Appendix E – List of References Used in the *Action Plan*

Introduction

An urgent call to action

> The cost of health care accounts for an estimated 16 percent of Oregon's state General Fund spending in a time when we are facing a $3.5 billion shortfall.

Source:

- Oregon Health Authority: Legislative Fiscal Office, Highlights of the 2009-2011 Legislatively Adopted Budget, August 2009, and Analysis of the 2009-2011 Legislatively Adopted Budget;
- Department of Human Services Seniors and People with Disabilities: DHS Budget and Policy SPD Budget Administrator (Bob Gebhardt), SPD 2009-2011 Legislatively Adopted Budget, produced 8-26-10;
- Department of Corrections: Legislative Fiscal Office, Analysis of the 2009-2011 Legislatively Adopted Budget, Public Safety Program Area, August 2009, www.leg.state.or.us/comm/lfo/2009-11_budget/PUBLIC_SAFETY.pdf;
- Briefing to the Legislature, Office of Economic Analysis, November 2010.

> Nationally, it is estimated that about 30 percent of care provided is either unnecessary or does not lead to patient health.

Source:

- Kaiseredu.org, "U.S. Health Care Costs," March 2010, available at www.kaiseredu.org/Issue-Modules/US-Health-Care-Costs/Background-Brief.aspx.

> Thirty-five percent of minority women in Oregon have no regular care provider, as compared to 18 percent for white women, and the life expectancy for African Americans and American Indians/Alaska Natives in Oregon is two years less than for Caucasians.

Source:

- Kaiser Family Foundation, "Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level," June 2009, www.kff.org/minorityhealth/upload/7886.pdf.

Foundational strategies in brief

Strategy 1. Use purchasing power to change how we deliver and pay for health care.

- Health care accounts for an estimated 16 percent of Oregon's state General Fund budget, which is currently threatened by a $3.5 billion shortfall.
  - Oregon Health Authority: Legislative Fiscal Office, Highlights of the 2009-2011 Legislatively Adopted Budget, August 2009, and Analysis of the 2009-2011 Legislatively Adopted Budget;
  - Department of Human Services Seniors and People with Disabilities: DHS Budget and Policy SPD Budget Administrator (Bob Gebhardt), SPD 2009-2011 Legislatively Adopted Budget, produced 8-26-10;
  - Department of Corrections: Legislative Fiscal Office, Analysis of the 2009-2011 Legislatively Adopted Budget, Public Safety Program Area, August 2009, www.leg.state.or.us/comm/lfo/2009-11_budget/PUBLIC_SAFETY.pdf;
  - Briefing to the Legislature, Office of Economic Analysis, November 2010.

Strategy 2. Shift focus to prevention.

- Almost 40 percent of deaths in the U.S. are caused by modifiable factors such as tobacco use, poor diet and physical inactivity and alcohol use, and 75 cents of every health care dollar is spent on the treatment of chronic conditions.

  Source:
  - Ali H. Mokdad, James S. Marks, Donna F. Stroup, Julie L. Gerberding, JAMA. 2004;291(10):1238-1245;
  - Kaiseredu.org, "U.S. Health Care Costs," March 2010, available at www.kaiseredu.org/Issue-Modules/US-Health-Care-Costs/Background-Brief.aspx.

Strategy 3. Improve health equity.

- NA

Strategy 4. Establish a health insurance exchange to make it easier for Oregonians to get affordable health insurance.

> The health insurance exchange will be the conduit through which individuals with incomes up to 400 percent of the federal poverty level ($88,200 for a family of four in 2010) will access the federal premium tax credits that will make health insurance much more affordable for many people. In addition, individuals with incomes up to 250 percent of the federal poverty level will gain access to cost-sharing assistance through the exchange.

> Additionally, certain small business purchasing through the exchange may be eligible for tax credits of up to 50 percent of their contribution to employee insurance premiums.

