

Financial Impact of Men's Healthcare Services Revealed

Written by [Joseph C. Nichols, MD](#)

Monday, 13 June 2016 04:00

◀ 0

◀ -

◀ 0

◀ 4



June 13–19, Men's National Health Week, is set aside to shine a light on the topic of men's health. While there is obviously an overlap between conditions that impact men and women, there are a number of conditions that are specific to men and specific to women.

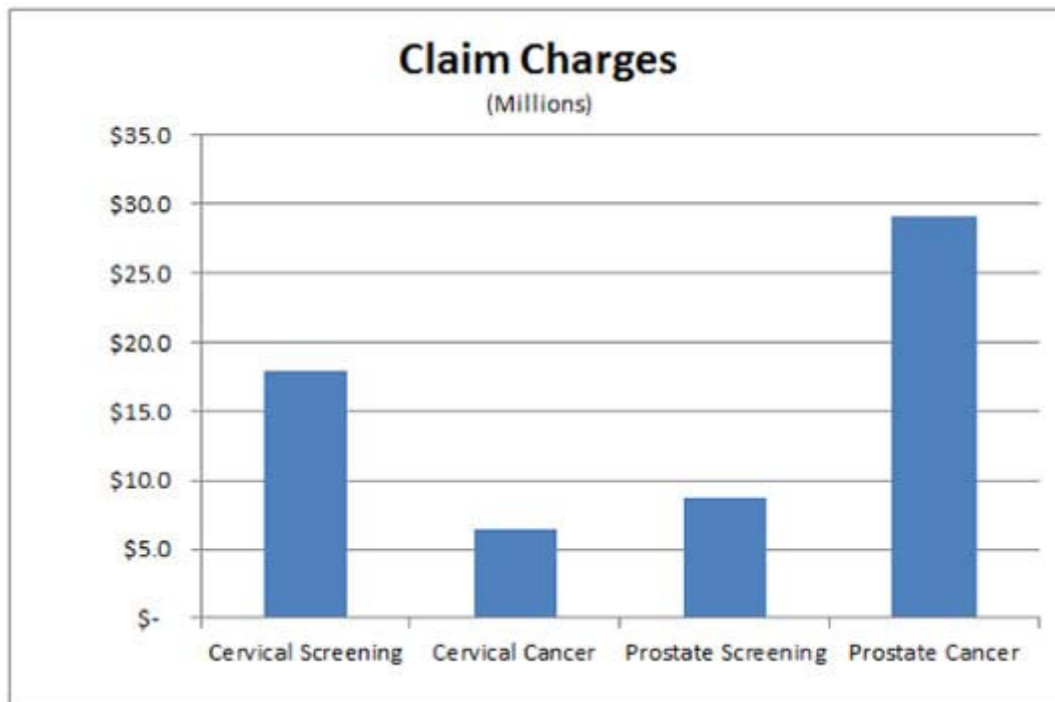
To try to understand the overall relative impact of these sex-specific conditions, I did a limited analysis of a set of claims data to look at the landscape of men's health conditions and, where appropriate, similar data for women's health conditions. While this analysis does not answer any specific questions about the nature of healthcare around these conditions, it hopefully does put them in bit more perspective as compared to the healthcare experience in a large population overall.

The goal of this analysis was to provide a view, based solely on claims experience, of the relative financial impact of men's healthcare services as part of the overall look at men's healthcare in an evolving value-based, risk-adjusted environment. Since this data set only includes charges, it doesn't represent costs per se, but simply uses charges as a relative surrogate for costs.

This analysis used three years of claims data totaling approximately \$10 billion in charges for approximately 1 million lives from a commercial payer. The data includes all lines of business for inpatient, outpatient, and professional claims for all providers in the health plan. In ICD-9 there are 153 codes that could be considered "male-specific" and 1,565 codes that could be considered "female-specific."^[1] Based on the assignment of claims with a primary diagnosis in one of these sex-specific categories, the following findings were noted.

