

Appendix
Accountable Care Organizations and Preventable Hospitalizations Among Patients With Depression
Barath et al.

Appendix Table 1. Sample Characteristics by Hospital's Accountable Care Organization (ACO) Affiliation Among Discharges With Co-Existing Depression, 2015

Characteristics	ACO-affiliated (n=206,446) % (SD)	ACO-unaffiliated (n=193,776) % (SD)	p-value
Potentially preventable hospitalizations			
Rate	8.8 (0.28)	10.7 (0.31)	<0.001
Count (n)	18,167	20,734	
Individual characteristics			
Race/Ethnicity			
NH white	79.3 (0.41)	81 (0.39)	<0.001
NH African American	11.5 (0.32)	10.3 (0.30)	<0.001
NH Asian or Pacific Islander	0.9 (0.10)	0.5 (0.07)	<0.001
NH Native American	0.8 (0.09)	0.8 (0.09)	0.990
NH other/multi-race	1.1 (0.10)	0.9 (0.10)	<0.001
Hispanic (any race)	6.5 (0.25)	6.4 (0.25)	0.302
Age, years			
18–24	4.2 (0.20)	3.7 (0.19)	<0.001
25–34	11.4 (0.32)	10 (0.30)	<0.001
35–44	12.8 (0.33)	12.3 (0.33)	<0.001
45–54	19.4 (0.40)	19.4 (0.40)	0.913
55–64	22.9 (0.42)	23.7 (0.43)	<0.001
65–74	17.6 (0.38)	18.5 (0.39)	<0.001
≥75	11.8 (0.32)	12.4 (0.33)	<0.001
Female	66.3 (0.47)	65.6 (0.48)	<0.001
Chronic conditions (mean)	7.30 (3.42)	7.32 (3.35)	0.020
Expected payer			
Medicare	41.2 (0.49)	43.1 (0.50)	<0.001
Medicaid	21.5 (0.41)	21.4 (0.41)	0.363
Private insurance	31.0 (0.46)	27.7 (0.45)	<0.001
Self-pay	3.0 (0.17)	3.7 (0.19)	<0.001
No charge	0.5 (0.07)	0.7 (0.09)	<0.001
Other	2.8 (0.17)	3.3 (0.18)	<0.001
Median income of ZIP code			
\$1–\$41,999	27.9 (0.45)	37.0 (0.48)	<0.001
\$42,000–\$51,999	25.9 (0.44)	26.3 (0.44)	0.006
\$52,000–\$67,999	24.2 (0.43)	22.6 (0.42)	<0.001
≥\$68,000	22.0 (0.41)	14.0 (0.35)	<0.001
Hospital characteristics			
Hospital ownership			
For-profit	3.3 (0.18)	15.1 (0.36)	<0.001
Non-for-profit	87.8 (0.33)	70.4 (0.46)	<0.001
Government	8.9 (0.28)	14.5 (0.35)	<0.001
Bed size			
Small ≤50	2.4 (0.15)	3.4 (0.18)	<0.001
Medium 51–200	20.9 (0.41)	26.5 (0.44)	<0.001

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Large >200	76.7 (0.42)	70.1 (0.46)	<0.001
Teaching	21.0 (0.41)	17.5 (0.38)	<0.001
Safety net	14.2 (0.35)	10.6 (0.31)	<0.001
Rural	5.3 (0.22)	11.6 (0.32)	<0.001
State			
Arizona	11.3 (0.32)	3.3 (0.18)	<0.001
Colorado	3.5 (0.18)	10.2 (0.30)	<0.001
Florida	13.6 (0.34)	27.8 (0.45)	<0.001
Kentucky	6.7 (0.25)	13.0 (0.34)	<0.001
Maryland	9.1 (0.29)	9.6 (0.29)	<0.001
North Carolina	17.3 (0.38)	14.0 (0.35)	<0.001
New Jersey	10.0 (0.30)	1.9 (0.14)	<0.001
Oregon	5.1 (0.22)	10.0 (0.30)	<0.001
Rhode Island	0.5 (0.07)	2.4 (0.15)	<0.001
Washington	13.2 (0.34)	4.1 (0.20)	<0.001
Wisconsin	11.3 (0.32)	3.3 (0.18)	<0.001

Notes: Total sample (N=400,222) includes discharges for adults with coexisting depression from 682 hospitals in 11 states (Florida, Arizona, Colorado, Kentucky, Maryland, North Carolina, New Jersey, Oregon, Rhode Island, Washington, and Wisconsin). Potentially preventable hospitalizations were measured using the AHRQ algorithm for any of the following chronic condition Prevention Quality Indicators (PQIs): uncontrolled diabetes (PQI 14), diabetes related short-term and long-term complications (PQI 1, PQI 3); chronic obstructive pulmonary disease or asthma (PQI 5 and PQI 15), hypertension (PQI 7), and heart failure (PQI 8). Boldface indicates statistical significance ($p<0.05$). Summary: Overall PPHs for chronic conditions and coexisting depression were lower among ACO-affiliated hospitals (9%) compared to ACO-unaffiliated (11%). PPHs with co-existing depression in ACO-affiliated hospitals were more likely to be for adults who were African American, Asian, or other/multi-race patients; younger (18–44 years); female; with private health insurance; and live in higher earning ZIP codes than their counterparts in ACO-unaffiliated hospitals. ACO-affiliated hospitals were more likely to be not-for-profit, large (>200 beds), safety net providers, teaching hospitals, and in urban areas.

Sources: 2015 HCUP SID, 2015 AHA annual survey; and the 2015 AHA Care Systems and Payment Survey.

ACO, accountable care organization; NH, non-Hispanic; AHRQ, Agency for Healthcare Research and Quality; HCUP, Healthcare Cost and Utilization Project; SID, State Inpatient Databases; AHA, American Hospital Association.