

HEALTHCARE ANALYSIS - ADVANCED EXCEL PROJECT

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Oeson
Inspiring generation

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INTRODUCTION & OBJECTIVES

The utilized dataset is the Hospital Charges data, encompassing over 150,000 records documenting the treatment of diverse medical conditions in numerous hospitals across the United States. The dataset includes information on 3000+ healthcare providers, such as hospitals and medical centers. Covering all 50 states and around 2000 cities nationwide, it details the treatment costs for approximately 7 million patients. Each record corresponds to a distinctive combination of state, city, ailment, and provider, accompanied by the average treatment cost for a specific medical condition.

The main goal of this project is to develop a thorough grasp of advanced Excel tools for analyzing the provided dataset. Emphasis will be placed on data visualization, utilizing a variety of tools within Excel. The project seeks to improve our expertise in data analysis and visualization techniques by leveraging the robust features and functions offered by Microsoft Excel.



AILMENT TREATMENTS DESCRIPTION



There are 100 different ailments in this dataset, in which the top and bottom there are:

194 – SIMPLE PNEUMONIA & PLEURISY W

CC is the most common treatment with a count of 3,023, a 1.85% of the total

690 – KIDNEY & URINARY TRACT common treatment W/O MCC is the second most common treatment with a count of 2,989, a 1.83%

292 – HEARTFAILURE & SHOCK W CC is the third most common common treatment with a count of 2,953, a 1.81% of the total

885 – PSYCHOSES is the least common treatment with a count of 613, a 0.38% of the total.

251 – PERC CARDIOVASC PROC W/O CORONARY ARTERY STENTW/O MCC is the second least common treatment with a count of 727, a 0.45% of the total.

917 – POISONING & TOXIC EFFECTS OF DRUGS W MCC is the third least common treatment with a count of 843, a 0.52% of the total

DIAGNOSTIC RELATED GROUPS (DRG) BY PROVIDER CITY

Provider City	Count of DRG Definition
ALABASTER	13
ANNISTON	12
BIRMINGHAM	74
BOAZ	13
DECATUR	12
DOTHAN	26
FAIRHOPE	12
FLORENCE	13
FOLEY	12
GADSDEN	26
HUNTSVILLE	13
MOBILE	24
MONTGOMERY	13
OPELIKA	13
TUSCALOOSA	12

Table 1

The data represents the count of Diagnosis-Related Group (DRG) definitions for different provider cities in Alabama. Each city is associated with a specific number of DRG definitions, reflecting the variety and quantity of medical diagnoses and procedures within those cities. Birmingham has the highest count with 74 DRG definitions, indicating a diverse range of medical conditions and treatments covered by these classifications in the healthcare facilities of this city. Gadsden and Dothan both have 26 DRG definitions, signifying a substantial but slightly lower variety compared to Birmingham.

Mobile has 24 DRG definitions, indicating a relatively high diversity of medical cases and procedures in healthcare facilities within the city.

Several other cities, such as Alabaster, Anniston, Decatur, Fairhope, Florence, Foley, Huntsville, Montgomery, Opelika, and Tuscaloosa, have counts ranging from 12 to 13 DRG definitions. These cities also represent a variety of medical conditions and treatments but with a lower volume compared to the larger metropolitan areas.

In essence, the data provides insights into the distribution and complexity of medical cases and procedures across different cities in Alabama, as categorized by the DRG definitions

