A Comparison of Hospitalized Patients between the U.S. and China

Ideas, Opportunities and Challenges

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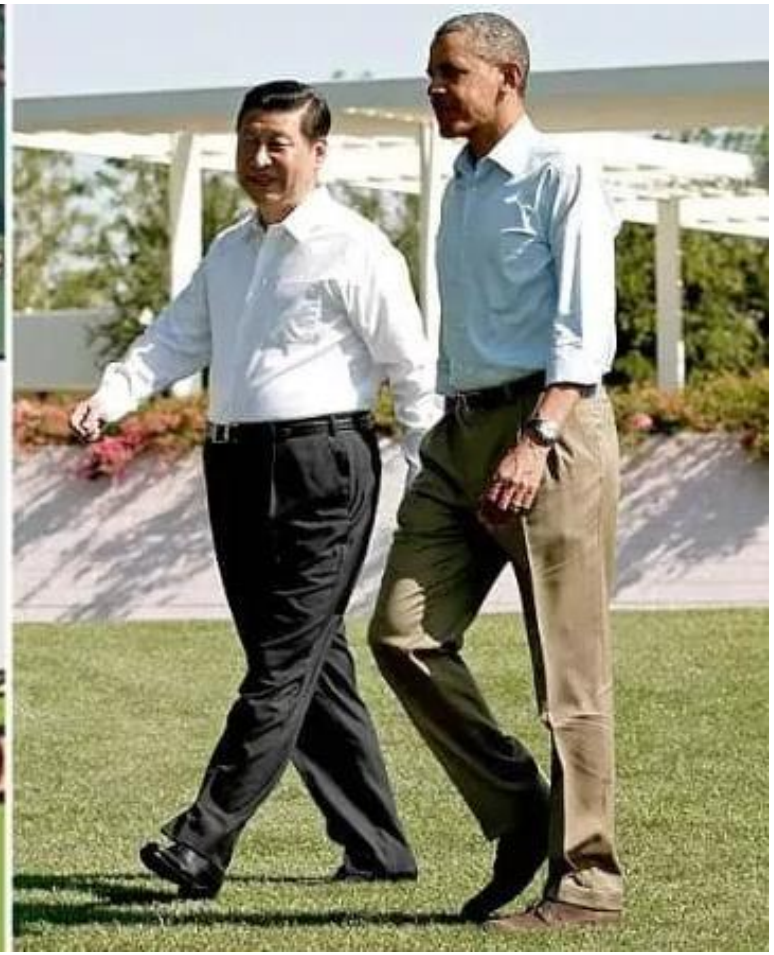
A comparison of two countries

- The 1st largest economy
- The 3rd in geographical size
- The 3rd in population

- Diversity in ethnicity
- Private insurance market

- The 2nd largest economy
- The 4th in geographical size
- The 1st in population

- Homogeneous ethnicity
- Government led insurance



Politics are tricky,
but research is interesting

Hospitalized Patient Data

HCUP by the AHRQ

- Nationwide Inpatient Sample (NIS) → $100 per year
- Nationwide Emergency Department Sample(NEDS) → $150 per year

- State Inpatient Database (SID) → $50~600 per year
- State Ambulatory Surgery and Service Databases (SASD) → $50~600 per year
- State Emergency Department Database (SEDD) → $50~600 per year

Shanxi Chinese patient data (2013-2017)

Rural & urban patients

Acute Myocardial Infarction (AMI) patients:

High risk of death, very urgent (need treatment within

30 minutes), high prevalence

Rural

- Less medical facilities
- More transportation time
- Less advanced medical equipment and doctors

- Less disease severity (We suspect)

