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New classification codes yield more specific disease, death data

**By Dorene Harris
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Future mortality reports will show for the first time whether or not any Arkansans have died from M00, P00, W00 or O00. These are a few of the new International Classification of Diseases 10th Edition (ICD-10) codes that went into effect in 1999 for mortality data.

ICD codes are used to categorize medical information. Medical conditions and injuries reported on death certificates are converted to ICD codes to standardize and facilitate collection of mortality data.

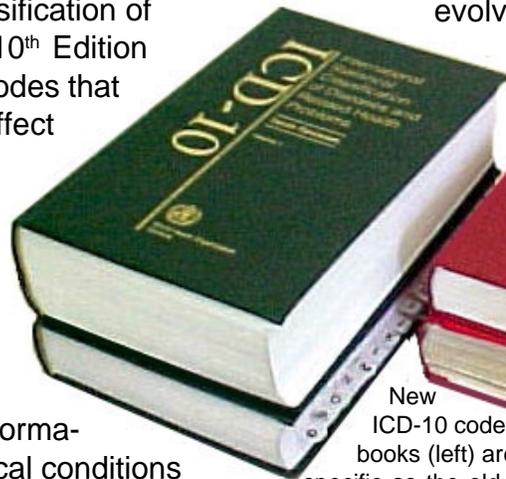
Alphanumeric

ICD-10 replaces the ICD-9 system that had been used for mortality data from 1979 - 1998. ICD-10 is alphanumeric,

so read B00 as "B-zero-zero", etc. (You didn't?)

ICD-10 has more than twice as many codes so we can now collect much more specific data on most causes of death.

Since introduced in 1900, ICD has evolved through 10 editions to reflect changing medical



New ICD-10 code books (left) are twice as specific as the old books

knowledge and to improve the collection of medical information.

Diseases that once had to share a code are often "promoted" to their own, separate code when they be-

come of greater health importance. Classifications and codes are changed or added as diseases are redefined and new diseases are identified. The changing ICD classifications of Alzheimer's and AIDS illustrate this evolution.

The first deaths from AIDS occurred after

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Allergies can result in hospitalization

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ICD-9 was written, so they were first coded as "unknown." For a few years, NCHS instructed states to code AIDS to the same immune disorders code that included congenital and hereditary immune diseases. In 1987 ICD-9 relocated AIDS to the Infectious Diseases chapter and gave it 12 codes to identify associated diseases. ICD-10 has 26 codes for AIDS.

Alzheimer's get own code

Alzheimer's Disease shared a code with unrelated mental diseases in the Fifth Edition (1939) until the category, "Other presenile psychosis" was created for the Sixth Edition. The Ninth Edition (1979) removed organic mental illnesses from the "Mental Disorders" chapter, relocated Alzheimer's to the "Nervous System" chapter, and gave it its own code. ICD-10 increased the number of Alzheimer's codes from one to four, adding codes to identify age of onset.

ICD-10 is currently used for mortality coding only. A version of ICD-9 will still be used by doctors' offices, hospitals, and insurance companies for medical records and insurance billing until 2003 or later. Some Arkansas Center for Health Statistics data, such as Hospital Discharge Summaries, will still use the old

format until hospitals convert to ICD-10.

Complicated conversion

The conversion to ICD-10 will complicate comparing 1999 mortality data with data from earlier years. Not only are all the codes different, ICD-10 has also changed some disease definitions, shifted some diseases into different categories, added much more detail to some categories while reducing detail in others, modified the "rules" used to assign codes and select underlying cause of death, and even made major changes in the recommended tabulation lists used to publish mortality data.

Fortunately, comparability ratios have been developed by the National Center for Health Statistics to help mortality data users compare 9th and 10th edition data. A list of comparability ratios and detailed information about ICD-10 is available on the NCHS web page at www.cdc.gov/nchs.

And those ICD-10 codes at the beginning of this article? "M00" is "Pyogenic arthritis", "P00" is "Fetus and newborn affected by maternal conditions that may be unrelated to present pregnancy", "W00" is "Fall on same level involving ice and snow" and "O00" (that's O-zero-zero) is "Ectopic pregnancy."

