

Five Year Inpatient Hospital Trends of COVID-19 Admissions in US Medicare Fee For Service

ADVI

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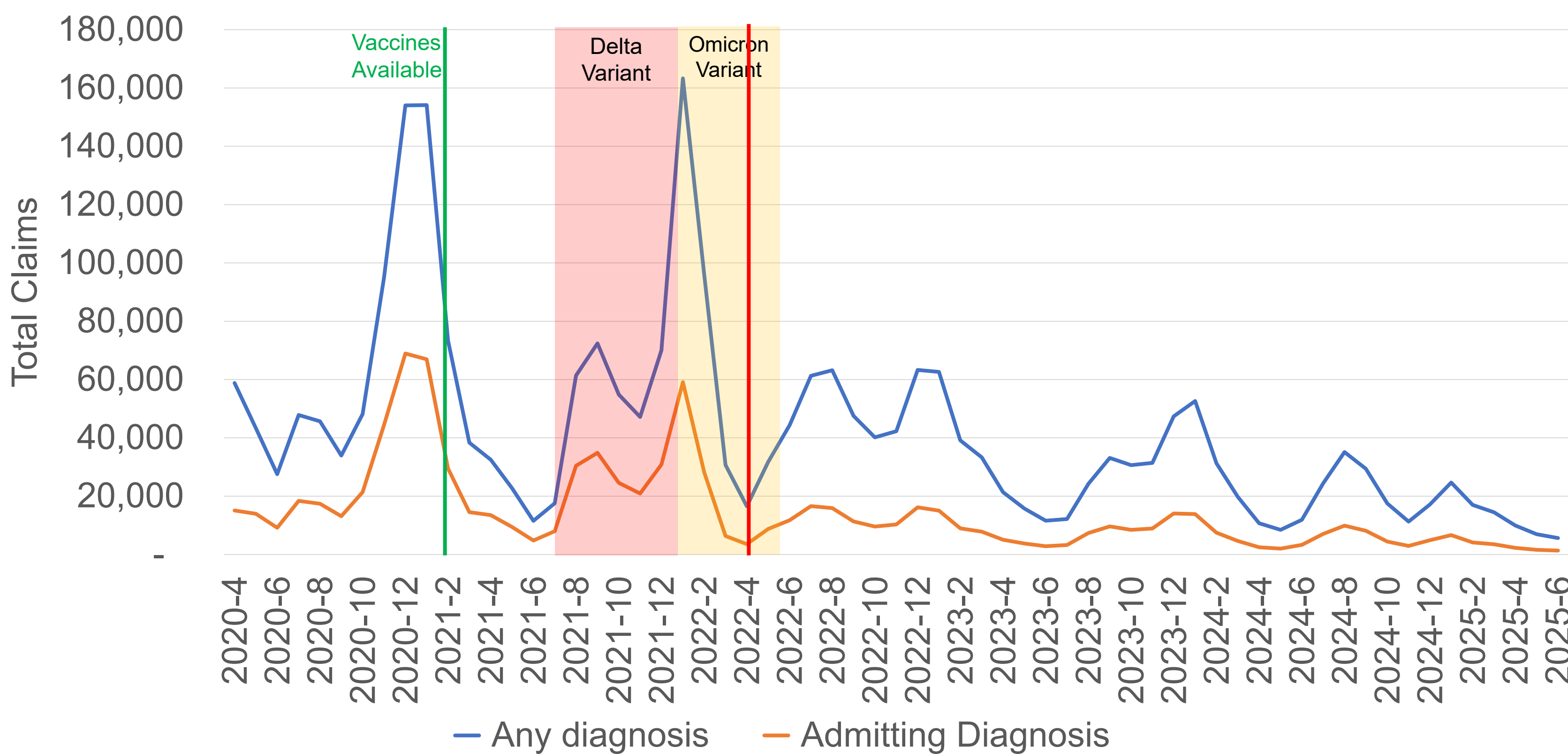
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Background

- COVID-19 remains an important aspect of public health as it continues to be linked to negative health outcomes for at-risk populations¹.
- Regularly updated public COVID information from CMS has essentially stopped since Jan 2024 with data through 2023².
- Several new COVID-19 therapies and vaccines have been introduced since April 2021.
- Following the end of the US public health emergency (May 2023), a lack of literature exists on recent trends in inpatient hospitalization due to COVID-19.
- This study describes the real-world utilization patterns for patients admitted to the inpatient setting with a COVID-19 diagnosis in US Medicare Fee-for-Service.