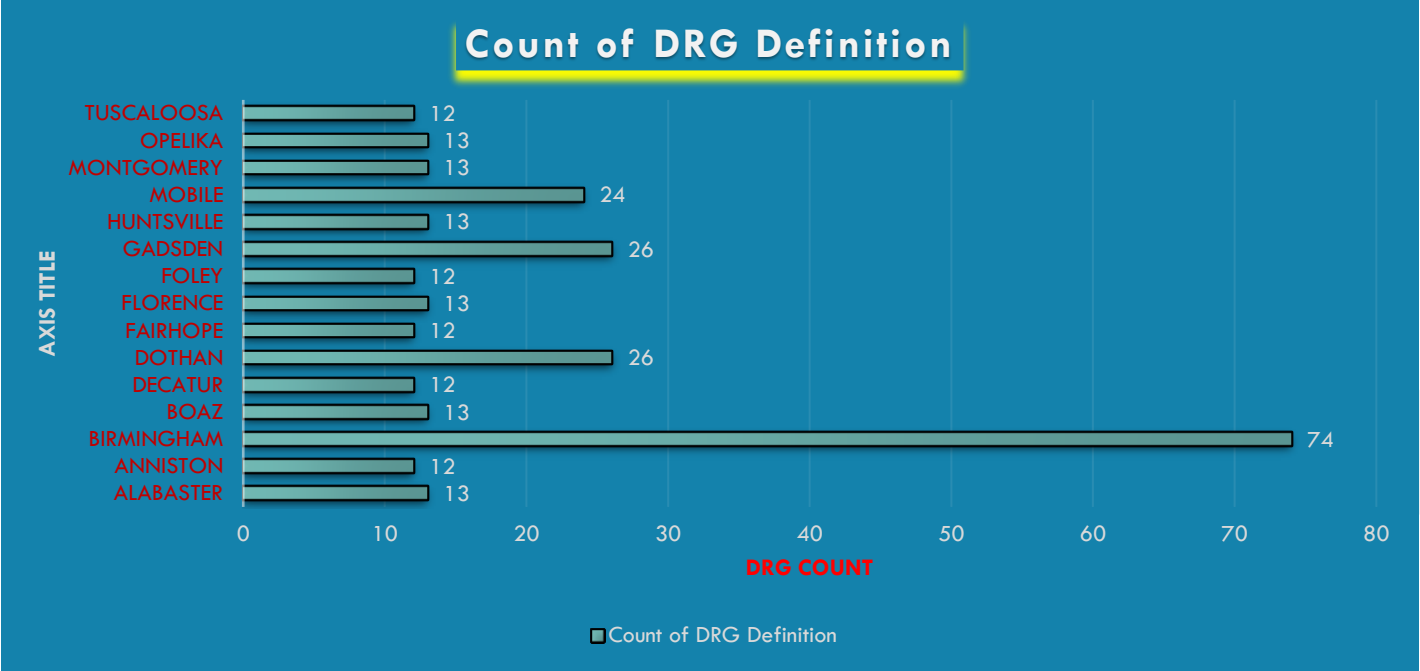


Figure 1

TOP 10 AVERAGE HEALTHCARE CHARGE BY STATES

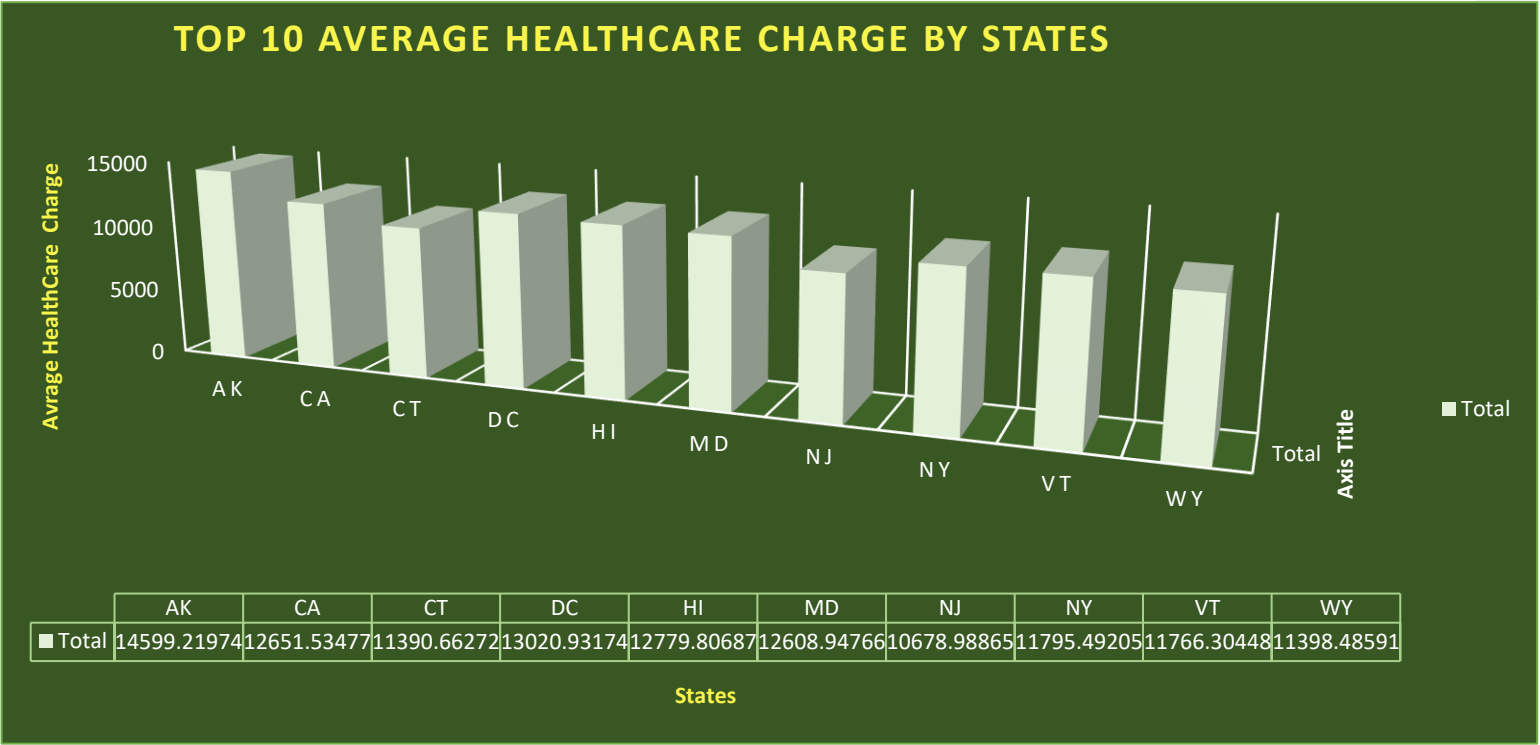


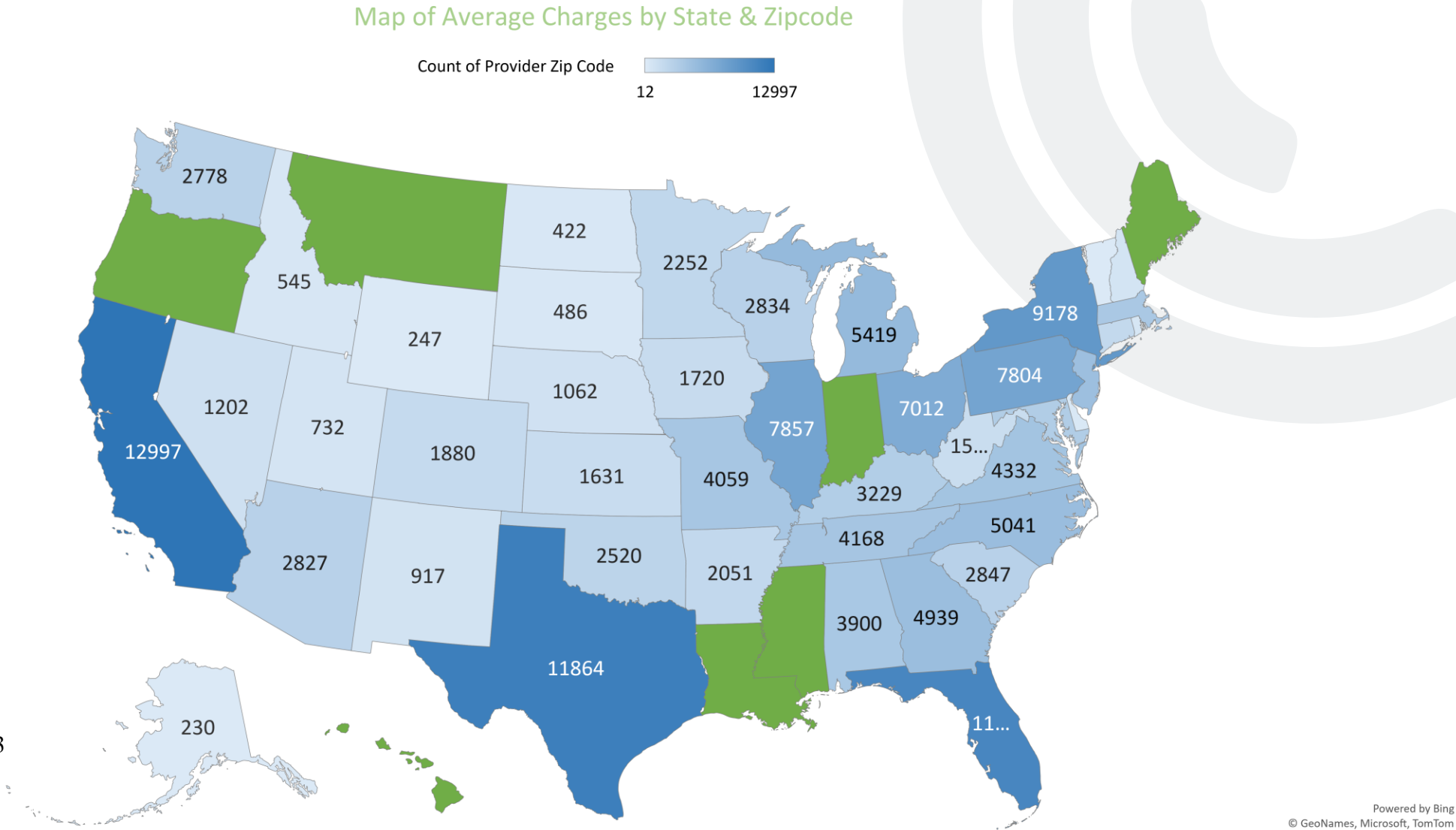
Figure 2

STATES	AVERAGE OF CHARGE
AK	14599.21974
CA	12651.53477
CT	11390.66272
DC	13020.93174
HI	12779.80687
MD	12608.94766
NJ	10678.98865
NY	11795.49205
VT	11766.30448
WY	11398.48591
Grand Total	12065.52165

Table 2

The highlighted summary statistics present the average charges for healthcare providers across various states. Alaska (AK) stands out with the highest average charge of \$14,599.22, signifying relatively higher healthcare costs. California (CA) follows closely with an average charge of \$12,651.53, placing it in the moderately high-cost category. On the other hand, New Jersey (NJ) boasts one of the lower average charges at \$10,678.99. The "Grand Total" reflects the overall average charge across all states, amounting to \$12,065.52. These statistics shed light on the diversity in healthcare charges across states, identifying regions with varying cost implications.