Source:

» Patient Protection and Affordable Care Act (P.L. 111-148).

Strategy 5. Reduce barriers to health care.

> By 2014, it is estimated that 93 percent of all Oregonians will have access to health care coverage.

Source:

» Oregon Health Authority, "Estimates of Coverage Expansions from Federal Reform," August 2010, available at www.oregon.gov/OHA/OHPB/meetings/2010/100810-st-fin-fed-refm.pdf.

Strategy 6. Set standards for safe and effective care.

> NA

Strategy 7. Involve everyone in health system improvements.

> NA

Strategy 8. Measure progress.

> NA

Key actions

> NA

What will be different after the *Action Plan for Health*?

> Insurance premiums have increased 125 percent over 10 years, and health care costs continue to outpace what we can afford.

Source:

» Oregon Health Authority, "A Healthy Oregon," November 2010, p. 3. available at http://www.oregon.gov/DHS/aboutdhs/docs/brochure-oha.pdf?ga=t (accessed 11/7/10).

» Oregon Department of Consumer and Business Services, "Health Insurance in Oregon," January 2010, p. 3, available at www.cbs.state.or.us/external/ins/health_report/3458-health_report-2010.pdf (accessed 11/1/10).

Taking advantage of federal reform opportunities for real change

> Federal law now allows adult children to stay on their parents' health insurance plan until the child is 26.

> Considerable funding for expansions of health insurance coverage options. This additional funding includes expansion of Medicaid to low-income adults up to 138 percent of the federal poverty level, and federally-funded tax credits for individuals up to 400 percent of the federal poverty level to purchase insurance through a state Health Insurance Exchange.

Source:

» Patient Protection and Affordable Care Act (P.L. 111-148).

Foundational strategies in action

Strategy 1. Use purchasing power to change how we deliver and pay for health care.

> Health care accounts for 16 percent of the state's General Fund budget, which is currently threatened by a $3.5 billion shortfall.

Source:

» Oregon Health Authority: Legislative Fiscal Office, Highlights of the 2009-2011 Legislatively Adopted Budget, August 2009, and Analysis of the 2009-2011 Legislatively Adopted Budget;

» Department of Human Services Seniors and People with Disabilities: DHS Budget and Policy SPD Budget Administrator (Bob Gebhardt), SPD 2009-2011 Legislatively Adopted Budget, produced 8-26-10;

- » Briefing to the Legislature, Office of Economic Analysis, November 2010.
- » Department of Corrections: Legislative Fiscal Office, Analysis of the 2009-2011 Legislatively Adopted Budget, Public Safety Program Area, August 2009, www.leg.state.or.us/comm/lfo/2009-11_budget/PUBLIC_SAFETY.pdf;

> Had Oregon successfully implemented strategies to reduce the rate of medical inflation by two percentage points over the last five years, it would have saved $6.3 billion or 6 percent of total health care expenditures.[1]

Source:

- » Centers for Medicare and Medicaid Services, Health expenditures by state of residence, 1991-2004 (September 2007), available at www.cms.gov/NationalHealthExpendData/downloads/resident-state-estimates.zip.

> Had we successfully contained the growth of obesity during the last five years, Oregon would have saved approximately $1 billion in health care expenditures.

Source:

- » National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System, Prevalence and Trends Data;
- » Oregon – 2005-2009, Overweight and Obesity (BMI) System, available at apps.nccd.cdc.gov/BRFSS/display.asp?cat=OB&yr=2005&qkey=4409&state=OR;
- » Population Research Center, PSU, March 2010, available at www.pdx.edu/sites/www.pdx.edu.prc/files/media_assets/Population%20Report%202009_tables_web2.xls;
- » Finkelstein, E., Trogdon, J., Cohen, J., and Dietz, W., July 2009, "Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates," Health Affairs, available at obesity.procon.org/sourcefiles/FinkelsteinAnnualMedicalSpending.pdf (accessed 11/7/10).

