[OSHPD Charts]

These charts show **rankings** for California and for each County of the **number of persons hospitalized** for specific reasons, the **total charges** for those hospitalizations, and the associated **median charges**. These rankings provide a valuable view into the burden of disease/injury in California, and provide an important view of the economic impact of these conditions.

There are a number of nuances and sources of possible error in these charts described in detail in the technical documentation. Of particular note, the summaries of “charges” shown, are for just that, *charges*, and may well not reflects the actual costs, reimbursements, or payments for those charges.

**Chart A** shows **primary** reason for hospitalization (i.e. the first code listed), and includes rankings based on the number of **hospitalizations**, the XX, associated **total charges**, and associated **median charges**. This chart is particularly valuable for comparing the different rankings for the same condition based on numbers of hospitalizations, versus total, versus median costs. Some conditions have high (or low) total charges because of high (or low) median charges, some because of large (or small) numbers of hospitalizations, and all sorts of things in between.

**Chart B** shows hospitalization for a condition based it being the primary reason for hospitalization OR it being listed in ANY of the other positions for the hospitalization. This chart provides important insights for understanding burden since for some conditions it is overwhelmingly listed as “primary” (e.g. birth-related), with few listed in other positions; whereas for other conditions it is often listed in non-primary positions.

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Technical Doc

For each hospitalization, up to XX conditions can be listed as being associated with the hospitalization, with the condition listed in the first position being the/a **primary reason** for the specific hospitalization. This coding uses the ICD10-CM system (from 2016 forward; prior to 2016 ICD9-CM was used), along with standardized guidance. The codes entered by the hospitals are subject to error, both unintentional and intentional (e.g. entering a code for a condition with a larger reimbursement). Nevertheless, since the data are used in the CCB in summary form, the overall patterns displayed are very likely to be meaningful and informative.

ICD10-CM codes are highly detailed and specific, with over XX,000 codes. There are many ways these codes can be grouped/summarized into meaningful categories. Our first approach, labeled “GBD”, groups the codes into conditions based on, generally, the Global Burden of Disease system, as describe HERE for death data, and includes “high volume” conditions and some other conditions of clear programmatic public health interest in California. The second system, the XXX system, groups the codes into XX conditions, and is based on XXX. The third system, the XXX system, groups the code into XXX conditions, and is based on XXX. Coding for these second and third approaches is conducted by the Office of Statewide Planning and Development. [Need SHORT version of these three methods for a “?” link in the dropdown]

For each hospitalization **one summary charge** is listed, reflecting the charges associated with the primary condition as well as **any other charge** associated with the hospitalization. Also, it is important to note that monetary figure included is **charges** based on the hospital administrative system, and does not indicate actual costs/payments for those charges. Nevertheless, because these charts describe summary data, they provide valuable information regarding the patterns of the monetary burden of disease/conditions in California from the hospitalization perspective. For some hospitalizations, no charges are included, and for some hospitalization implausibly high charges have been excluded, so total charges may be underestimates from this perspective. “Average” charges in these charts are based on the median rather than the mean, so are largely not impacted by these issues.

Need a couple sentence about the OSHPD system, hospital reporting requirement etc., provision of the data to us, specific name of data set provie to us; and link and reference to OSHPD…..