

STATISTICAL BRIEF #342

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Health Care Use and Expenditures for Pain Conditions among Women 18 and Older, U.S. Civilian Noninstitutionalized Population, 2008

Anita Soni, PhD

Introduction

Chronic pain can be mild or excruciating, episodic or continuous, merely inconvenient or totally incapacitating. An individual may have two or more co-existing chronic pain conditions. While chronic pain can occur for many reasons, specific pain conditions related to women can have a significant impact on their lives. Conditions which affect women can include chronic fatigue syndrome, endometriosis, fibromyalgia, interstitial cystitis, temporomandibular joint dysfunction (TMJ), and vulvodynia.

This Statistical Brief presents estimates based on the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) on the use of and expenditures for ambulatory care and prescribed medications to treat chronic pain conditions (listed above) among women age 18 and older. All differences between estimates noted in the text are statistically significant at the 0.05 level or better.

Findings

Number of reported and treated cases for female pain conditions, by age
In 2008, a total of 12.1 million women age 18 and older reported to have any of the pain conditions. Out of these, only 8.7 million women reported to receive treatment for these pain conditions. More than one-third of women who were treated for any of these pain conditions were in the age group of 45–64 (figure 1). This was higher than the number of women who were age 65 and older (3.3 million versus 2.3 million).

Percentage of reported and treated cases for female pain conditions, by race
In 2008, although 10.4 percent of the women age 18 and older reported to have one or more of the female chronic pain conditions, only 7.5 percent of these women received treatment for any of these (figure 2). Among those who received treatment for these pain conditions, white non-Hispanic women age 18 and older reported to receive treatment for pain conditions at higher rates than those who were black, non-Hispanic or Hispanic (8.4 percent versus 5.4 percent and 5.5 percent, respectively).

Overall mean health care expenditures for women with and without any pain conditions

Women with pain conditions treatment had mean health care expenditures which were more than double those women who didn't have any pain conditions (\$10,542 and \$4,357 respectively) (figure 3).

Total and mean expenditures for the treatment of female pain conditions, by site of service

A total of \$12.9 billion was spent on treatment of pain conditions among women in 2008 (figure 4). A little less than half of these expenditures were spent on ambulatory visits (\$5.7 billion). A total of \$2.4 billion was spent on prescription medicines related to these pain conditions.

Highlights

- In 2008, 8.7 million women were treated for pain conditions.
- Medical spending on the treatment of pain conditions among women totaled \$12.9 billion in 2008.
- Expenditures for pain conditions among those women with any expenses related to any of these pain conditions averaged \$1,478 per person in 2008.
- Over 40 percent of the expenditures for pain conditions were for the treatment performed during ambulatory care visits.
- Over two-thirds (67.5 percent) of the total expenditures for treatment of pain conditions among women ages 18-64 in 2008 were paid by private insurance.

Among women with any expenses for any of these pain conditions, average annual expenditures for the treatment of pain conditions were \$1,478 in 2008 (figure 5). The mean expense per woman for ambulatory visits was \$990, which was double the average expenditures (\$492) for prescription medications used for the treatment of these chronic pain conditions.

Mean health care expenditures for female pain conditions, by insurance coverage and age

During 2008, women with chronic pain conditions ages 18–64, who were covered only by public insurance, had mean expenditures on pain conditions which were twice as high as average expenditures for those who were uninsured (\$1,815 versus \$916 per person) (figure 6). For women age 65 and older, the highest expenses were for those who were covered by Medicare and other public insurance at \$2,540 per person. This was four times as much as average expenditures for those who had Medicare plus private insurance (\$626 per person).

Distribution of health care expenditures for pain conditions, by source of payment

In 2008, over two-thirds (67.5 percent) of the total expenses related to the care and treatment of female pain conditions in women ages 18–64 were paid by private insurance, compared to less than 15 percent (14.8) which were paid out of pocket (figure 7).

Data Source

The estimates shown in this Statistical Brief are based on data from the MEPS 2008 Full Year Consolidated Data File (HC-121), Medical Conditions Files (HC-120), Office-Based Medical Provider Visits File (HC-118G), Outpatient Visits File (HC-118F), Hospital Inpatient Stays File (HC-118D), Home Health File (HC-118H), Emergency Room Visits File (HC-118E), and Prescribed Medicines File (HC-118A).

