TABLE 1

GSDM CATEGORY	SOURCE
Short-term Hospital Outpatient Visits	1992 AHA Survey which is normalized using NHIS. This category appears to include short term Federal hospitals.
Emergency Room Visits	1992 AHA Survey
Short-term Hospital Beddays for persons < 65	1992 AHA Survey, Data for Short term and general hospitals was used, but specialty hospitals such as ob/gyn and rehab hospitals were excluded
Short-term Hospital Beddays for persons 65+	1992 AHA Survey, Data for Short term and general hospitals was used, but specialty hospitals such as ob/gyn and rehab hospitals were excluded. Nursing homes and swing unit beddays also excluded.
Nursing Home Residents	1991 National Health Provider Inventory, residents in hospital-based nursing homes were included while residents in board and care homes were excluded.
Psychiatric/ Long-term/ Other hospital Beddays	1992 AHA Survey, ob/gyn and rehab hospitals included. Data for federal hospitals except for short-term are included. Nursing home unit and swing beds excluded.
Primary Care Ambulatory Visits Includes: General practice, family practice, pediatrics, and internal medicine.	Data for the 1992 number of primary care patient care allopathic physicians were taken from the 1993 AMA Physician Characteristics and Distribution. Data on the number of osteopathic physicians were taken from the 1994 Yearbook and Directory of Osteopathic Physicians. 1992 Data on the number of Office Visits per week were taken from the 1993 Socioeconomic Characteristics of Medical Practice. To get the estimate number of docs/specialty was multiplied by average visits/specialty.
Obstetric Ambulatory Visits	Same source as above.
Non-Primary Care Ambulatory Visits	Same source as above.
Home Health Visits to Persons <65	National per capita rates from the National Home and Hospice Care Survey applied to state population.
Home Health Visits to Persons 65+	HCFA data published in Health Care Financing Review. These data were adjusted to account for the disabled population by subtracting the national percentage of disabled home care visits (approximately 7% of the population) from the total number of home care visits by state.

GSDM CATEGORY	SOURCE
Occupational Health Visits	Two sets of estimates were made and then they were combined. One set dealt with physicians and the other dealt with nurses. Physicians: The number of occupational physicians by state (from 1993 Physician Characteristics) was multiplied by the number of office visits per week of all physicians for the state's region. This product was then multiplied by the number of weeks worked for all physicians in the state's region. The latter productivity data were taken from 1993 AMA Socioeconomic Characteristics of Medicine. Nurses: Total number of physician occupational health visits was subtracted from the total number of occupational health visits (from the 1991 NHIS). The number of physician visits was calculated by multiplying the total number of occupational health physicians by a productivity rate. The productivity rate was the average number of office visits per week (average for all specialties in all regions). After the number of physician visits was subtracted from the total number of visits, the remainder were considered 'nurse' occupational health visits. Then the total number of occupational nurses in the country was obtained from the 1992 RN Sample Survey. "Occupational health Nurses" were defined as nurses who listed their area of practice as occupational or industrial health and spent 50% or more of their time in patient care activities. The 'nurse' visits were divided by the total number of occupational health nurses to obtain a productivity rate for nurses. The nurse productivity rate was applied to the actual number of occupational health nurses by state (from 1992 RN Sample Survey). The 'Nurse' visits were added to the total 'physician' visits to get the total number of occupational health visits.
Per Capita School Health Visit Rate	The number of school health nurses was estimated using the 1992 RN Sample survey, including nurses who were affiliated with university clinics. Utilization numbers were taken from the Center for Population Options' School Based and School Linked Health Centers: Update 1993. Using the assumption, which was supported by the report, that there was one full time nurse per school health center and would thus handle 100% of the visits per year a productivity rate calculated from the report was applied to the number of school health RNs by state. The total number of visits by state was then divided by the state-level school age population (5-22 years old) to obtain a state-specific per capita rate. Physicians were excluded from this analysis.