> Instituting bundled or episode-based payments for care related to 10 common acute and chronic conditions in 2005 could have reduced expenditures by approximately $2.25 billion over the last five years.[2]

[1]The price of consumer goods increased at an average rate of 2.4 percent per year between 2005 and 2009 according to the Bureau of Labor Statistics Consumer Price Index (CPI). In contrast, Oregon's total health care expenditures increased at an average rate of 7.7 percent per year between 1991 and 2004 according to the Center for Medicare and Medicaid Services National Health Expenditure Data. Although more recent health expenditure data are not available, if health care expenditures were held at 5.7 percent rather than continued on at 7.7 percent, Oregon would have saved over $6.34 billion from 2005-2009 even after accounting for new medical spending attributable to population growth rather than the price of health care.

Source:

- » Expenditure and Savings per Episode: PROMETHEUS Payment Evidence-Informed Case Rate Playbooks available at www.prometheuspayment.org/Content/ContentDisplay.aspx?ContentID=111 (accessed 10/8/10).
- » Number of Episodes among Non-Elderly Adults in Oregon:
  - » Oregon Hospital Inpatient Discharge Data;
  - » CDC Behavioral Risk Factor Surveillance System (BRFSS);
  - » CDC National Health and Nutrition Examination Survey (NHANES);
  - » CDC National Health Interview Survey (NHIS).

> Holding the growth in insurance companies' general administrative expenditures to CPI could have saved $36 million to $119 million over the last five years.

Source:

- » Consumer and Business Service Department, "Health Insurance in Oregon, 2007-2010," available at www.cbs.state.or.us/external/ins/health_report/health-report_intro.html.
- » Bureau of Labor Statistics, Consumer Price Index: All Urban Consumers, 1991-2010, available at data.bls.gov/PDQ/servlet/SurveyOutputServlet.

> Tobacco use prevention activities will save at least $1.32 for every $1 invested.

Source:

- » American Lung Association in Oregon, Smoking Cessation: The Economic Benefits, Oregon Facts, www.lungusa.org/stop-smoking/tobacco-control-advocacy/reports-resources/cessation-economic-benefits/states/oregon.html.

> The Oregon Health Authority purchases health insurance coverage for nearly one in four Oregonians, approximately 850,000 in total.

Source

- » Total covered lives under Medicaid, PEBB, OEBB, OMIP and FHIAP divided by total population.

> We estimate that by paying for care for 10 common acute and chronic conditions using bundled or episode-based payments, Oregon would save approximately $500 million annually by preventing re-hospitalizations and unnecessary care.

Source:

- » Expenditure and Savings per Episode: PROMETHEUS Payment Evidence-Informed Case Rate Playbooks available at www.prometheuspayment.org/Content/ContentDisplay.aspx?ContentID=111 (accessed 10/8/10).

[2]Acute conditions include hip replacement, knee replacement, bariatric surgery and acute myocardial infarction. Chronic conditions include asthma, chronic obstructive pulmonary disorder, congestive heart failure, coronary artery disease, diabetes and hypertension.

- » Number of Episodes among Non-Elderly Adults in Oregon:
  - » Oregon Hospital Inpatient Discharge Data;
  - » CDC Behavioral Risk Factor Surveillance System (BRFSS);
  - » CDC National Health and Nutrition Examination Survey (NHANES);
  - » CDC National Health Interview Survey (NHIS).

> Oregon could expect to save approximately $650 million or 1.9 percent of total health care expenditures per year after a five-year program initiation phase if Oregon were to provide primary care homes to the entire population and employ community health teams to link services and provide additional practice support.

Source:

- » Vermont Blueprint for Health: 2009 Annual Report, January 2010, available at http://healthvermont.gov/prevent/blueprint/documents/Blueprint_AnnualReport_2009_0110rev.pdf.

> Nationally it is estimated that about 30 percent of care provided to patients is either unnecessary or does not lead to improved health.

