

# Healthcare Utilization and Spending among Working-Age Adults with and without Disabilities, 2008-2016

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A CHARTBOOK BY THE COLLABORATIVE ON HEALTH REFORM AND  
INDEPENDENT LIVING

PUBLISHED FEBRUARY 2019

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# Introduction

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The Collaborative on Health Reform and Independent Living provides disability stakeholders with accurate, current, accessible and actionable information on how recent changes in health policy affect the community living and integration of working-age adults with disabilities.

In an effort to make information about healthcare, health reform, and people with disabilities more available and accessible, we have developed the following chartbook about the healthcare utilization and expenditures of working-age people with and without disabilities. These results are presented with minimal interpretation and you are welcome to use them with attribution.

Recommended citation: Collaborative on Health Reform and Independent Living. (2019). Healthcare utilization and spending among working-age adults with and without disabilities, 2008-2016. [Chartbook] Accessed Month Day, Year, from <http://www.chril.org/>

# Methods

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- We produced these estimates using STATA ([www.stata.com](http://www.stata.com)), and can provide code to assist in replication on request. All output shown was adjusted to compensate for the survey design and population weights, using STATA's svy command and the weights, strata, and PSUs provided by MEPS.
- An Excel spreadsheet of these results, including standard errors and sample sizes, is also available on our website at [www.chril.org](http://www.chril.org). If there is another format that is more accessible for you, please contact us at [Liz.Wood@wsu.edu](mailto:Liz.Wood@wsu.edu) and we will endeavor to meet your needs.

# Defining Disability

We used a very broad definition of disability, including people who were in any or all of these categories for their survey year:

- Reporting receiving any help with a **instrumental activity of daily living** for a health reason. Instrumental activities of daily living (IADLs) are things like paying bills, taking medicine, and cooking.
- Reporting receiving any help with an **activity of daily living** for a health reason. Activities of daily living (ADLs) are things like dressing yourself, taking a shower, eating, or using the bathroom.
- **Functional limitation.** The MEPS asks whether people are limited in their ability to do certain physical things like lifting, walking, standing, or using their fingers to grasp.
- **Activity limitation.** The MEPS asks whether people had a health condition that limited their ability to work, go to school, and/or do housework.

	Disability	No Disability
2008	3,644	14,483
2009	4,145	16,232
2010	3,524	14,724
2011	3,797	15,934
2012	4,147	17,849
2013	3,916	16,831
2014	3,787	15,763
2015	3,852	16,087
2016	3,676	15,717

# For more information about data

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All data shown here was derived from AHRQ's Medical Expenditure Panel Survey, Full Year Consolidated Data Files (2008-2016). They can be downloaded by the public for no cost.

For those interested, the documentation provided for each of these data files explains in detail the MEPS recruitment and data collection methodology, including information on how expenditures are independently verified.

- [2008 Documentation](#)
- [2009 Documentation](#)
- [2010 Documentation](#)
- [2011 Documentation](#)
- [2012 Documentation](#)
- [2013 Documentation](#)
- [2014 Documentation](#)
- [2015 Documentation](#)
- [2016 Documentation](#)

# For questions not answered here

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AHRQ offers an interactive analytic tool that will let you run certain queries without needing separate statistical software: <https://meps.ahrq.gov/mepstrends/home/index.html>

For the disability community, we can also offer technical assistance in replicating a subset of these tables in your population of interest. For instance, we can provide data on these outcomes among just people with hearing disabilities, or just people with cognitive limitations.

Please note that the MEPS data does not support very fine-grained analyses (e.g. looking at just people with spinal cord injury), nor does it permit state-level analyses (e.g., just looking at changes over time in North Carolina).

If you would like to request technical assistance related to this chartbook, please contact [Liz.Wood@wsu.edu](mailto:Liz.Wood@wsu.edu).

# 1. Office-Based Visits



# Summary of Findings

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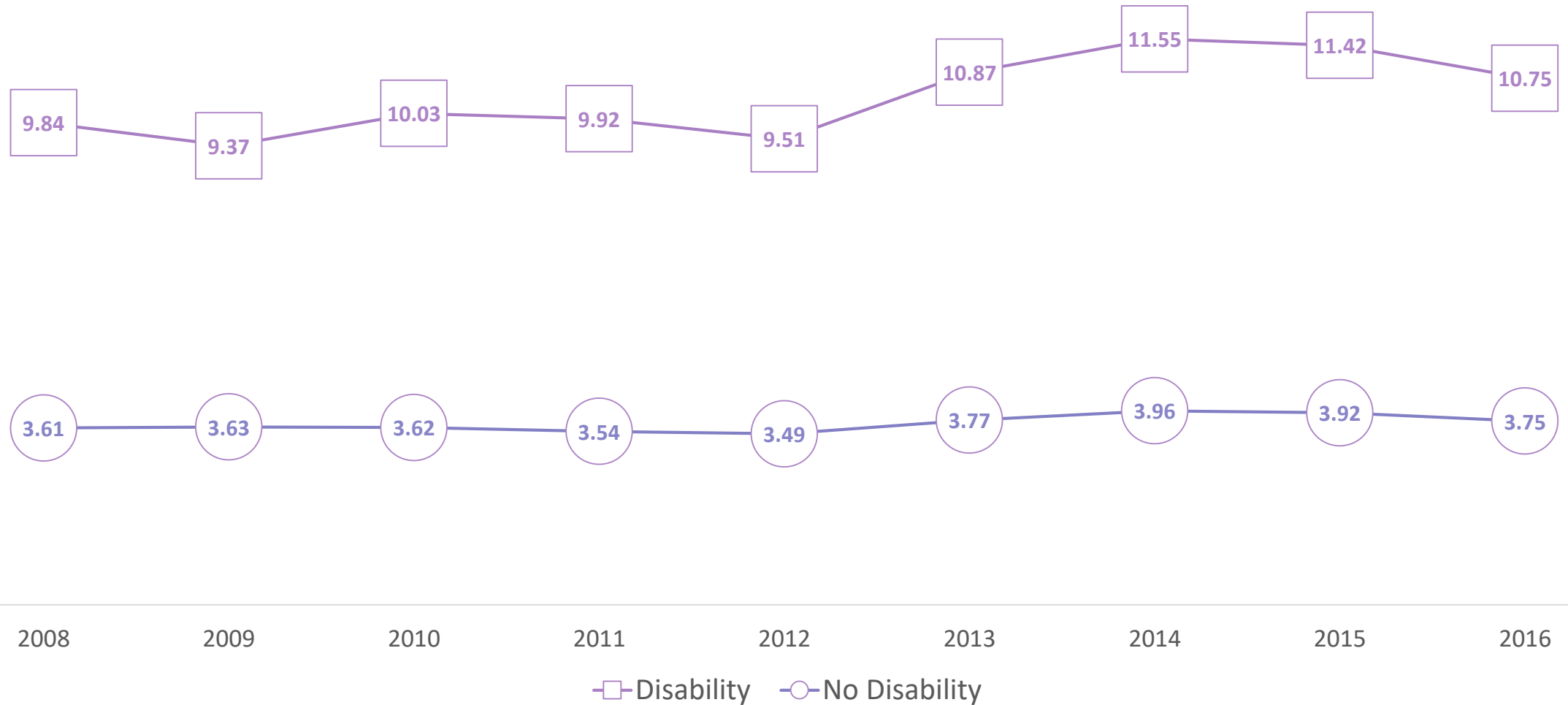
- People with disabilities had more office-based visits ([1.1](#)) and higher office-based expenditures in all years ([1.2](#)) compared to people without disabilities.
  - In 2016, people with disabilities reported an \$827 higher average expenditure on all office-based visits (\$2,622) than in 2008 (\$1,795).
  - Average expenditures on all office-based visits for people without disabilities increased \$212 in the same time period.
- Both people with and without disabilities reported similar or slightly fewer office visits in 2016 than in 2008 ([1.3](#)).
  - However, average expenditures on office visits increased \$474 for people with disabilities and \$90 for people without disabilities over this time period ([1.4](#)).