MAP OF AVERAGE CHARGE BY STATE & ZIPCODE



SEE APPENDIX FOR DETAILS

AVERAGE OF HEALTHCARE CHARGES FOR TOP 10 PROVIDER CITIES

Average of Charges for Top 10 Health Care Provider City

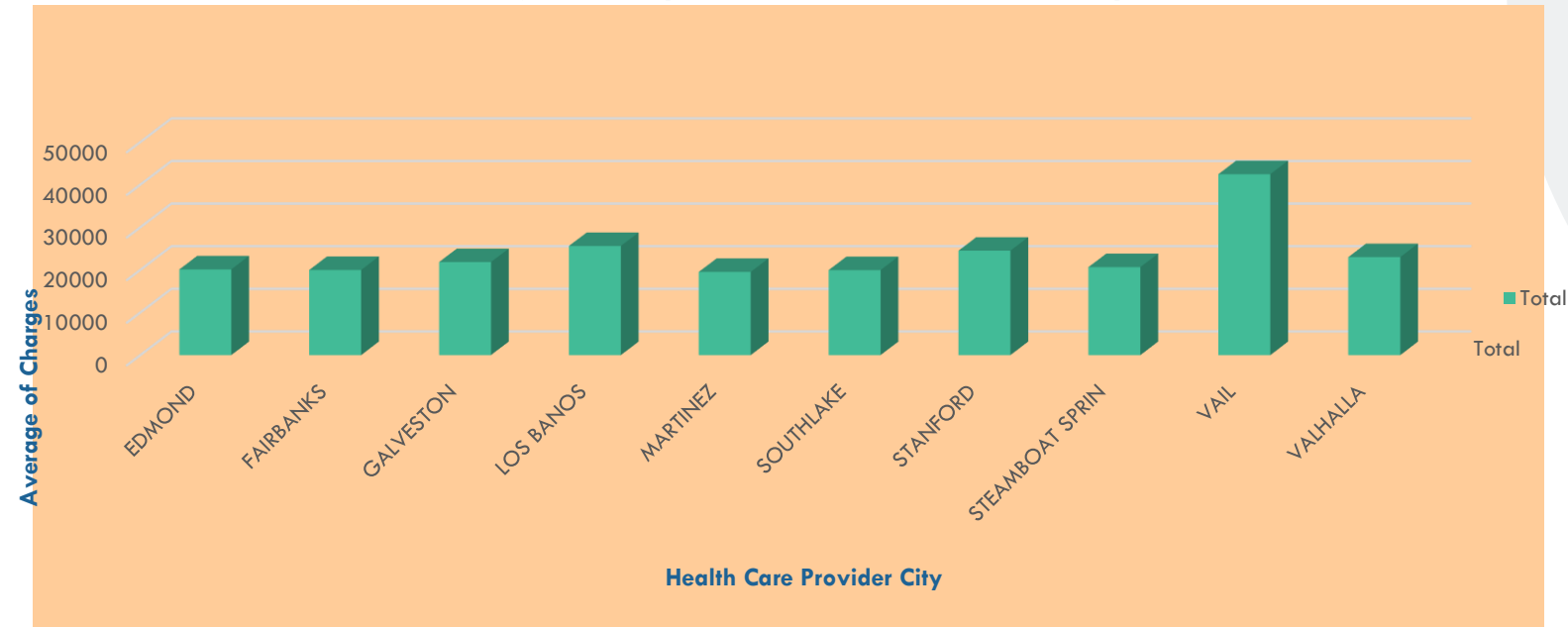


Figure 4

Health Care Provider Average of Charges	
EDMOND	20096.57
FAIRBANKS	19966.09276
GALVESTON	21816.86232
LOS BANOS	25592.8725
MARTINEZ	19507.039
SOUTHLAKE	19936.415
STANFORD	24493.8364
STEAMBOAT SPRIN	20628.11
VAIL	42446.71
VALHALLA	22982.27293
Grand Total	22759.39057

Table 3

The highlighted summary statistics showcase the average charges for healthcare providers in various locations. Notably, Vail exhibits the highest average charge at \$42,446.71, indicating comparatively elevated healthcare costs in that area. Los Banos follows with a substantial average charge of \$25,592.87, signifying relatively higher costs as well. Stanford registers an above-average charge of \$24,493.84, pointing to relatively expensive healthcare services in that location. Valhalla falls within the upper range with an average charge of \$22,982.27, indicating moderately high healthcare costs. Galveston, Steamboat Springs, Southlake, and Edmond have average charges ranging from \$19,507.04 to \$21,816.86, placing them in a moderate range. Fairbanks and Martinez share similar mid-range averages at \$19,966.09 and \$19,507.04, respectively. These statistics offer insights into the diverse landscape of healthcare charges, with the "Grand Total" reflecting an overall average charge of \$22,759.39 across all locations.