Source

- » Kaiseredu.org, "U.S. Health Care Costs," March 2010, available at www.kaiseredu.org/Issue-Modules/US-Health-Care-Costs/Background-Brief.aspx.

> Estimates indicate that by encouraging providers and payers to adopt automated electronic communications and a uniform language for these communications, we could save approximately $92 million to $202 million a year upon full implementation.

Source:

- » Oregon Health Authority, Office for Oregon Health Policy and Research, "Oregon Administrative Simplification Strategy and Recommendations: Final Report of the Administrative Simplification Work Group," June, 2010, available at www.oregon.gov/OHPPR/HEALTHREFORM/AdminSimplification/Docs/FinalReport_AdminSimp_6.3.10.pdf.

> The University of Michigan Health System found that instituting such a program led to a 59 percent decrease in the average monthly cost of medical liability.

Source:

- » Kachalia, A., Kaufman, S., Boothman, R., Anderson, S., Welch, K., Saint, S., et al. (2010). Liability Claims and Costs Before and After Implementation of a Medical Error Disclosure Program. Annals of Internal Medicine, 153, 213-221.

- It is estimated that health information systems connected across Oregon HIE services will provide significant annual health care savings including:
  - $57.7 to $90.7 million per year for avoided laboratory testing and imaging services;
  - $33.3 million per year for increased physician practice productivity.

Source:

- Witter & Associates. (2010, May). Health Information Exchange Adoption Impact: Potential Avoidable Service and Productivity Savings from Widespread Adoption. Oregon Health Information Technology Oversight Council. Available at www.oregon.gov/OHPPR/HITOC/Documents/ORSavingsPotential.pdf.

- Finally, federal health care reform is expected to halve the number of uninsured Oregonians while saving money for businesses and individuals. Current economic forecasts suggest that in 2019 annual individual and family annual health spending will fall by $1.8 billion and businesses will save $30 million annually.

Source:

- Oregon Health Authority, "Estimates of Coverage Expansions from Federal Reform," August 2010, available at www.oregon.gov/OHA/OHPB/meetings/2010/100810-st-fin-fed-refm.pdf.

- Also, as more people are able to access health insurance, Oregon will reduce the amount of uncompensated care that providers experience. Hospitals alone could experience a $360 million reduction in annual uncompensated care by 2015 and $465 million by 2019 (however, some hospitals will also experience partially offsetting reductions in Medicaid Disproportionate Share Hospital payments beginning in 2014).

Source:

- Oregon Health Authority, Office for Oregon Health Policy and Research, "Hospital Financial Data Reports, 2009," last updated 12/7/2010, available at www.oregon.gov/OHPPR/RSCH/docs/Hospital_Financials/2009_Margins_FINAL_120710.xls;
- American Community Survey, 2009.

Strategy 2. Shift focus to prevention.

- It is estimated that chronic disease treatment accounts for 75 percent of our health care spending.

Source:

- Kaiseredu.org, "U.S. Health Care Costs," March 2010, available at www.kaiseredu.org/Issue-Modules/US-Health-Care-Costs/Background-Brief.aspx.

> The human toll of tobacco use in Oregon continues to dramatically surpass all other preventable causes of death and disease.

Source:

» American Lung Association in Oregon, "Tobacco Prevention, Education and Policy," available at www.lungoregon.org/tobacco/.

> Focused prevention efforts and evidence-based cessation benefits can provide a return of $1.32 for every dollar Oregon spends on providing tobacco cessation treatments.

Source:

» American Lung Association in Oregon, Smoking Cessation: The Economic Benefits, Oregon Facts, www.lungusa.org/stop-smoking/tobacco-control-advocacy/reports-resources/cessation-economic-benefits/states/oregon.html.

> One-third of the recent increase in medical costs in Oregon is attributed to obesity.