TABLE 2

SHEA CATEGORY	SOURCE
Hospital Care	AHA Survey Data, includes expenditures for hospital based nursing homes and home health care. Also includes expenditures for non medical services such as parking and gift shops.
Physician Services	Census of Service Industries (CSI) collected business receipts of health establishments in years ending with 2 and 7 for both taxable and tax exempt establishments, providing "benchmark" information. For taxable establishments, IRS Business Master File (BMF) business receipts are used to interpolated between CSI benchmark years. For tax exempt establishments, civilian population estimates produced by the Bureau of the Census are used to interpolate between CSI benchmark years. Taxable and tax exempt expenditures are summed and extrapolated to latest year using the growth in physician offices wages and salaries.
Dental Services	Method identical to that of Physician Services, except that no tax exempt dental establishments exist and that growth in dental office, rather than physician office, wage and salary data is used to extrapolate from the latest benchmark information.
Other Professional Services	This category is estimated in three pieces: Licensed other professionals; specialty clinics; and Medicare ambulance services. For licensed other professional services, CSI business receipts are used to create "benchmark" estimates in years ending in 2 and 7. BMF business receipts are used to interpolate between CSI benchmark estimates. For specialty clinics, CSI business receipts are once again used to create "benchmark" estimates; civilian population estimates produced by the Bureau of the Census are used to interpolate between CSI benchmark years. For Medicare ambulance services, payments made by Medicare to ambulance providers and other professionals are used to estimate spending.
Home Health Care	The CSI business receipts for home health was first collected in 1987 and again in 1992. These two surveys are used to create "benchmark" estimates for services provided by private facilities. The CSI business receipts for private providers was adjusted to include receipts of government home health providers using Medicare's proportion of private-to-total payments to home health providers. The adjusted CSI benchmark estimates were then interpolated and extrapolated to other years using the total of Medicare and Medicaid payments for home health services, which come from the State Medicaid agencies and Medicare's National Claims History databases respectively.

SHEA CATEGORY	SOURCE
Drugs and Other Medical Non-Durables	Expenditures for prescription, non-prescription and sundries are estimated using retail sales from the Census of Retail Trade (CRT) for 1977, 1982 and 1987 for the Merchandise Line Sales (MLS) for "health and beauty aids" and "prescription drugs." These estimates form "benchmarks". For prescription drugs, age-sex use and cost factors from the 1987 NMES data on drug expenditures are applied to population distributions to create age/sex adjusted population. These adjusted population figures are used to interpolate between benchmark years, and their growth is used to extrapolate to years beyond 1987. For nonprescription drugs and sundries, CRT-MLS forms the "benchmarks." Population is used to interpolate between benchmark years, and population growth is used to extrapolate to years beyond 1987.
Vision Products and Other Medical Durables	These estimates are prepared in two parts: Retail sales of durable products and sales of durable products through optometrists' offices. For retails sales, "benchmark" estimates are created using the Census of Retail Trade (CRT) for 1977, 1982 and 1987 for Merchandise Line Sales (MLS) for "optical goods." For sales of durable products through optometrists' offices, CSI business receipts in optometrist offices form "benchmark" estimates. Retail and optometrist office sales are summed for benchmark years. Civilian population estimates provided by the Bureau of the Census are used to interpolate between benchmark years and population growth is used to extrapolate to years beyond the benchmarks.
Nursing Home Care	There are four types of care facilities which are included in this category: private nursing homes, state and local nursing homes, DVA facilities, and intermediate care facilities for the mentally retarded (ICFs/MR). For private homes CSI data are used with wages and salaries provided by BLS to interpolate and extrapolate the intervening years. For government homes the wage and salary numbers are inflated to revenues. DVA provides state by state numbers for their facilities, and ICFs/MR data come from Medicaid.
Other Personal Health Care	This category captures expenditures for services that are beyond the scope of previously mentioned services and products. This estimate is prepared in several pieces. The privately funded portion of this estimate is industrial in-plant health services (health services provided at the work site). This estimate is prepared using ANA and U.S. Public Health Service estimates of the number of industrial health nurses and their average wage in benchmark years. Manufacturing wages and salaries from BEA are used to extrapolate and interpolate these estimates. The rest of the category contains public spending estimates for Medicaid and other targeted populations, including Medicaid spending on child health screening and home, community waivers, case management and transportation; DoD and DVA clinics; maternal and child health and school health programs; and programs that target Native Americans and people with mental health, alcohol and drug dependency problems. For each category, the administering public agency provides data.