- 11.2% (\$1.1 billion) of \$9.9 billion for all charges were for conditions that were either male- or female-specific.
- Of this group of claims (male and female), 89% were for female-specific conditions as compared to 10.1% for male-specific conditions.
- For women, pregnancy accounted for the greatest proportion of charges, at \$427 million or 4.3% of all charges. Cancer was next, at 1.9% of all charges, or \$185 million. Breast cancer accounted for 79% of this group.
- For men, charges for male-specific cancer related claims accounted for 0.7% of all charges, or \$74 million during this three-year period. Prostate cancer accounted for 93% of this group.
- Overall for men, prostate disease of all types represents 77% of all male-specific disorders. Testicular disorder account for 9.5%, prostate screening 7.2%, and impotence 1.7% of all male-specific disorders.

Since there has been a great deal of discussion about healthcare screening, I looked at charges for prostate and cervical cancer screening and compared these to charges for claims where prostate or cervical cancer represented the primary diagnosis on the claim. The graph below illustrates this comparison.



This graph represents an interesting comparison that raises a number of questions, but like most analysis at this level does not provide any answer. It appears that we are spending more on cervical screening than on prostate screening. It also appears that we are spending substantially less on cervical cancer care than on care for prostate cancer. In a cost-constrained, value-based purchasing environment, there are a number of questions that need to be answered.

- Is cervical cancer screening reducing the burden of illness of cervical cancer?
- Is prostate cancer screening reducing the burden of illness of prostatic cancer?
- Would more screening result in less of a burden of illness on either of these diseases?

These are difficult questions that require a great deal more complete data about the nature of these conditions and the nature of the services provided in a large population. The better the data, the more likely that it will lead to the right policy conclusions.

Summary

Men's Health Week provides an opportunity to focus on the nature of health conditions specific to men. It attempts to increase awareness of these conditions as it relates to the burden of illness.

While it is difficult to measure the personal, family, and social impacts of these diseases, we know they are significant. Looking at approaches to improving men's health, it's helpful to understand the patterns of care for these conditions in available population-based data to help arrive at the best policies for improving the value of men's healthcare services.

Complete, accurate, and reliable data on every healthcare transaction is a key part of getting to the right policy for healthcare value improvement for everyone.

About the Author

Dr. Nichols is a board-certified orthopedic surgeon with a long history in health information technology. He has a wide

range of experiences in healthcare information technology on the provider, payer, government, and vendor side of the healthcare business. He has served in positions in executive management, system design, logical database architecture, product management, consulting, and healthcare value measurement for the last 15 of his 35 years in the healthcare industry. He has given over 100 presentations nationally related to ICD-10 over the past three years on behalf of payers, providers, integrated delivery systems, consulting groups, CMS, universities, government entities, vendors, and trade associations. He co-chairs the WEDI (Workgroup on Electronic Data Interchange) translation and coding sub-workgroup and has received WEDI merit awards three years in succession. He is also an AHIMA-approved ICD-10 coding trainer. He is currently providing consulting services as the president of Health Data Consulting Inc.

Contact the Author

joenichols@healthdataconsulting.com

Comment on this Article

editor@icd10monitor.com

[1] In ICD-10 there are 483 codes that could be considered “male-specific” and 2,982 codes that could be considered “female-specific”.

Last modified on Tuesday, 14 June 2016 00:41



Joseph C. Nichols, MD

Dr. Nichols is a board certified orthopedic surgeon with a long history in health information technology. He has a wide range of experiences in healthcare information technology on the provider, payer, government and vendor side of healthcare business. He has served in positions in executive management, system design, logical database architecture, product management, consulting and healthcare value measurement for the last 15 of his 35 years in the healthcare industry. He has given over 100 presentations nationally related to ICD-10 over the past three years on behalf of payers, providers, integrated delivery systems, consulting groups, CMS, universities, government entities, vendors and trade associations. He co-chairs the WEDI (Workgroup on Electronic Data Interchange) translation and coding sub-workgroup and has received WEDI merit awards three years in succession. He is also an AHIMA approved ICD-10 coding trainer. He is currently providing consulting services as the president of Health Data Consulting Inc.