# Summary of Findings

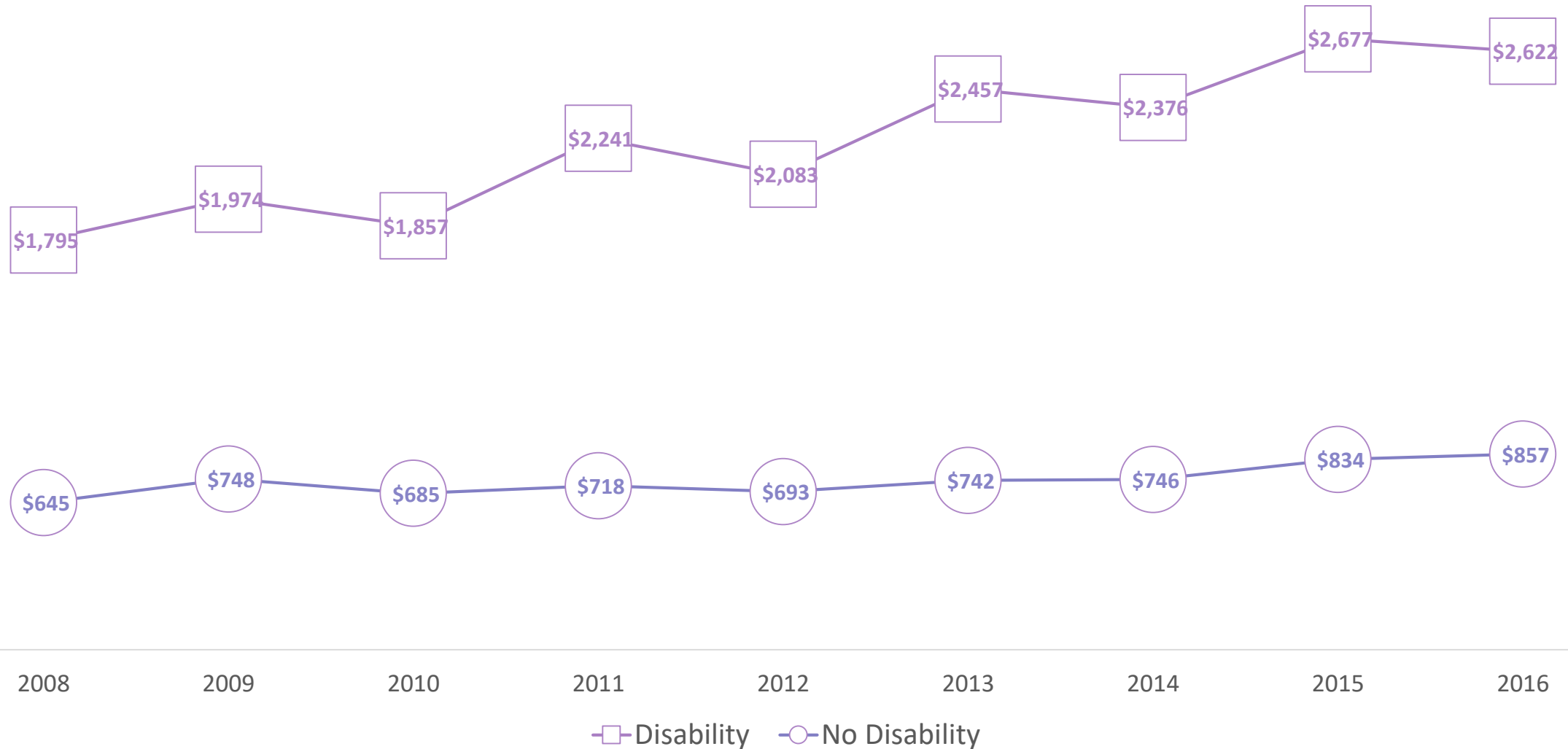
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- Average number of office-based visits to non-physicians increased slightly for both groups over the studied time period ([1.5](#)).
- Average expenditures on office-based visits to non-physicians increased \$331 for people with disabilities and \$118 for people without disabilities ([1.6](#)).
- People with disabilities were more likely to have any expenditures on office-based visits than people without disabilities in all years studied ([1.7](#)).
  - Both groups were more likely to have an office-based visit in 2016 than in 2008.