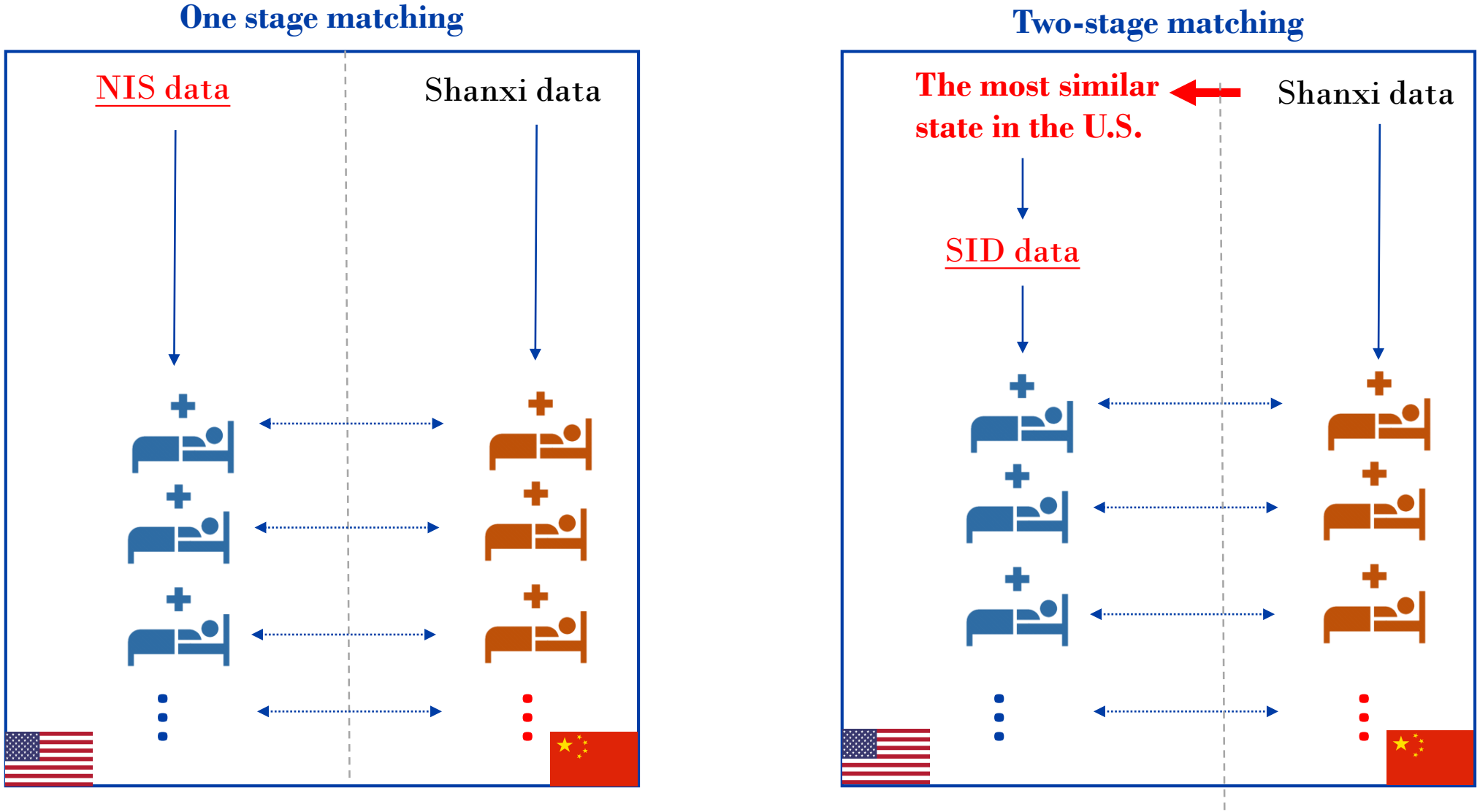
Urban

- More medical facilities
- Less transportation time
- advanced medical equipment and doctors

- Higher disease severity (pollution, stressful life…)

National data V.S. Provincial data?

Two matching methods



Challenges

- How to address the importance of this topic?
- NIS or SID data?
- What other topics are interesting?