Source:

» Northwest Health Foundation, "The Impact of Obesity on Rising Medical Spending in Oregon from 1998 to 2005," April 6, 2009, p. 10, available at nwhf.org/images/files/Thorpe_Oregon_Obesity_Study.pdf.

> The Centers for Disease Control and Prevention estimate that medical costs for individuals with obesity are $1,429 higher annually than those of normal weight. By reducing obesity and obesity-related chronic diseases like diabetes, Oregon stands to realize a significant return on investment.

Source:

» Finkelstein, E., Trogdon, J., Cohen, J., and Dietz, W., July 2009, "Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates," Health Affairs, available at obesity.procon.org/sourcefiles/FinkelsteinAnnualMedicalSpending.pdf (accessed 11/7/10).

> Today, the number of Oregon eighth-graders who have had a drink in the past 30 days is twice the national average.

Source:

» Alcohol and Drug Policy Commission, "Improving Oregon's Alcohol and Drug Prevention and Recovery Strategy, Report to Governor Ted Kulongoski," May 2010, p. 2, available at www.ohcs.oregon.gov/DHS/mentalhealth/tools-policymakers/adpc/documents/ad-report2gov.pdf?ga=t (accessed 11/7/10).

> Almost 40 percent of deaths in the United States are caused by behaviors that can be changed: tobacco use, poor diet and lack of physical activity, and alcohol use.

Source:

- Ali H. Mokdad, James S. Marks, Donna F. Stroup, Julie L. Gerberding, JAMA. 2004;291(10):1238-1245.

Strategy 3. Improve health equity.

- Oregon is:
  - Forty-seventh in the number of African American diabetes deaths per 100,000 population by race/ethnicity (60.5 per 100,000 compared to 40.2 per 100,000 in the United States);
  - Forty-seventh in the number of African American deaths caused by stroke and other cerebrovascular diseases per 100,000 population (73.1 per 100,000 in Oregon compared to 61.7 per 100,000 in the U.S.);
  - Twenty-sixth in the percentage of African American and Latino live births by cesarean delivery, though both are slightly better than U.S. averages;
  - Twenty-fifth in the percentage of African American and 30th for Hispanic Latino mothers beginning prenatal care in the first trimester, both below U.S. averages.

Source:

- Kaiser Family Foundation, statehealthfacts.org, Oregon, www.statehealthfacts.org/profileglance.jsp?rgn=39.

- As Oregon's population becomes increasingly diverse, we must develop a public health and health care system that effectively meets the needs of Oregon's diverse and geographically disparate populations:
  - The Latino population has almost doubled in the last 10 years, and is now the largest minority population with well over 400,000 people;
  - Asian Americans number over 130,000 in the state;
  - American Indian and Alaska Native and Black/African American populations number 67,000 and 63,000 respectively but experience disproportionate health burdens that result in unacceptable costs for individuals, families, communities, and health systems;
  - International migration is adding to the cultural and language diversity of the state, with the Russian community continuing to grow, along with Somali and Iraqi populations. Oregon is expected to add 197,000 to state population through international immigration over a 30-year period ending 2025.

Source:

- U.S. Census Bureau, U.S. Populations Projections, "Population Projections for States by Age, Sex, Race, and Hispanic Origin: 1995

to 2025," October 1996, available at www.census.gov/population/www/projections/ppl47.html.

> In 2009, only eight of Oregon's 121 medical school graduates were Latino, African American, Native American, or Pacific Islander.

Source:

» Association of American Medical Colleges, Data Warehouse: Student File, 2002-2009, available at http://www.aamc.org/data/facts/enrollmentgraduate/start.htm.

Strategy 4. Establish a health insurance exchange to make it easier for Oregonians to get affordable health insurance.

> An estimated 150,000 previously uninsured Oregonians will take up individual coverage through the Health Insurance Exchange. Thousands more will gain coverage through the exchange as members of small employer groups.