Results

Inpatient Claims with COVID-19 Diagnosis

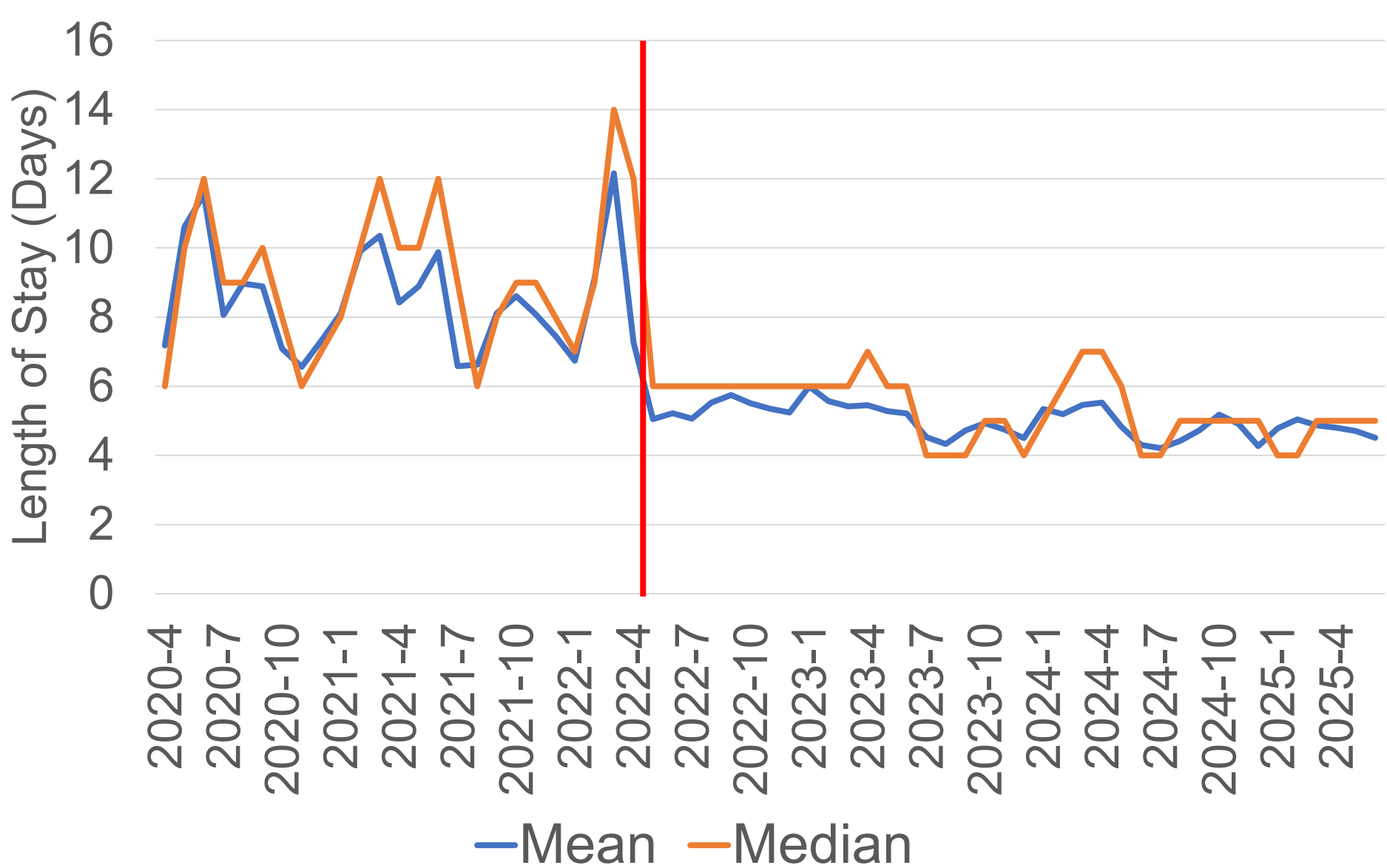


Main Finding: After April 2022, COVID-19 in the inpatient setting has reached a point of relative stability