Definitions

Age

Age refers to age at the end of the year. Persons who have missing age at the end of the year are excluded from the calculations.

Pain conditions

This Brief provides estimates for women, age 18 and older, with female pain conditions. The conditions reported by respondents were recorded by interviewers as verbatim text, which was then coded by professional coders to fully specified ICD-9-CM codes. Conditions included in this Brief are: chronic fatigue syndrome, endometriosis, fibromyalgia, interstitial cystitis, temporomandibular joint dysfunction (TMJ), and vulvodynia. These conditions were identified using the fully specified 5-digit ICD-9 codes listed under the following codes: 338, 524, 595, 617, 625, 729, and 780. Some inapplicable 5-digit codes under these codes were excluded.

Expenditures

Expenditures in MEPS are defined as payments from all sources for hospital inpatient care, ambulatory care provided in offices and hospital outpatient departments, care provided in emergency departments, and purchase of prescribed medications. Sources include direct payments from individuals, private insurance, Medicare, Medicaid, Workers' Compensation, and miscellaneous other sources. These expenditures do not include 'over-the-counter' medications used for treatment of any conditions.

Sources of payment

- *Private insurance:* This category includes payments made by private insurance plans (excluding payments from Medicare, Medicaid, and other public sources), Medigap plans, and TRICARE (Armed Forces-related coverage).
- *Medicaid/CHIP:* This category includes payments made by the Medicaid and CHIP programs which are means-tested government programs financed jointly by federal and state funds that provide health care to those who are eligible. Medicaid is designed to

provide health coverage to families and individuals who are unable to afford necessary medical care while CHIP provides coverage to additional low income children not eligible for Medicaid. Eligibility criteria for both programs vary significantly by state.

- *Out of pocket*: This category includes expenses paid by the user or other family member.
- *Other sources*: This category includes payments from Medicare, other miscellaneous federal sources (Indian Health Service, military treatment facilities, and other care provided by the federal government); various state and local sources (community and neighborhood clinics, state and local health departments, and state programs other than Medicaid/CHIP); various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid/CHIP payments reported for persons who were not reported as enrolled in the Medicaid or CHIP programs at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

Racial and ethnic classifications

Classification by race and ethnicity was based on information reported for each family member. Respondents were asked if each family member's race was best described as American Indian, Alaska Native, Asian or Pacific Islander, black, white, or other. They also were asked if each family member's main national origin or ancestry was Puerto Rican; Cuban; Mexican, Mexicano, Mexican American, or Chicano; other Latin American; or other Spanish. All persons whose main national origin or ancestry was reported in one of these Hispanic groups, regardless of racial background, were classified as Hispanic. Since the Hispanic grouping can include black Hispanic, white Hispanic, Asian and Pacific Islanders Hispanic, and other Hispanic, the race categories of black, white, Asian and Pacific Islanders, and other do not include Hispanic. MEPS respondents who reported other single or multiple races and were non-Hispanic were included in the other category.

Health insurance coverage status

Health insurance coverage status is based on household responses to the health insurance status questions. Individuals under age 65 were classified into the following three insurance categories:

- *Any private health insurance*: Individuals who, at any time during the year, had insurance that provided coverage for hospital and physician care (other than Medicare, Medicaid, or other public hospital/physician coverage) were classified as having private insurance. Coverage by TRICARE (Armed Forces-related coverage) was also included as private health insurance. Insurance that provided coverage for a single service only, such as dental or vision coverage, was not included.
- *Public coverage only*: Individuals were considered to have public coverage only if they met both of the following criteria: 1) they were not covered by private insurance at any time during the year, and 2) they were covered by one of the following public programs at some point during the year: Medicare, Medicaid, or other public hospital/physician coverage.
- *Uninsured*: The uninsured were defined as people not covered by private hospital/physician insurance, Medicare, TRICARE, Medicaid, or other public hospital/physician programs at any time during the entire year or their period of eligibility for the survey.

Individuals 65 and older were classified into the following three insurance categories:

- *Medicare only*: Individuals who, at any time during the year, were covered by Medicare only.
- *Medicare plus private*: Individuals who, at any time during the year, were covered by a combination of Medicare and TRICARE or private insurance.
- *Medicare plus other public coverage*: Individuals who, at any time during the year, were covered by Medicare and some other type of public insurance, but had no private coverage.