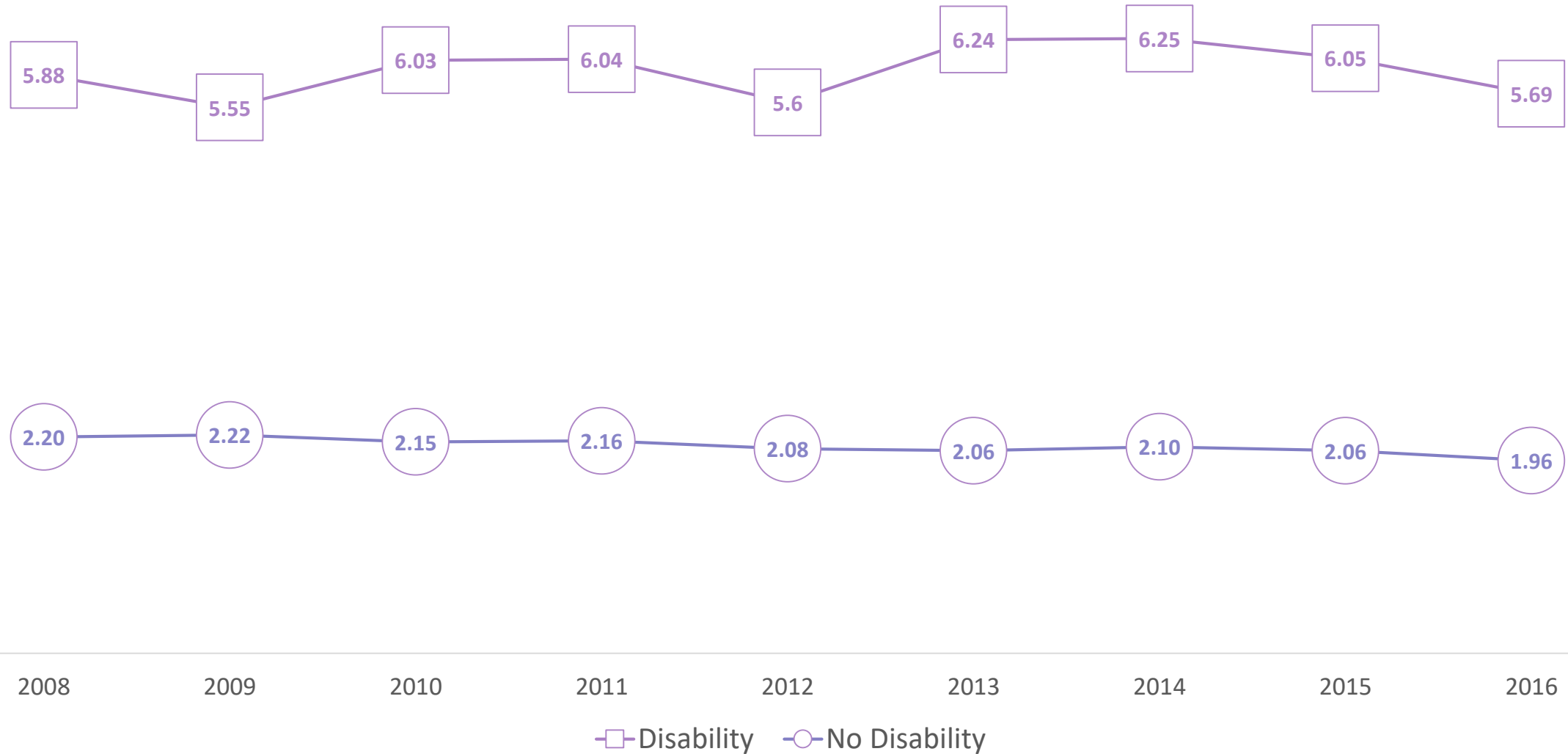
## 1.1 OFFICE-BASED VISITS



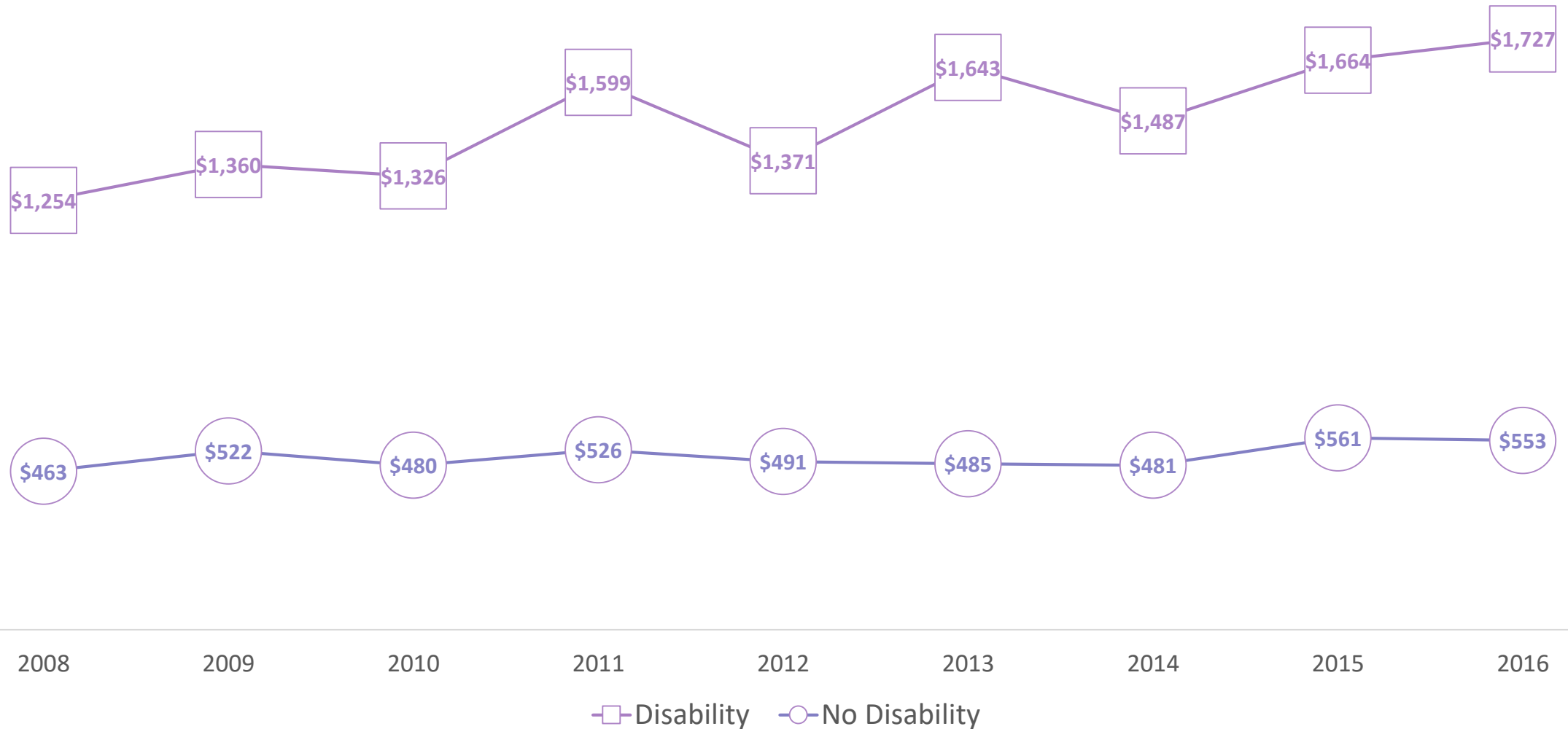
## 1.2 EXPENDITURES ON OFFICE-BASED VISITS



