 Medicare enrollees: White rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d632	Discharges for ambulatory care sensitive conditions per 1,000 Medicare enrollees: Overall rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d633	Discharges for ambulatory care sensitive conditions per 1,000 Medicare enrollees: Overall rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d634	Discharges for ambulatory care sensitive conditions per 1,000 Medicare enrollees: Overall rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d635	Discharges for ambulatory care sensitive conditions per 1,000 Medicare enrollees: Black rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d636	Discharges for ambulatory care sensitive conditions per 1,000 Medicare enrollees: Black rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

d637	Discharges for ambulatory care sensitive conditions per 1,000 Medicare enrollees: Black rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d638	Discharges for ambulatory care sensitive conditions per 1,000 Medicare enrollees: White rate	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d639	Discharges for ambulatory care sensitive conditions per 1,000 Medicare enrollees: White rate, lower confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07
d640	Discharges for ambulatory care sensitive conditions per 1,000 Medicare enrollees: White rate, upper confidence limit	State: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HRR: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 HSA: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07 County: annual 2008-2010; pooled 2003-05, 2003-07, 2006-07

Selected Surgical Discharge Rates

d641	Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d642	All surgical discharges per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d643	Abdominal aortic aneurysm repair per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d644	Back surgery per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d645	Coronary angiography per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10

d646	Coronary artery bypass grafting (CABG) per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d647	Percutaneous coronary interventions per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d648	Carotid endarterectomy per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d649	Cholecystectomy per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d650	Hospitalizations for hip fracture per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10

d651	Hip replacements per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d652	Knee replacements per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d653	Mastectomy for breast cancer per 1,000 female Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d654	Resection for colon cancer per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d655	Lower extremity revascularization per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10

d656	Transurethral prostatectomy for benign prostatic hyperplasia per 1,000 male Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d657	Aortic/mitral valve replacement per 1,000 Medicare enrollees	State: annual 1992-2010; pooled 2008-10 HRR: annual 1992-2010; pooled 2008-10 HSA: annual 1992-2010; pooled 2008-10
d658	Radical prostatectomy per 1,000 male Medicare enrollees	State: annual 2003-2010; pooled 2008-10 HRR: annual 2003-2010; pooled 2008-10 HSA: annual 2003-2010; pooled 2008-10