About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the U.S. civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

For more information about MEPS, call the MEPS information coordinator at AHRQ (301) 427-1656 or visit the MEPS Web site at <http://www.meps.ahrq.gov/>

References

For a detailed description of the MEPS-HC survey design, sample design, and methods used to minimize sources of nonsampling errors, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, MD. Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.pdf

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, MD. Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.pdf

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003: 41(7) Supplement: III-5-III-12.

Ezzati-Rice, T.M., Rohde, F., Greenblatt, J. Sample Design of the Medical Expenditure Panel Survey Household Component, 1998-2007. Methodology Report No. 22. March 2008. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.pdf.

For more information about chronic pain conditions among women, see the following publications:

Women feel more pain than men:

<http://news.discovery.com/human/women-men-pain.html>

Chronic Fatigue Syndrome:

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002224/>

Global Year Against Pain in Women:

<http://www.iasp-pain.org/Content/NavigationMenu/GlobalYearAgainstPain/RealWomenRealPain/default.htm>

NINDS Chronic Pain:

http://www.ninds.nih.gov/disorders/chronic_pain/chronic_pain.htm

Chronic Pain Management:

<http://www.webmd.com/pain-management/guide/understanding-pain-management-chronic-pain>

Chronic Pain:

<http://www.cdc.gov/cfs/general/index.html>

Suggested Citation

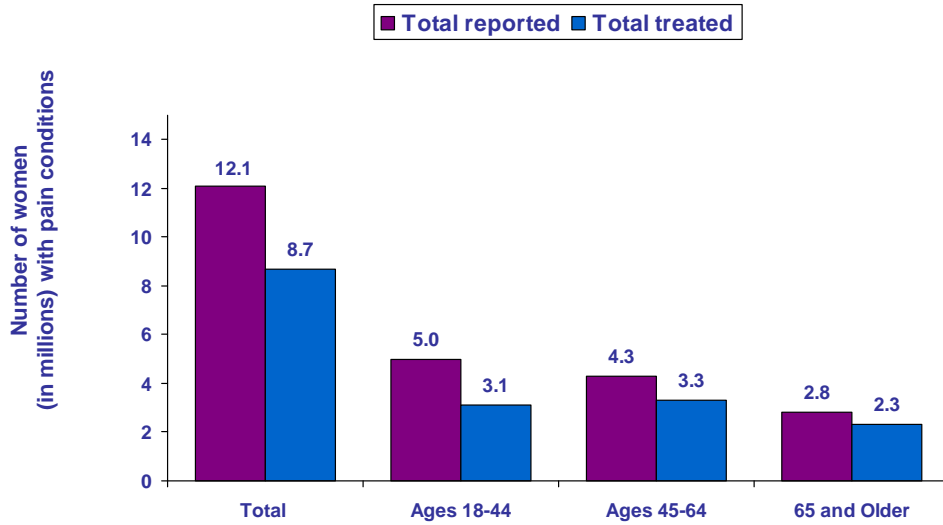
Soni, A. *Health Care Use and Expenditures for Pain Conditions among Women 18 and Older, U.S. Civilian Noninstitutionalized Population, 2008*. Statistical Brief #342. September 2011. Agency for Healthcare Research and Quality. Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/st342/stat342.pdf

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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at mepsdpd@ahrq.gov or send a letter to the address below:

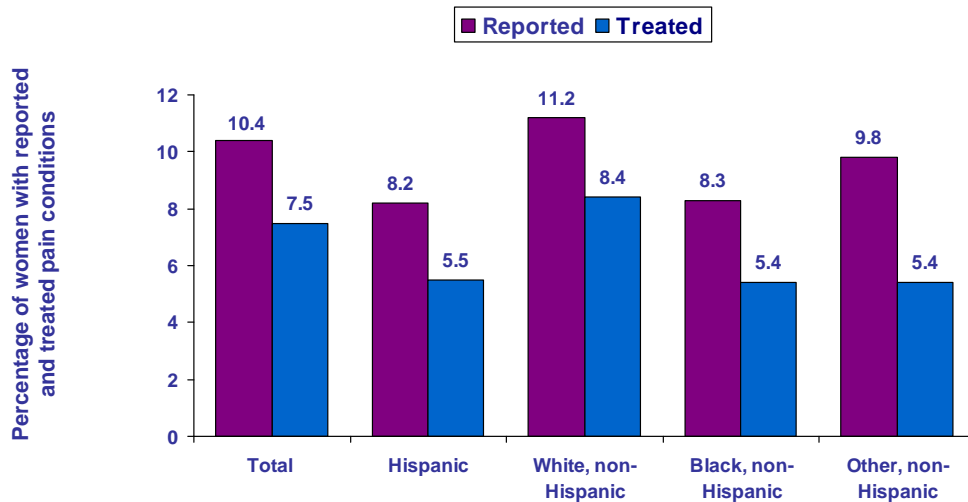
Steven B. Cohen, PhD, Director
Center for Financing, Access, and Cost Trends
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850