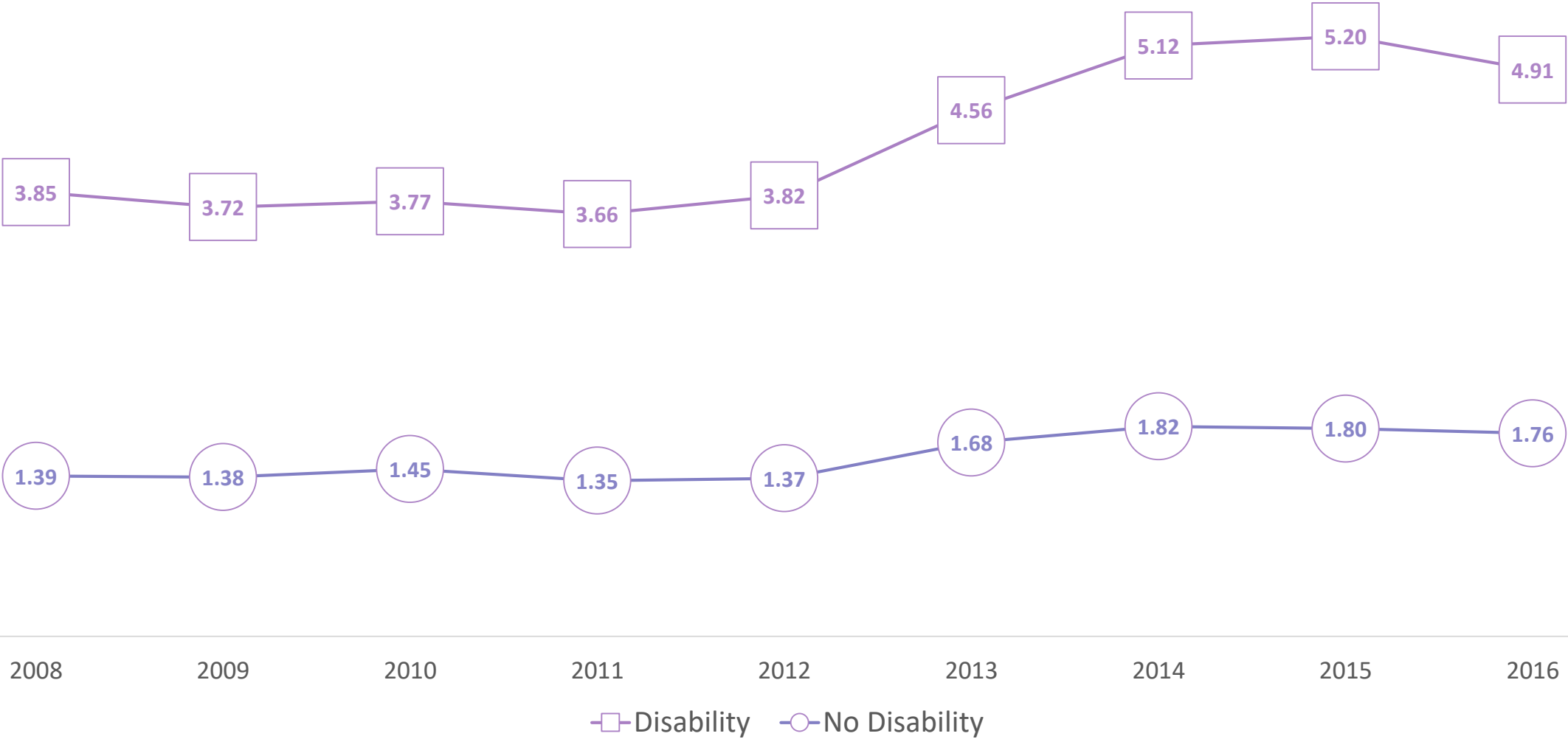
### 1.3 OFFICE-BASED VISITS TO PHYSICIANS



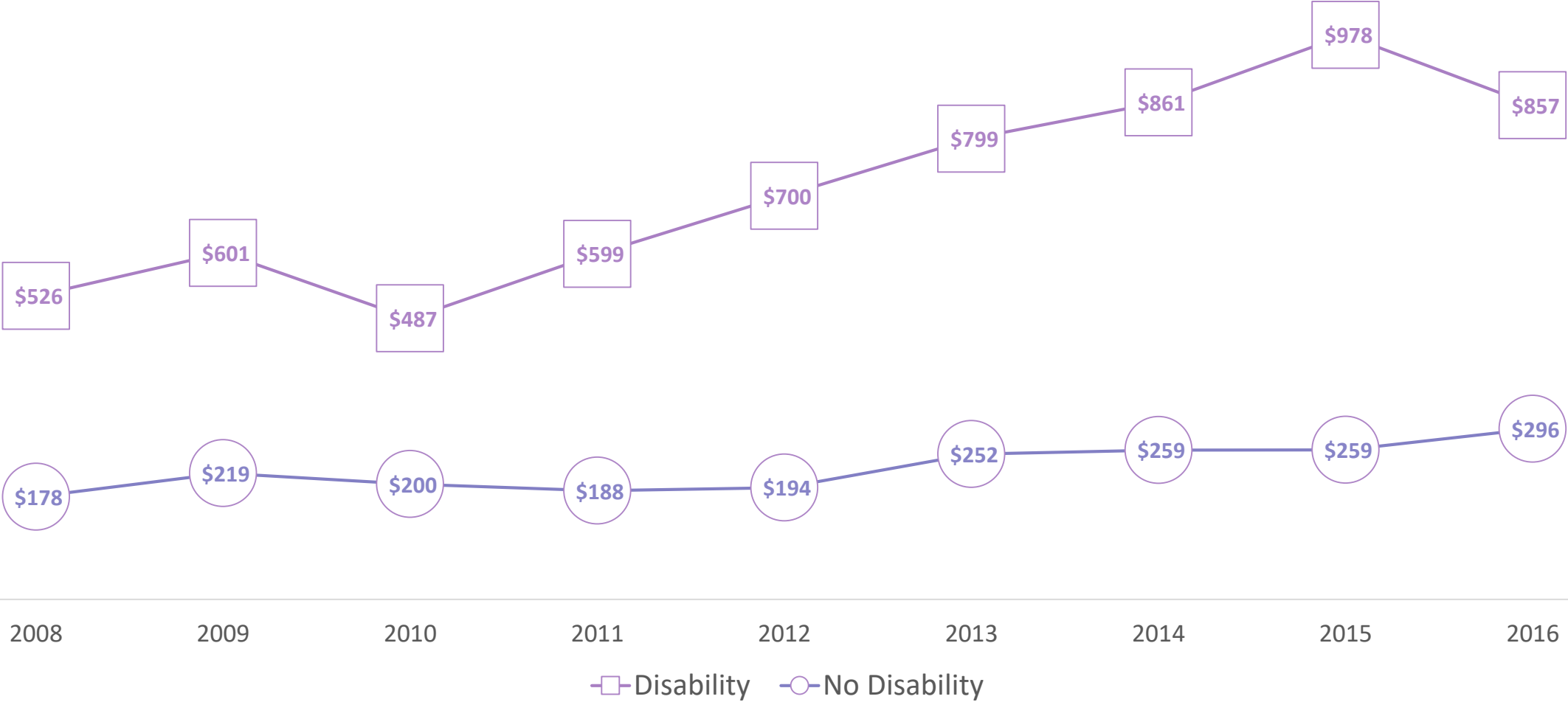
## 1.4 EXPENDITURES ON OFFICE-BASED VISITS TO PHYSICIANS