Nearly 60,000 health professionals licensed in 2000

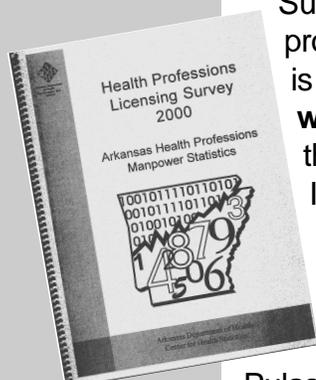
The annual Health Professions Licensing Survey, a report based on information provided by the various licensing boards, is now finished and available on line at www.healthyarkansas.com, under the listing "Data & Research."

In 2000, there were 59,945 health professionals licensed in Arkansas, a ratio of 235 practitioners for every 10,000 persons. About 23 percent of that total lived in Pulaski County.

Pulaski County also was home to 1,858 (37

percent) of the state's 5,022 physician specialists.

There were 18 professions administered by 12 boards. The largest registration was of nurses, with 41,168 licenses, followed by medical doctors and osteopaths with 5,029. The smallest registration was of podiatrists with 64 licensees. As a group, health professionals were distributed fairly evenly across the counties with a heavier concentration in counties with large population centers.



Allergic asthma hospitalizes 2,645

Hundreds of thousands in state report chronic sinusitis or hay fever

By Alicia Chadwick
Health Program Analyst
and John Hofheimer
Health Writer

Nearly a quarter of a million Arkansans suffer from hay fever and more than 400,000 suffer from chronic sinusitis. That's a lot of sneezing, red eyes, congestion and headaches.

In the South, nearly 10 percent of the population reported chronic hay fever. Only Westerners fared worse.

Those living in the South have the highest rate of chronic sinusitis in the nation. They are

about twice as likely to suffer from that as those in the Northeast or the West.

Allergists estimate that about 50 million Americans suffer from one or another allergy.

Immune overreaction

Basically, an allergy is an overreaction of the immune system to an allergen. Common allergens include pollen, mold, animal dander, dust mites and cockroach droppings.

In persons with allergies, the antibody immunoglobulin E (IgE) attaches itself to mast cells, which are particularly plentiful in the nose, eyes, lungs and gastrointestinal tract. When the IgE come in contact with allergens, they release histamine and other chemicals which produce allergic symptoms including tissue swelling, sneezing, wheezing, coughing and the watering of eyes. That's why many popular allergy medications are *antihistamines*.

Allergies are hereditary. If one parent is allergic, a child has a 48 percent chance of having an allergic disease. The prevalence increases to 70 percent if both parents suffer from allergies.

Asthma is often triggered by an allergen. During 1999 alone, asthma--in one form or another--was the principal diagnosis of 3,527 patients admitted to Arkansas hospitals.

Allergists say that about three-quarters of all asthma are allergic in nature.

Using that measure, allergy could have been responsible for 2,645 of those asthma admis-

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sions--a number that dwarfs the 129 admissions where the principal diagnosis was attributed to nonasthma allergies.

Because the ICD codes (*see article on page 1*) don't differentiate between allergic and non-allergic variants of asthma, Arkansas' hospital discharge data for allergy doesn't include any asthma figures. Although an estimated 78 percent of asthmatics suffer from hay fever, asthma patients aren't included in these statistics. Neither are those with allergy-related pneumonia or bronchitis included.

Nonasthma allergy numbers

In 1999, 822 patients were admitted to Arkansas hospitals with a primary or secondary allergy-related diagnosis, according to the Hospital Discharge Data System.

Hives (allergic urticaria) was the most common cause of admission, followed by anaphylactic shock (a severe allergic reaction usually from exposure to food,

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Allergy in Arkansas

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medicine or insect sting. In severe cases, blood pressure may drop, resulting in loss of consciousness and shock. Death may result.)

Most (83.3 percent) were discharged home, while 11.7 percent were either transferred to another short-term hospital, a skilled nursing facility, an intermediate care facility or another type of institution.

One person, a 50-year-old, with an allergy-related principal diagnosis died from anaphylactic shock and cardiac arrest.

Of the 251 patients with an allergy code as the first or second diagnosis, the average length of stay was 2.9 days, with the longest stay being 28 days. For the 249 of those patients eventually discharged, the total charges were \$1.25

million. Charges ranged from about \$400 to several thousand dollars, with a midpoint near \$3,000. That means half the charges were higher than \$3,000, half were lower.

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