Figure 1. Number of women with reported and treated pain conditions, age 18 and older, by age, 2008



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2008

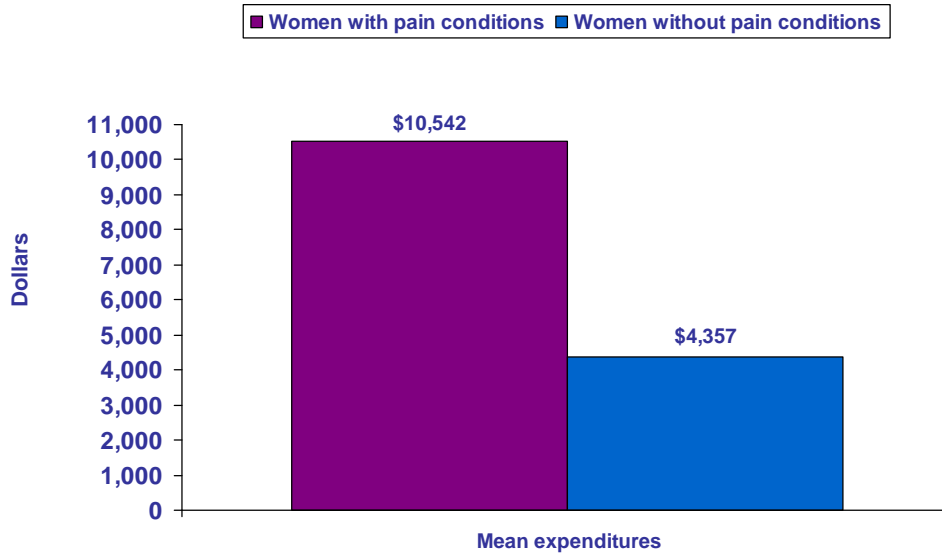
Figure 2. Percentage of women with reported and treated pain conditions, age 18 and older, by race, 2008



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2008



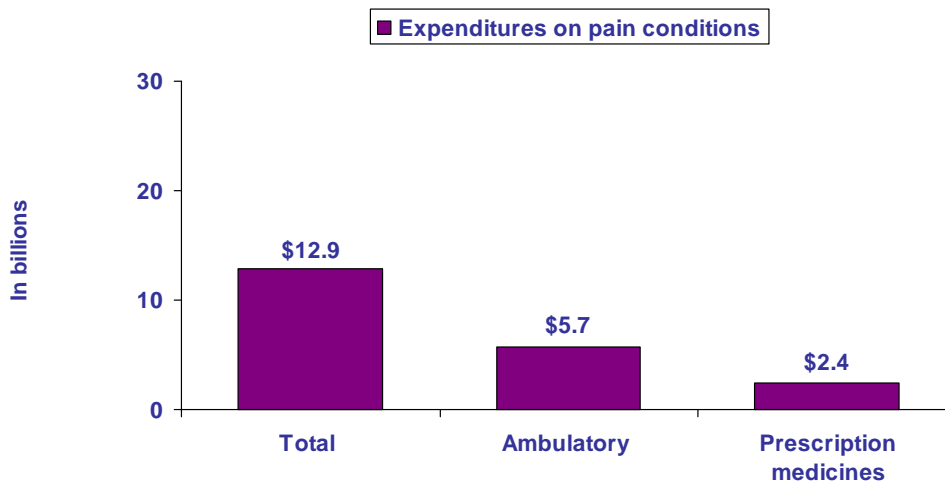
Figure 3. Mean expenditures for women with pain conditions and women without any pain conditions, age 18 and older, 2008