# 1.5 OFFICE-BASED VISITS TO NON-PHYSICIANS

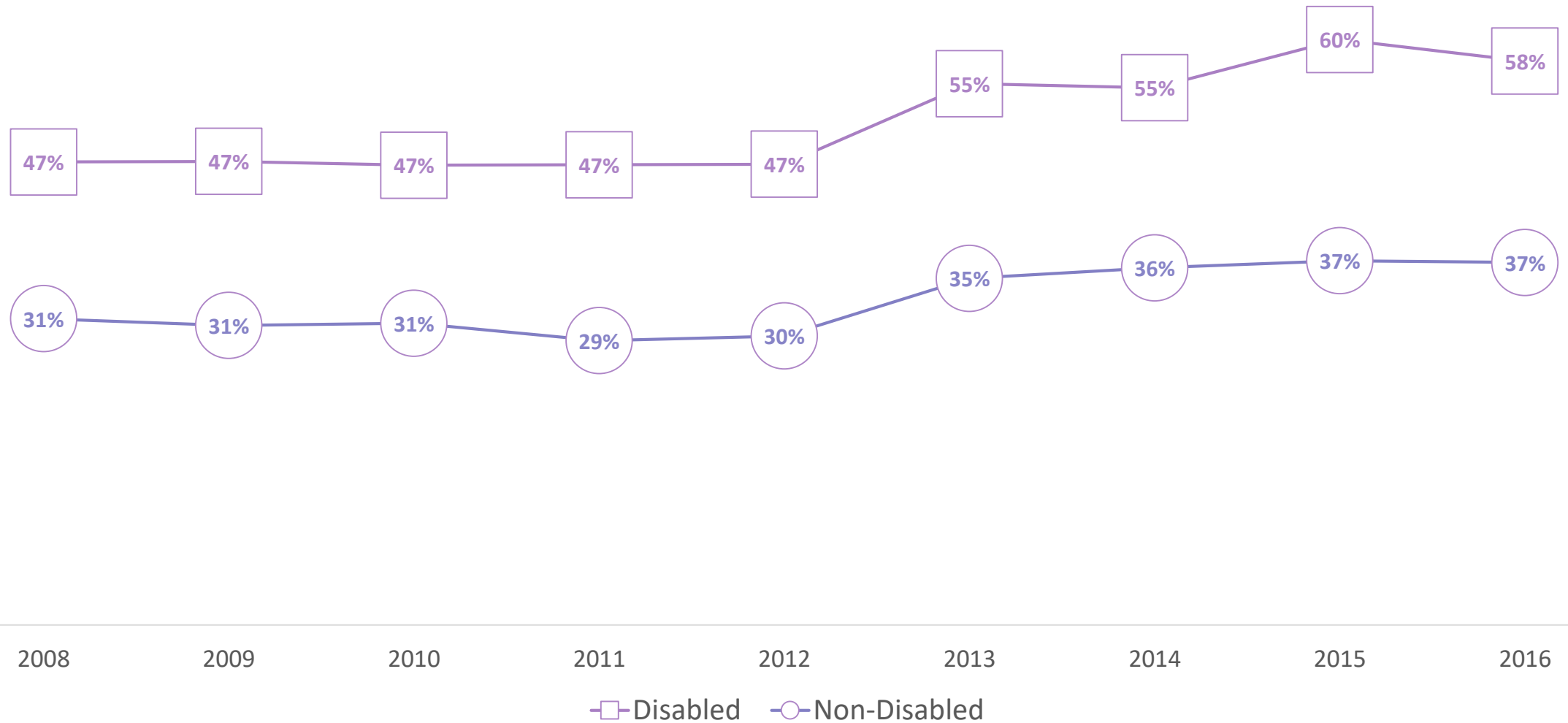


# 1.6 EXPENDITURES ON OFFICE-BASED VISITS TO NON-PHYSICIANS





## 1.7 PROPORTION WITH ANY EXPENDITURES ON OFFICE VISITS



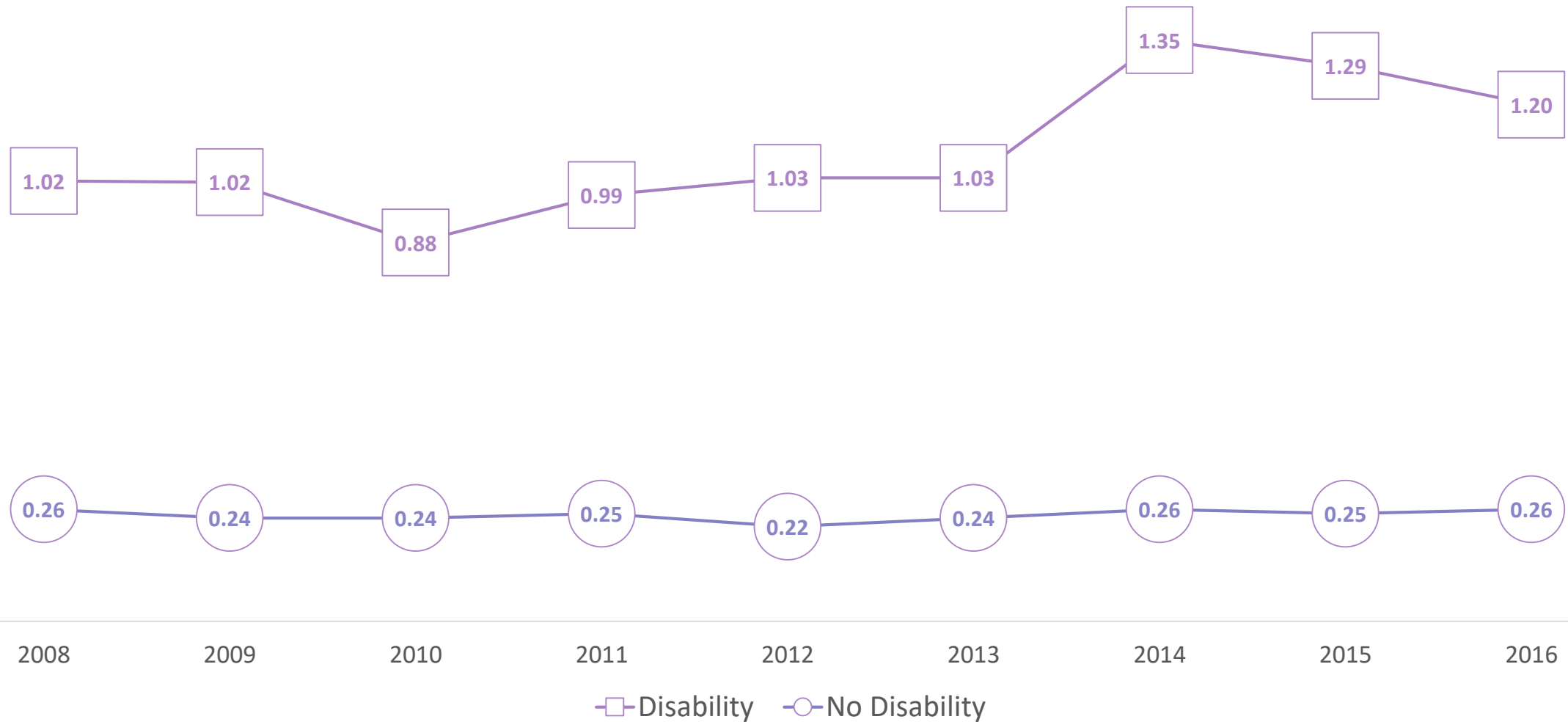
# 2. Outpatient Visits and Expenditures

# Summary of Findings

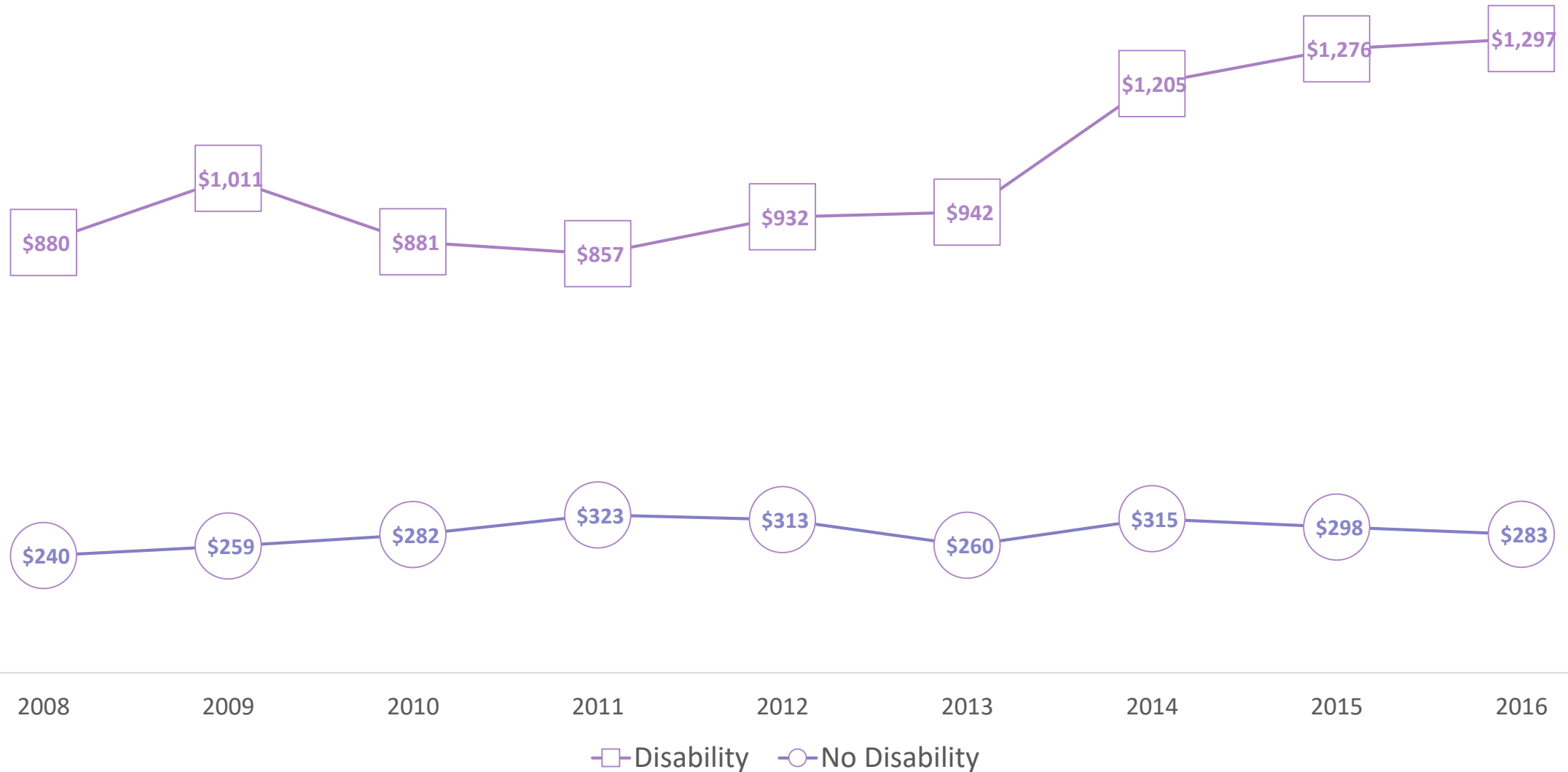
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- People with disabilities had higher rates of hospital outpatient visits than people without disabilities ([2.1](#)).
  - The average number of hospital outpatient visits increased slightly for people with disabilities between 2008 and 2016, but remained constant for people without disabilities.
- Average expenditures on hospital outpatient visits increased \$417 for people with disabilities and \$43 for people without disabilities between 2008 and 2016 ([2.2](#)).
- 25-33% of people with disabilities reported any hospital outpatient spending in a given year, compared to 11-12% of people without disabilities ([2.3](#)).