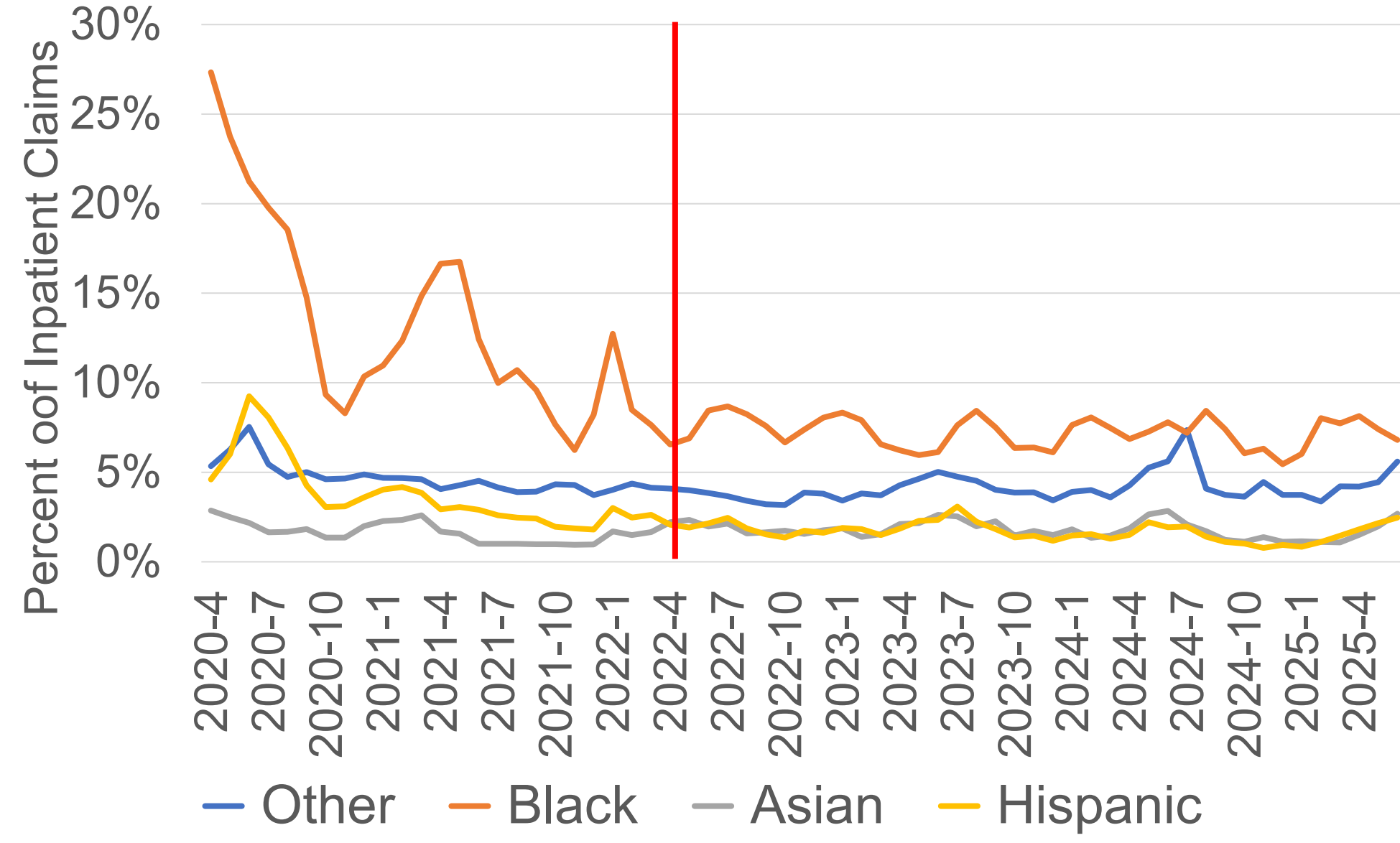
Methods

- 100% Medicare Research Identifiable Files (RIFs), 2020-2025 Q2.
- Claims identified with a diagnosis of COVID-19 (U07.1) in any position.
- Demographic information is taken directly from inpatient claims.