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2008



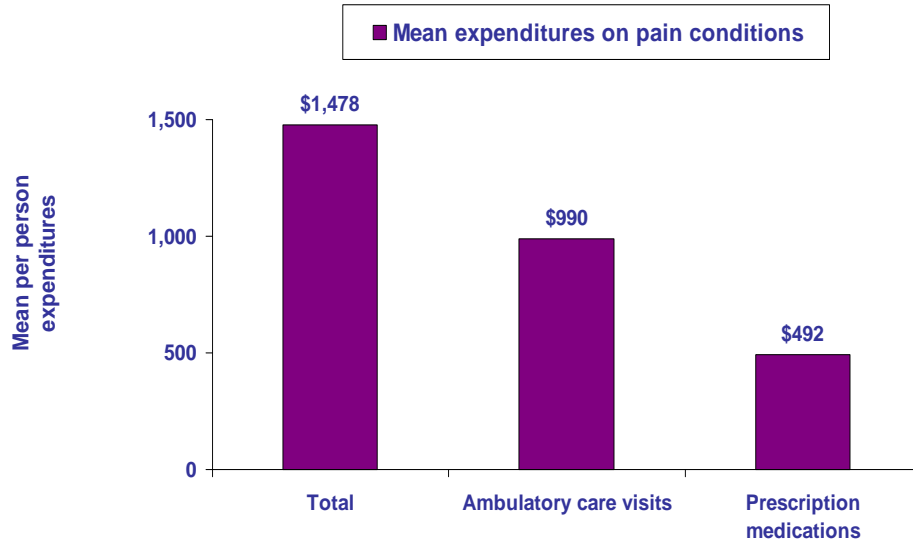
Figure 4. Annual expenditures for pain conditions among women age 18 and older, by type of service, 2008



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2008



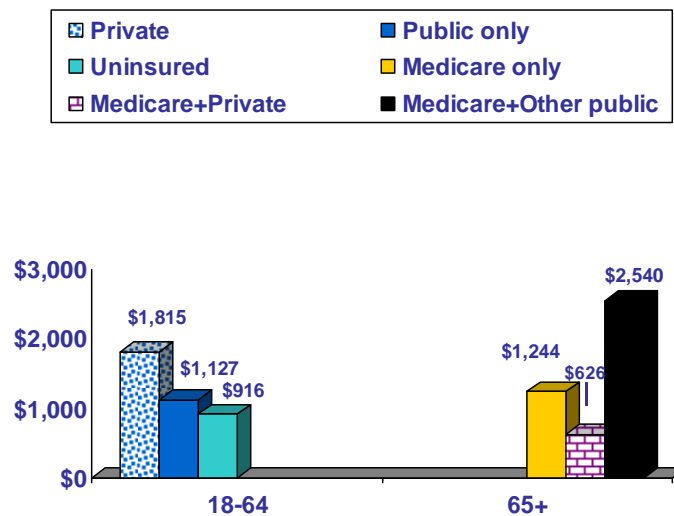
Figure 5. Mean expenditures for pain conditions per woman age 18 and older among those with an expense for service for any pain condition, by type of service, 2008



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2008



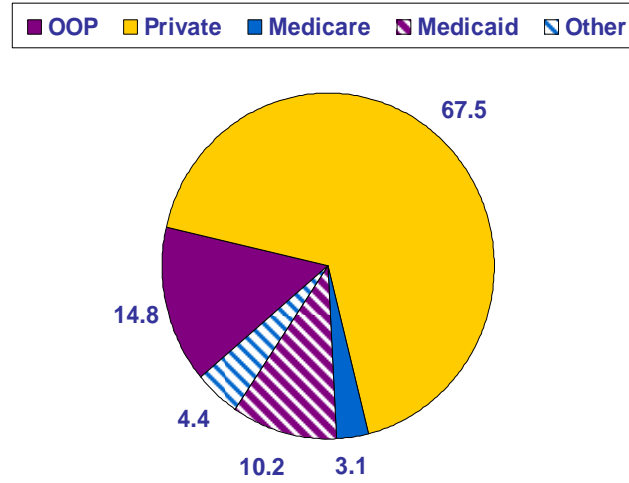
Figure 6. Mean expenditures for pain conditions for women age 18 and older among those with an expense for a pain condition, by insurance coverage and age, 2008



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2008



Figure 7. Percentage distribution of annual expenditures for pain conditions among women, ages 18–64, by source of payment, 2008



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2008