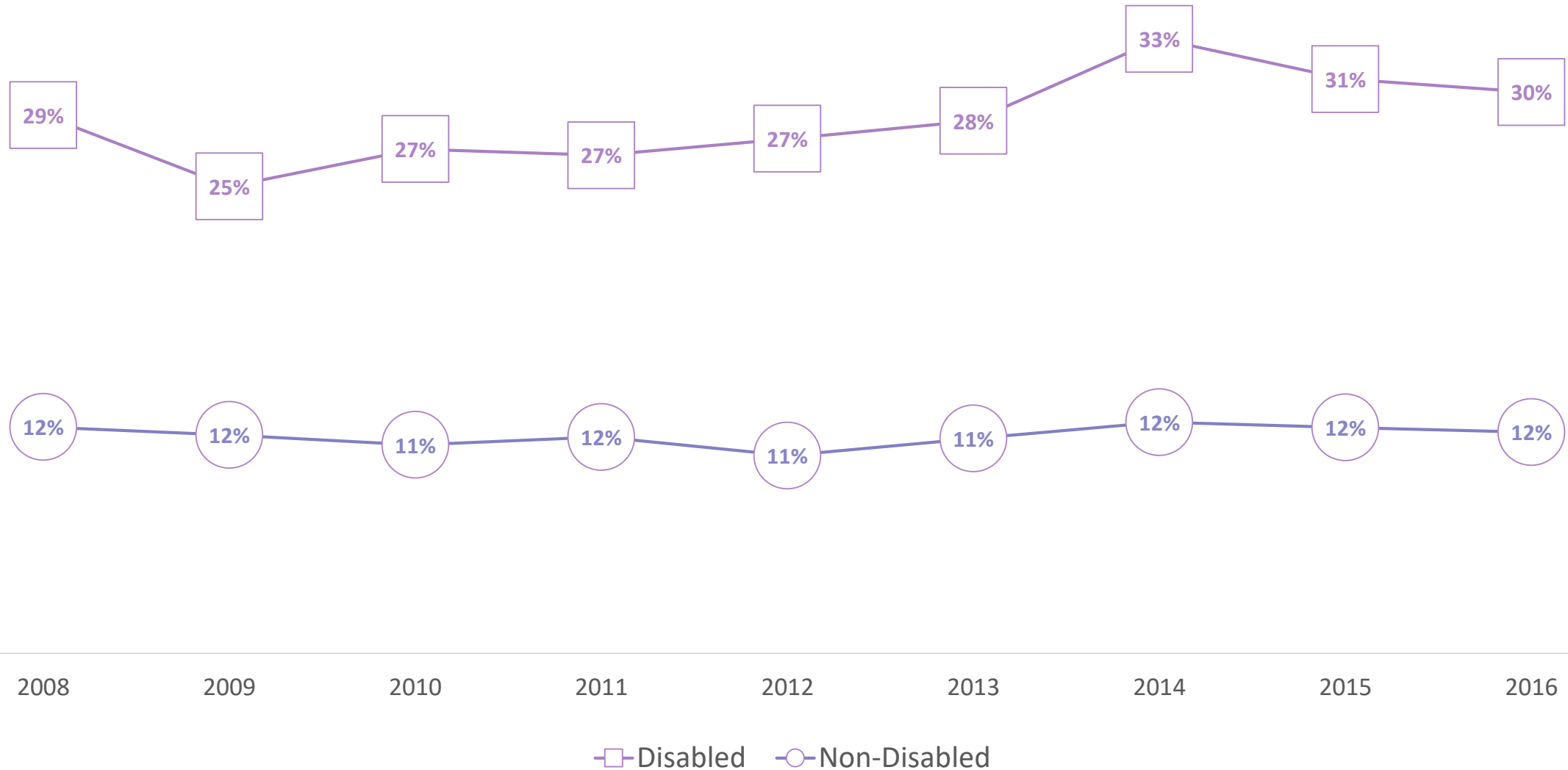
## 2.1 HOSPITAL OUTPATIENT VISITS



## 2.2 EXPENDITURES ON HOSPITAL OUTPATIENT VISITS



### 2.3 PROPORTION WITH ANY EXPENDITURES ON OUTPATIENT VISITS



# 3. Emergency Department Visits and Expenditures

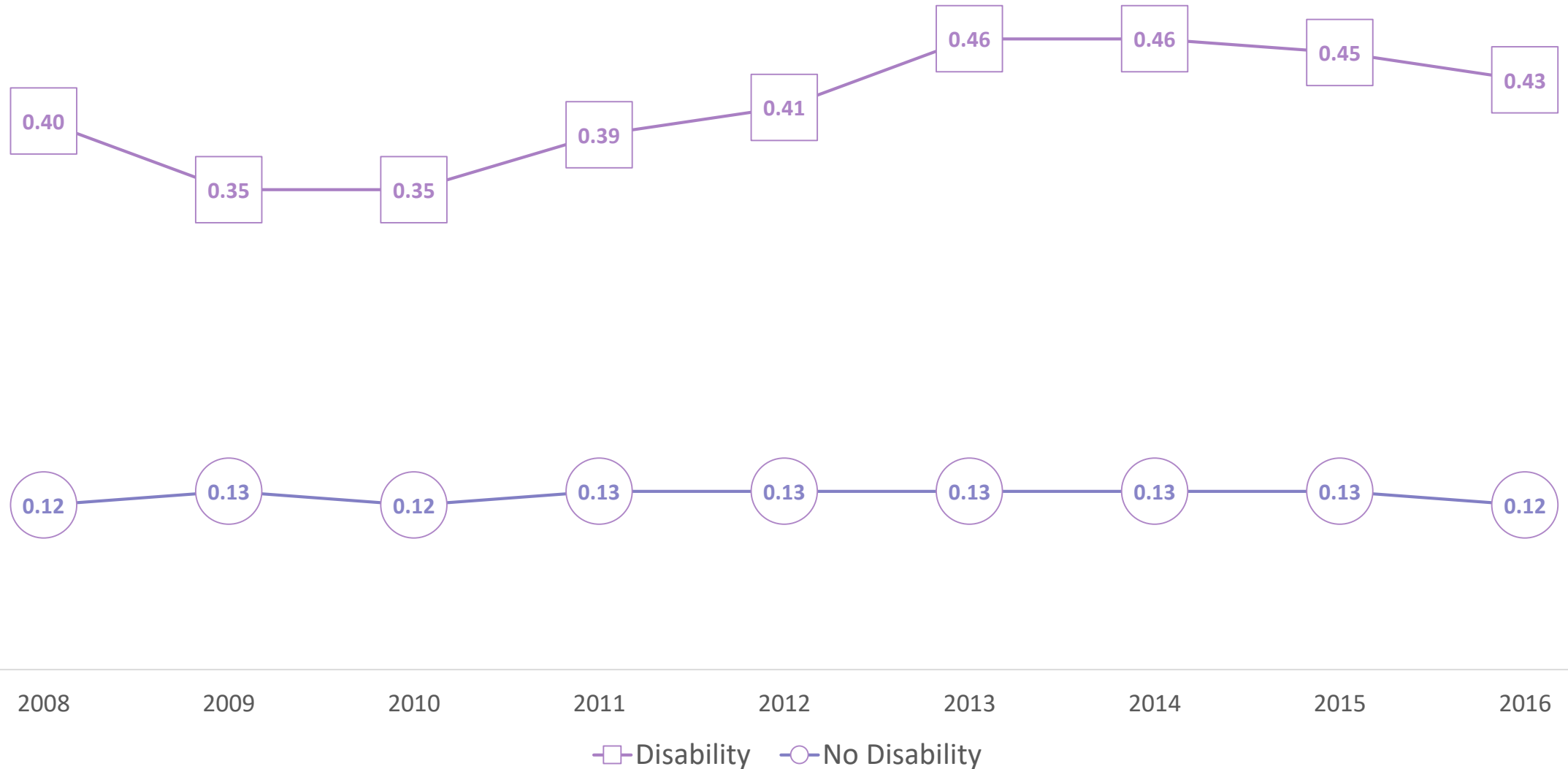
# Summary of Findings

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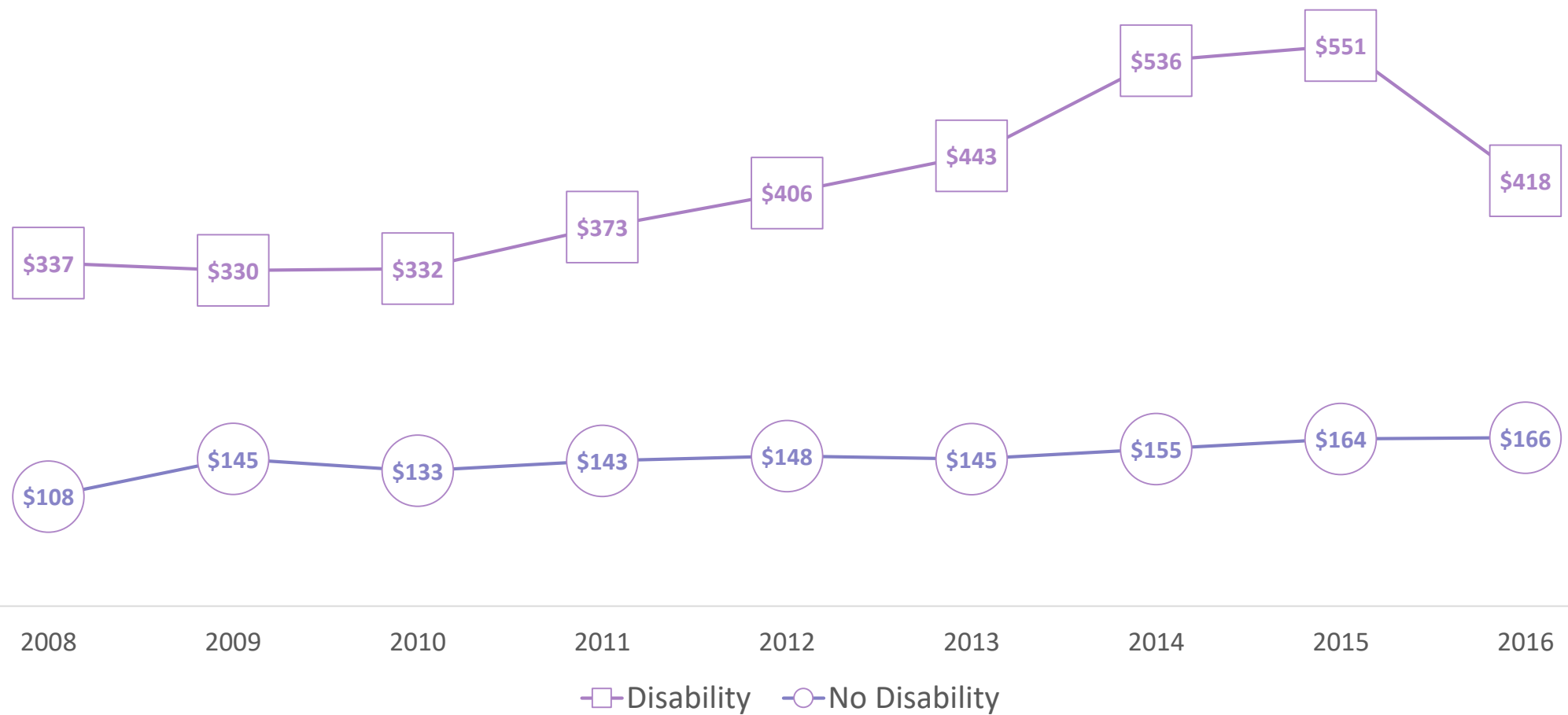
- People with disabilities had higher rates of visiting the emergency department than people without disabilities ([3.1](#)).
- Emergency department expenditures were higher for people with disabilities than people without ([3.2](#)).
  - Emergency department spending for people with disabilities was lowest in 2008 (\$337) and highest in 2015 (\$515), then dropped in 2016 (\$418).
  - Emergency department spending for people without disabilities increased from a mean of \$108 to a mean of \$166 for people without disabilities.
- 23-27% of people with disabilities reported visiting the emergency department in a given year. For people without disabilities, this number was 9-10% ([3.3](#)).