TOP 10 HEALTHCARE PROVIDERS

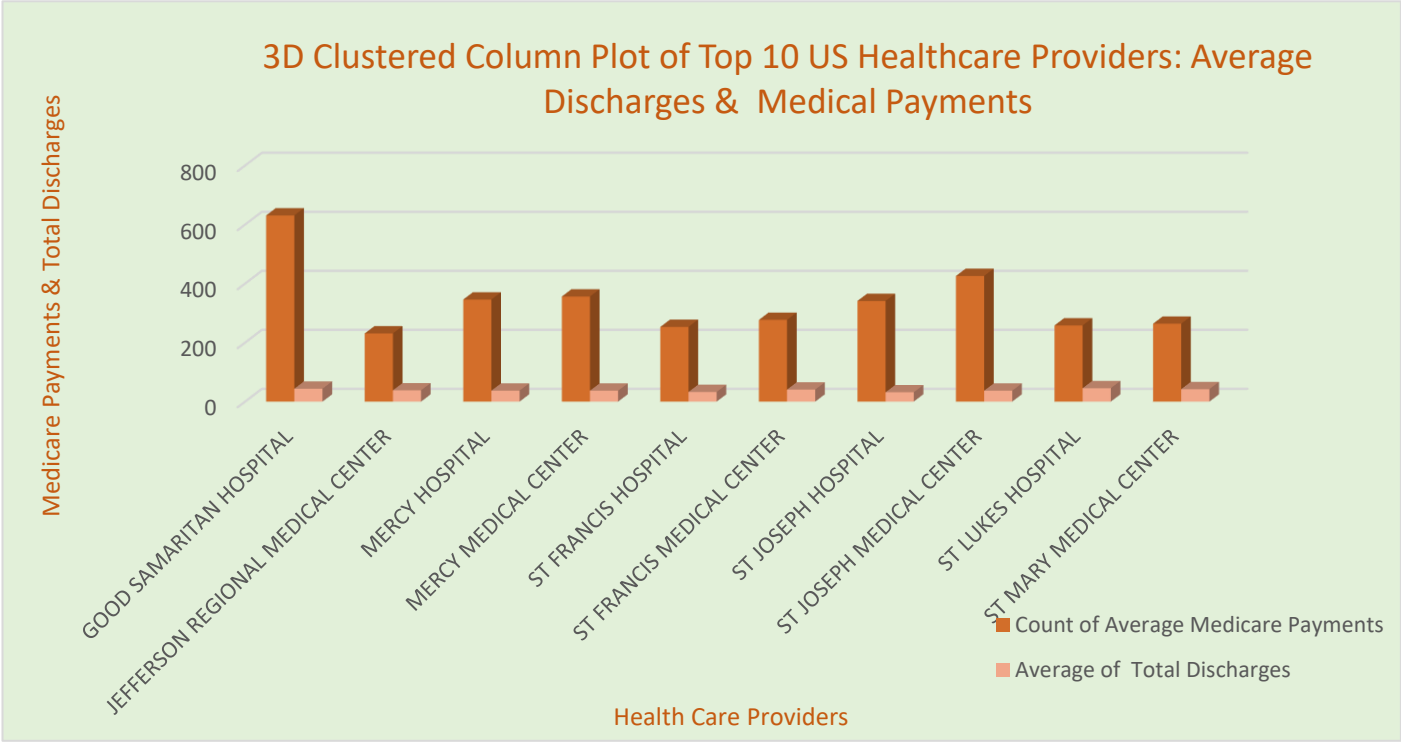


Figure 5

The provided summary statistics outline the count of average Medicare payments and the average total discharges for various hospitals. St. Luke's Hospital exhibits the highest average total discharges among the listed hospitals, reaching 45.48, suggesting a significant patient load. Good Samaritan Hospital, with 631 average Medicare payments, indicates a high volume of Medicare-related cases. St. Joseph Medical Center and Mercy Hospital are notable for their substantial counts of average Medicare payments, each with 426 and 346, respectively, reflecting significant utilization of Medicare services. The overall grand total across all hospitals accounts for 3,383 cases with an average total discharge of 38.85, providing a comprehensive overview of the dataset's scope. These statistics offer valuable insights into the Medicare-related dynamics and patient discharges for the listed hospitals.

HEALTH CARE CENTER	Count of Average Medicare Payments	Average of Total Discharges
GOOD SAMARITAN HOSPITAL	631	43.66402536
JEFFERSON REGIONAL MEDICAL CENTER	231	38.16450216
MERCY HOSPITAL	346	37.04624277
MERCY MEDICAL CENTER	356	37.05337079
ST FRANCIS HOSPITAL	253	32.68379447
ST FRANCIS MEDICAL CENTER	277	40.8700361
ST JOSEPH HOSPITAL	341	31.6568915
ST JOSEPH MEDICAL CENTER	426	37.14553991
ST LUKES HOSPITAL	258	45.47674419
ST MARY MEDICAL CENTER	264	42.10606061
Grand Total	3383	38.851611