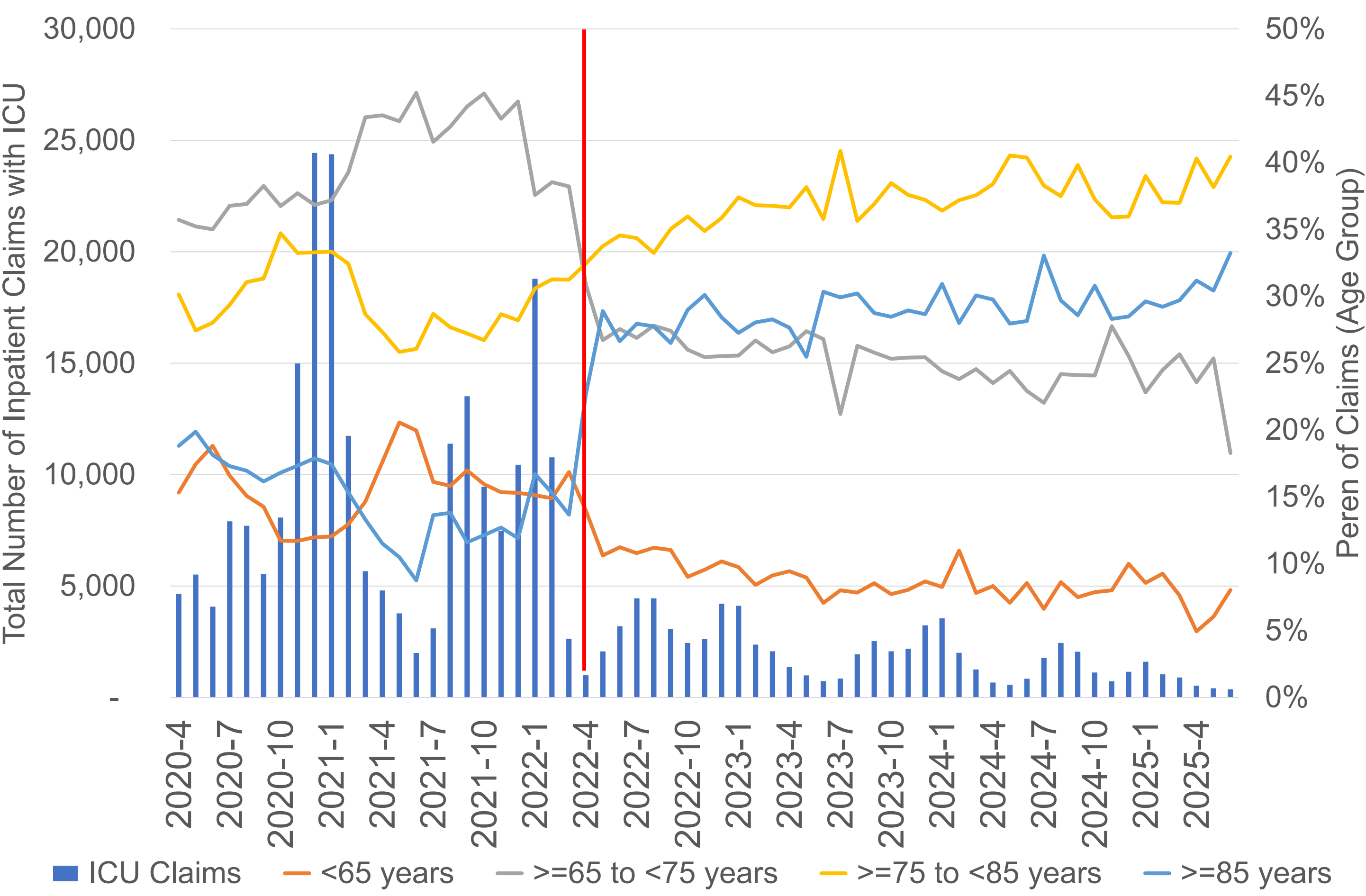
Mean/Median Length of Stay on Inpatient Claims with COVID-19 Admitting Diagnosis