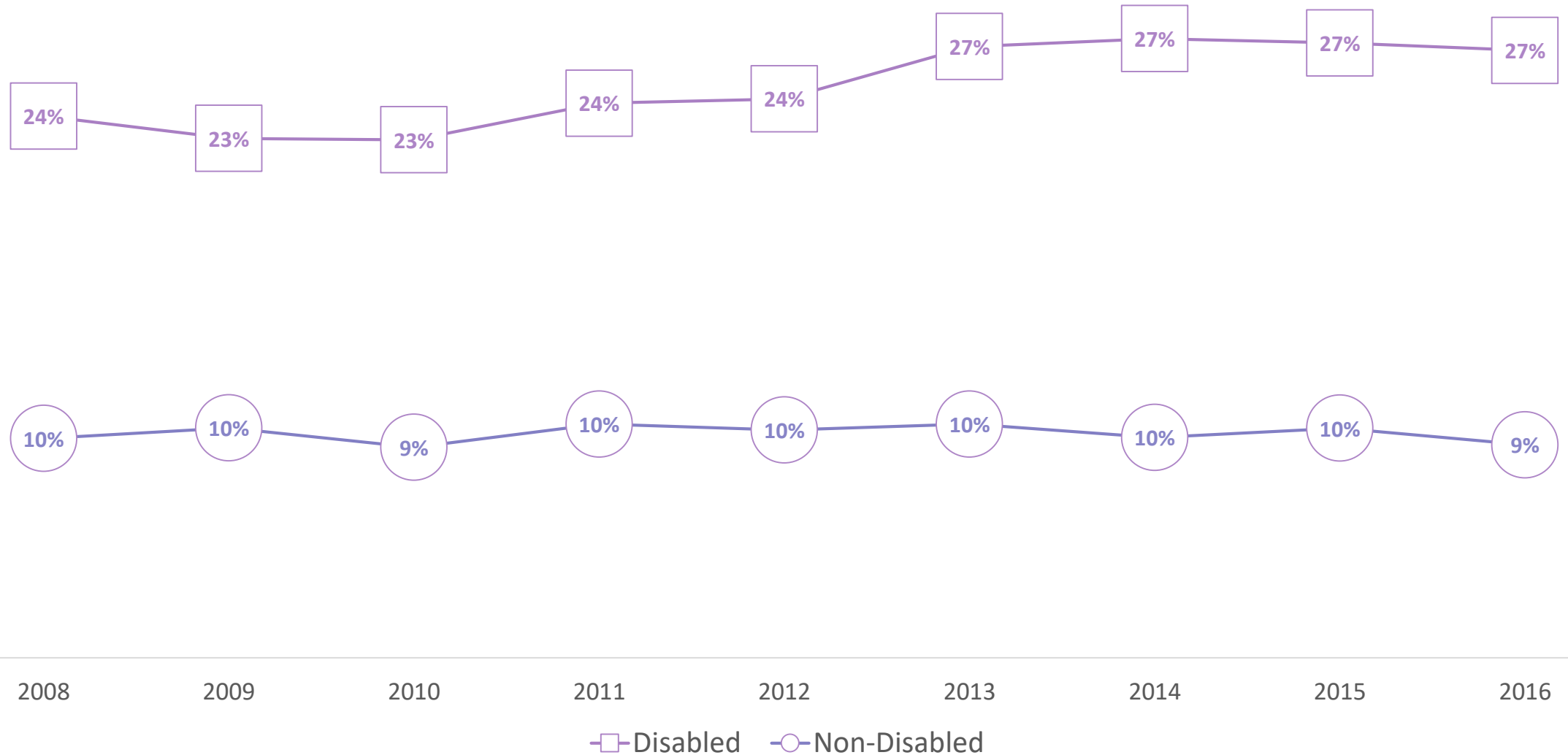
### 3.1 EMERGENCY DEPARTMENT VISITS



### 3.2 EXPENDITURES ON EMERGENCY DEPARTMENT VISITS



### 3.3 PROPORTION WITH ANY EXPENDITURES ON EMERGENCY DEPARTMENT VISITS



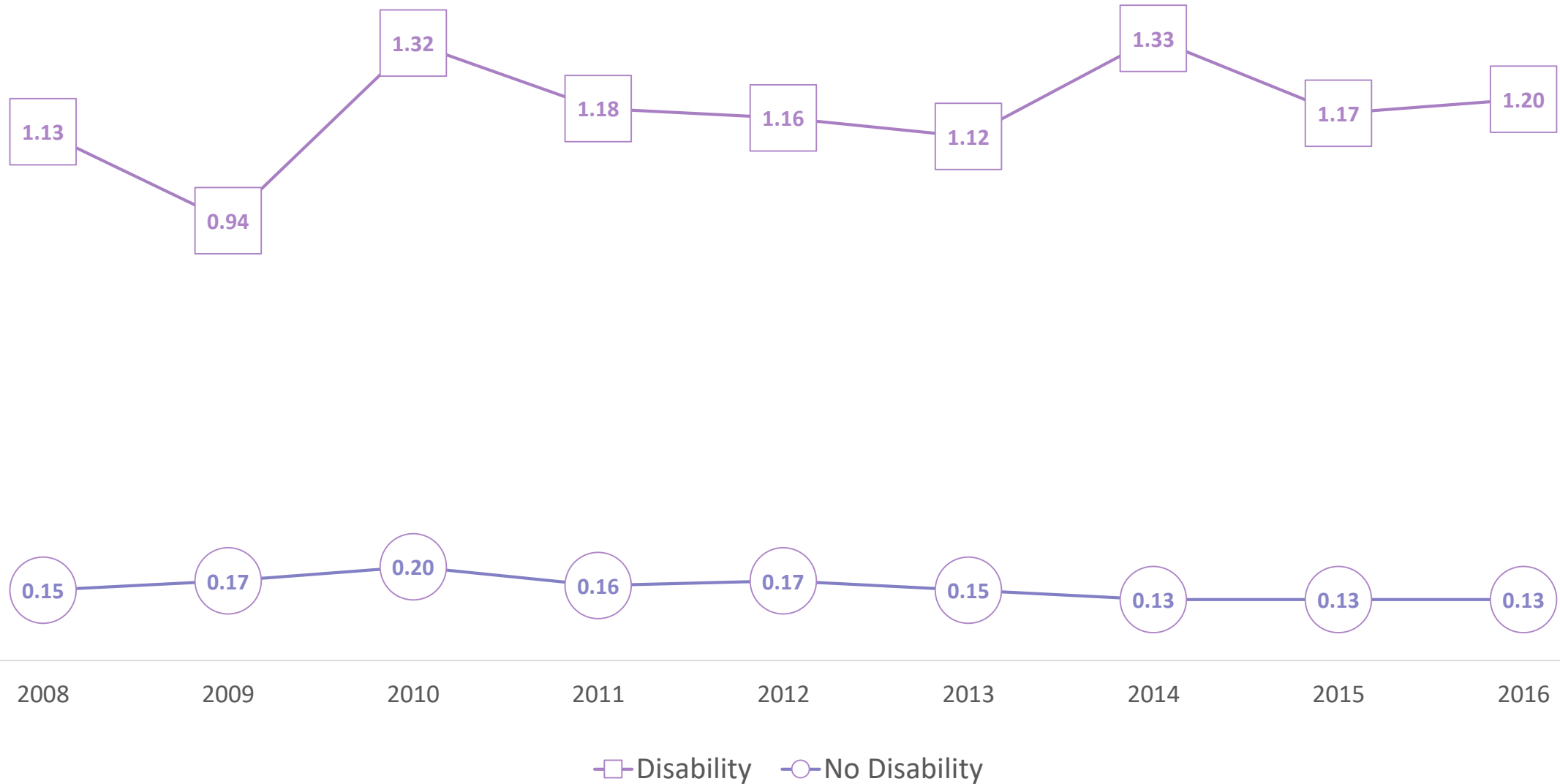
# 4. Inpatient Stays and Expenditures

# Summary of Findings

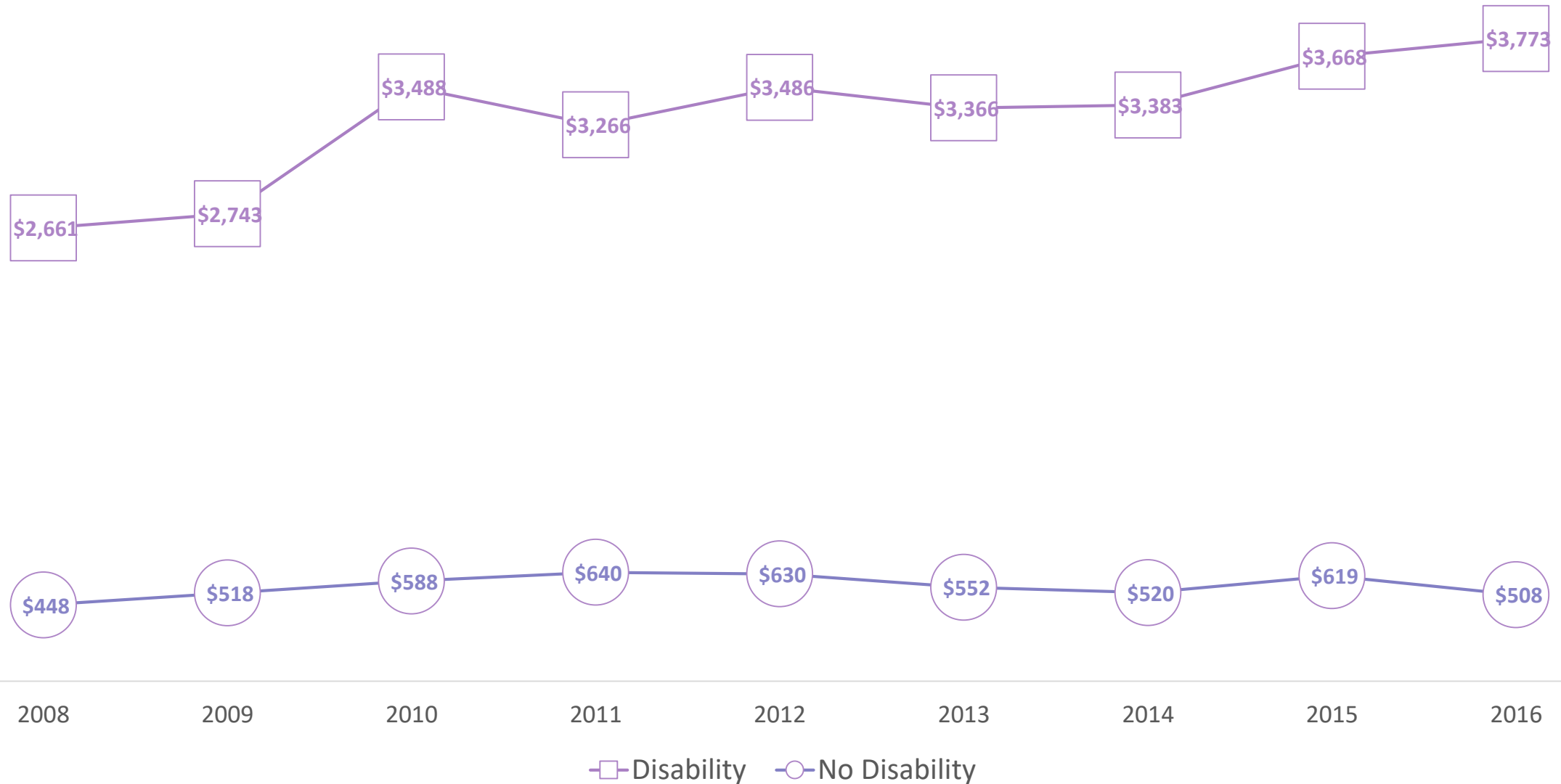
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- People with disabilities had more inpatient hospital stays than people without disabilities in all years ([4.1](#)).
  - The rate of inpatient stays was similar across years within each group.
- People with disabilities had higher average expenditures on inpatient hospital stays than people without disabilities in all years ([4.2](#)).
  - Average inpatient hospital spending for people with disabilities was \$1,112 higher in 2016 than in 2008.
  - Average inpatient hospital spending for people without disabilities was \$60 higher in 2016 than in 2008.
- 13-15% of people with disabilities had an inpatient hospital stay in a given year, compared to 4-5% of people without disabilities ([4.3](#)).

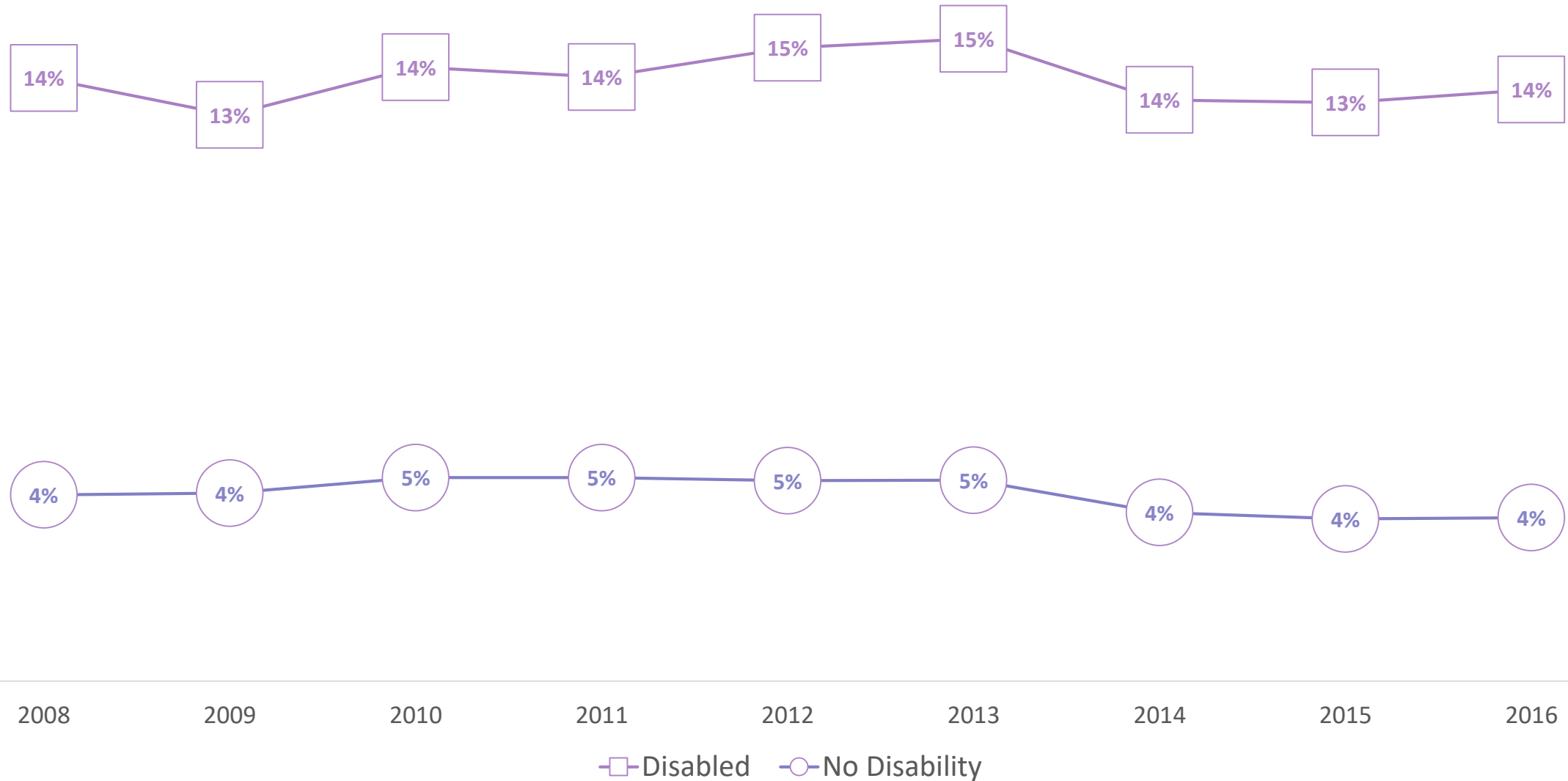
## 4.1 INPATIENT STAYS



## 4.2 EXPENDITURES ON INPATIENT STAYS



### 4.3 PROPORTION WITH ANY EXPENDITURES ON INPATIENT STAYS





# For more information

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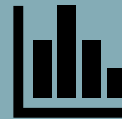
Medical Expenditure Panel Survey:  
<https://meps.ahrq.gov/mepsweb/>



The Collaborative on Health Reform  
and Independent Living:  
<https://www.chril.org/>



National Institute on Disability,  
Independent Living, and  
Rehabilitation Research:  
<https://acl.gov/about-acl/about-national-institute-disability-independent-living-and-rehabilitation-research>



STATA: <https://www.stata.com/>

# Disclaimer/Acknowledgment

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The contents of this report were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (#90DP0075-01-00). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.

The results presented here are accurate to the best of our knowledge and ability. We do not make any claims here as to the statistical or practical significance of observed changes over time or between groups.

This chartbook was developed by Elizabeth Geneva Wood and Rory VanGarde, as part of the Collaboration on Health Reform and Independent Living.