Table 4

AVERAGE PAYMENTS BY HOSPITAL REFERRAL REGIONS

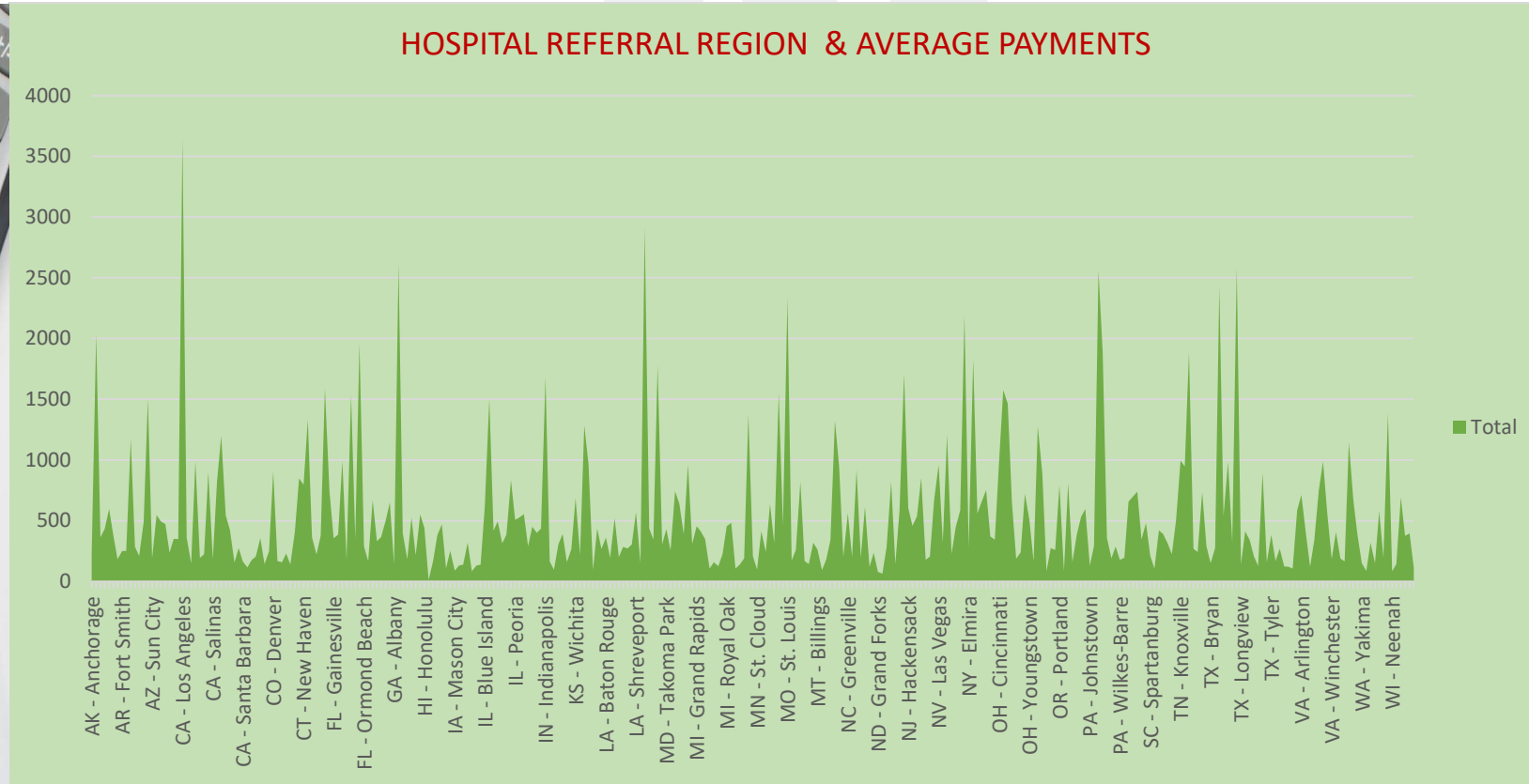


Figure 6

The dataset provides counts of Average Total Payments for various Hospital Referral Regions (HRRs) in the United States, totaling 162,976 instances. Los Angeles, CA, stands out with the highest count at 3,640, indicative of a robust and active healthcare system. In contrast, Grand Forks, ND, has the lowest count at 80, suggesting a comparatively smaller healthcare system. These variations underscore disparities in healthcare utilization and service availability across regions. Policymakers and healthcare professionals should consider these differences to address disparities, allocate resources effectively, and ensure equitable access to healthcare services nationwide.

