Abstract

We identified 12,030 patients with acute myeloid leukemia (AML) with or without chemotherapy who were hospitalized in the US in 2010-2012.

Methods

We used the 2013 Medicare inpatient Limited Data Set (LDS) to identify hospitals for Medicare Fee-For-Service (FFS) beneficiaries.

Hospitals with a principal or secondary diagnosis (SDs) of AML (International Classification of Diseases-9 Revised-Natural Modification (ICD-9-CM) code 205) were identified by the Diagnosis Related Group (DRG) used for reimbursement.

Mean payments were calculated overall for and for each DRG, as the mean length of stay (LOS).

The proportion of hospitals with an ICU admission was calculated, as was mean ICU-LOS.

A subset of hospitals where chemotherapy administration was identified using the 14-digit DRG codes 181.9, 182.9, 183.9, 225.9, DRG 835: Acute leukemia w CC; DRG 871: Septicemia or Severe infection; and DRG 835: Acute leukemia w CC/MCC; N=585.

Results

We identified 12,030 patients with acute myeloid leukemia (AML) with or without chemotherapy who were hospitalized in the US in 2010-2012.

Objective

To characterize costs, length of stay (LOS), ICU stays and Diagnosis Related Groups (DRGs) for hospitalizations in the US for older adults with AML.

Background

We reviewed the 2013 Medicare inpatient Limited Data Set (LDS) to identify hospitals for Medicare Fee-For-Service (FFS) beneficiaries.

Hospitals with a principal or secondary diagnosis (SDs) of AML (International Classification of Diseases-9 Revised-Natural Modification (ICD-9-CM) code 205) were identified by the Diagnosis Related Group (DRG) used for reimbursement.

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Conclusion

- Hospitalizations for older adults with AML reflect the high treatment intensity and the risk of AML and treatment complications, whether or not treatment includes chemotherapy or BMT.
- Patients are hospitalized for a longer period, on average, with chemotherapy (approximately 10% of all hospitalizations) compared to non-chemotherapy admissions (approximately 5% of all hospitalizations).
- Hospitalizations for BMT are lengthy and costly, but only 1.5%-2% of all hospitalizations may include BMT.
- Hospitalizations for patients who receive chemotherapy are associated with higher LOS and costs than those who do not receive chemotherapy.
- Outpatient management following hospitalization may be feasible for some patients, including those aged over 65 years.
- Outpatient management, including outpatient chemotherapy administration when determined to be safe, may reduce hospitalization and hospitalization cost.