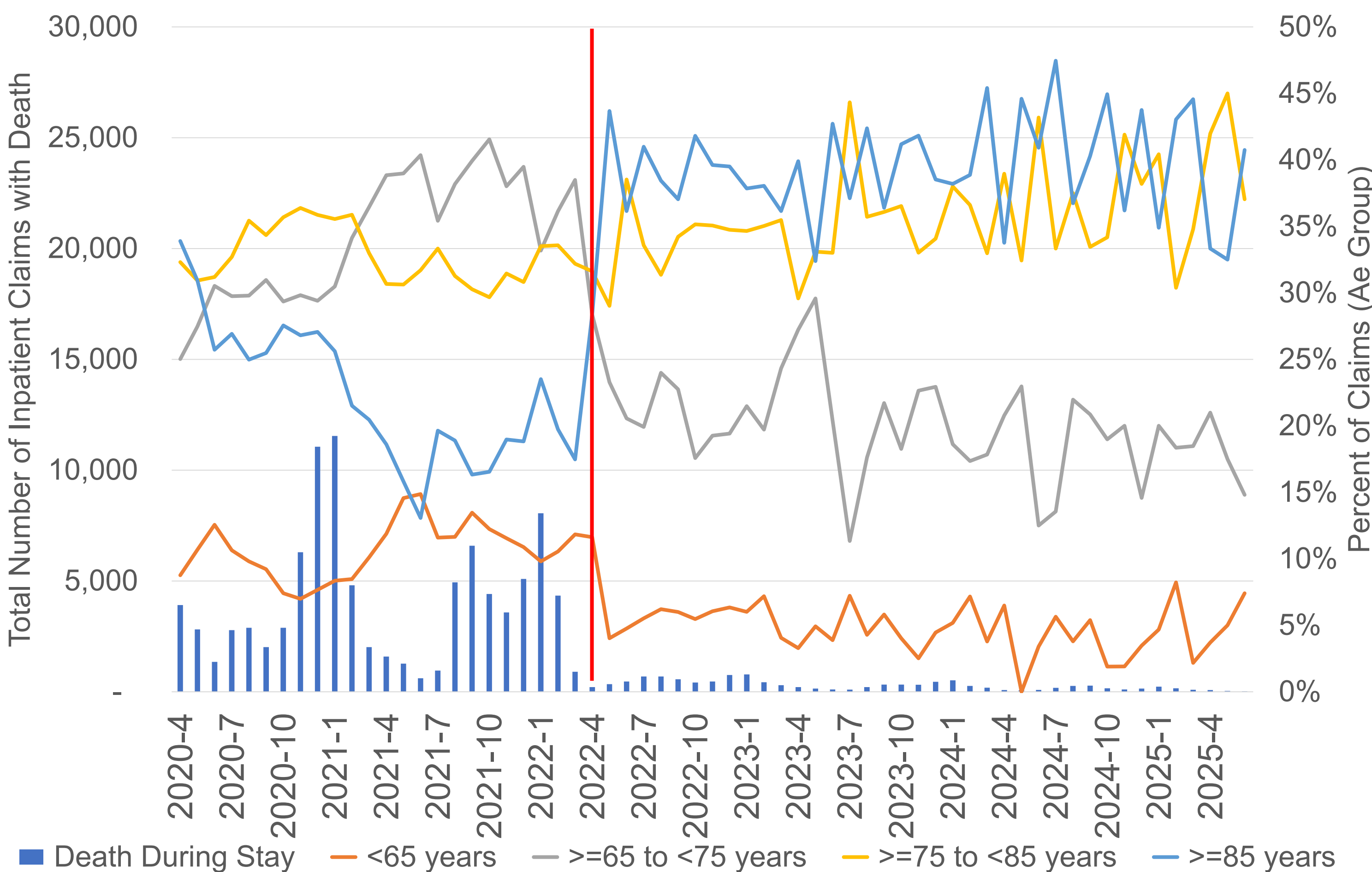
Inpatient Claims with COVID-19 Admitting Diagnosis By Race ("White" Not Shown)



Inpatient Claims with COVID-19 Admitting Diagnosis + ICU Utilization During Stay



Inpatient Claims with COVID-19 Admitting Diagnosis + Death During Stay



Conclusions

- Prior to April 2022, there is high variation in utilization, average length of stay, ICU utilization, and death rate.
- Age >=65 to <75 initially had higher rate of ICU and death but have since had better outcomes since April 2022.
- While still seeing seasonality in volume of COVID-19 claims since the end of the PHE, death in inpatient facilities has drastically decreased.
- Stabilization may be attributed to new therapeutics, clinicians/providers experience treating COVID, vaccine uptake, changes to coding practices, resistance through infection, or other effects.

1. <https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html>
2. <https://data.cms.gov/covid-19/medicare-covid-19-hospitalization-trends>