AVERAGE MEDICARE PAYMENTS BY STREET ADDRESS

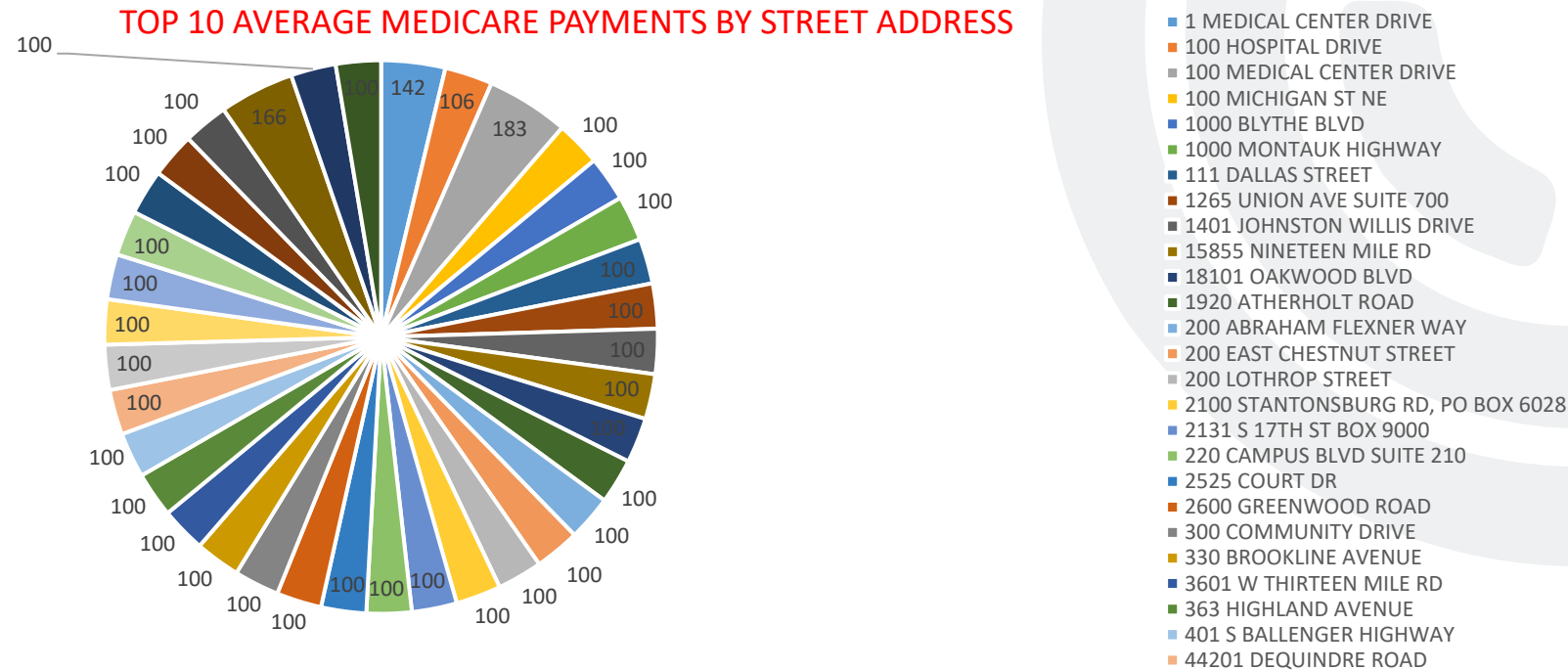


Figure 7

The dataset provides counts of Average Medicare Payments for various healthcare facilities, revealing variations in healthcare utilization and payments across different locations. Some facilities, such as the one at 800 Washington Street, have a notably higher count at 166, indicating potentially higher healthcare activity or services provided. On the other hand, numerous facilities, including those at 1000 Blythe Blvd, 1401 Johnston Willis Drive, or 509 Biltmore Ave, have a count of 100, suggesting a standard level of Medicare payments. The disparities in payment counts may reflect differences in the socio-economic status of neighborhoods served by these facilities. Those in wealthier neighborhoods may have higher healthcare utilization and payments, possibly due to better access to healthcare services, advanced medical facilities, or a greater prevalence of health insurance. In contrast, facilities in neighborhoods with lower socio-economic status may experience standard or lower payment counts, potentially indicating disparities in healthcare access and utilization between richer and poorer neighborhoods. Policymakers and healthcare professionals should consider these variations to address potential inequalities in healthcare services and resource allocation across different communities.

SUMMARY

The provided data highlights significant disparities in payments and discharges across hospitals, states, and regions in the United States, suggesting that higher costs may be associated with superior-quality treatment, particularly for specific medical conditions requiring more extensive resources. Regions with larger populations tend to incur higher healthcare expenses, while those with lower average medical payments may have greater flexibility for implementing cost-cutting measures. Further research is essential to refine our understanding of the cost dynamics and resource allocation in the healthcare system.

Consistent and reliable funding is crucial for the effective functioning of healthcare services, as inadequate financial support can lead to suboptimal medical care and hinder the recruitment of skilled medical professionals. Additionally, there is a significant risk that underpaid medical professionals may deliver lower-quality care, compromising overall healthcare outcomes. To address this issue, healthcare providers with lower costs should establish a standardized charge that aligns with the quality of services they provide, ensuring fair compensation for medical professionals and contributing to maintaining a high standard of healthcare delivery.



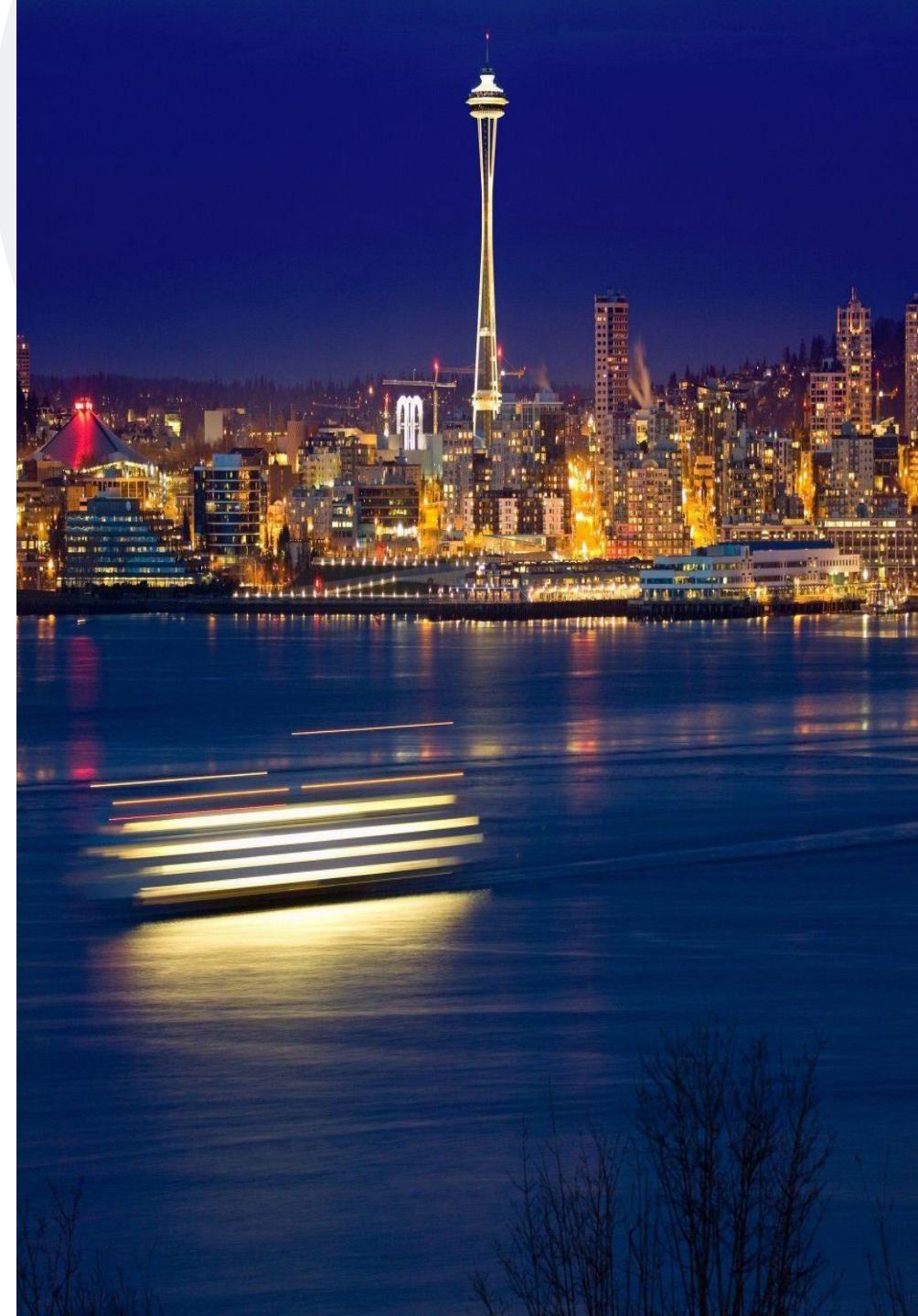
APPENDIX



TABLE OF AVERAGE CHARGE BY STATE & ZIPCODE

States	Count of Provider Zip Code	Average of Charges
AK	230	14599.22
AL	3900	7444.802
AR	2051	8034.074
AZ	2827	10179
CA	12997	12651.53
CO	1880	9515.722
CT	1996	11390.66
DC	459	13020.93
DE	391	10384.87
FL	11074	8846.182
GA	4939	8940.521
HI	441	12779.81
IA	1720	8329.92
ID	545	9863.184
IL	7857	9806.652
IN	4223	8776.454
KS	1631	8464.212
KY	3229	8278.589
LA	3027	8638.663
MA	3842	10279.98
MD	3330	12608.95
ME	888	8679.995
MI	5419	9754.42
MN	2252	9948.237

MO	4059	8724.631
MS	2410	8229.165
MT	506	9252.803
NC	5041	9089.436
ND	422	9827.638
NE	1062	9331.683
NH	823	9289.662
NJ	4826	10678.99
NM	917	9619.841
NV	1202	10291.72
NY	9178	11795.49
OH	7012	8808.128
OK	2520	8353.641
OR	1299	10436.19
PA	7804	9100.043
RI	588	10509.57
SC	2847	9132.421
SD	486	10141.69
TN	4168	8153.951
TX	11864	9243.98
UT	732	9749.907
VA	4332	8887.752
VT	270	11766.3
WA	2778	10543.15
WI	2834	9270.706
WV	1589	7968.48
WY	247	11398.49



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THANK YOU