Source:

» Oregon Health Authority, "Estimates of Coverage Expansions from Federal Reform," August 2010, available at www.oregon.gov/OHA/OHPB/meetings/2010/100810-st-fin-fed-refm.pdf.

> The exchange will be the conduit through which individuals with income up to 400 percent of the federal poverty level ($88,200 for a family of four in 2010) will access the federal premium tax credits that will make health insurance much more affordable for many people. In addition, individuals with incomes up to 250 percent of the federal poverty level will gain access to cost-sharing assistance through the exchange.

Source:

» Patient Protection and Affordable Care Act (P.L. 111-148).

Strategy 5. Reduce barriers to health care.

> Today, 17 percent of Oregonians are uninsured.

Source:

» American Community Survey, 2009.

> We project that, by 2014, 93 percent of all Oregonians will have access to health care coverage as a result of insurance market reforms to remove barriers, expansions of Medicaid, creation of state health insurance exchanges, and federal tax credits to help make coverage offered through exchanges more affordable.

Source:

» Oregon Health Authority, "Estimates of Coverage Expansions from Federal Reform," August 2010, available at www.oregon.gov/OHA/OHPB/meetings/2010/100810-st-fin-fed-refm.pdf.

> The Kaiser Family Foundation estimates that Oregon's Medicaid enrollment will increase by 60 percent.

Source:

» Kaiser Family Foundation Commission on Medicaid and the Uninsured, "Medicaid Coverage and Spending in Health Reform: National and State-by-State Results for Adults at or Below 133% FPL," May 2010, p. 41, available at www.kff.org/healthreform/upload/Medicaid-Coverage-and-Spending-in-Health-Reform-National-and-State-By-State-Results-for-Adults-at-or-Below-133-FPL.pdf.

> Despite these gains, 7 percent of Oregonians will remain uninsured.

Source:

» Oregon Health Authority, "Estimates of Coverage Expansions from Federal Reform," August 2010, available at www.oregon.gov/OHA/OHPB/meetings/2010/100810-st-fin-fed-refm.pdf.

Strategy 6. Set standards for safe and effective care.

> NA

Strategy 7. Involve everyone health system improvements.

> NA

Strategy 8. Measure progress.

> The percentage of adults with a tobacco or obesity-related chronic disease is 39 percent among the general population in Oregon but is 58 percent among African Americans and 56 percent among American Indians and Alaska Natives.

Source:

» Custom analysis of BRFSS data for the "Draft Oregon Health Improvement Plan: 2011-2020," October 2010.

> Similarly, low-income Oregonians are significantly less likely than middle- or higher-income residents to get recommended cancer screenings, such as mammograms (52 percent vs. 73 percent).

Source:

» Oregon Department of Human Services, "Keeping Oregonians Healthy: Preventing Chronic Diseases by Reducing Tobacco Use, Improving Diet, and Promoting Physical Activity and Preventive Screenings," July 2007, p. 83, available at www.oregon.gov/DHS/ph/hpcdp/docs/healthor.pdf?ga=t.

Additions to Appendix E – References

OHPB committee websites

For the latest information on the work of these committees, please visit their websites. These sites also have agenda, minutes and materials for all meetings.

- Administrative Simplification Work Group
  www.oregon.gov/OHPPR/HEALTHREFORM/AdminSimplification/AdministativeSimplificationWorkgroup.shtml
- Healthcare Workforce Committee
  www.oregon.gov/OHPPR/HPB/Workforce/HealhCareWorkforceCommittee.shtml
- Health Equities Policy Review Committee
  www.oregon.gov/OHA/omhs/health_equity.shtml
- Incentives and Outcomes Committee
  www.oregon.gov/OHPPR/HPB/HealthIncentives/HealthIncentivesandOutcomesCommittee.shtml
- Medical Liability Task force
  www.oregon.gov/OHPPR/HPB/MedicalLiability/MedicalLiabilityTaskForce.shtml
- Patient-Centered Primary Care Standards Advisory Committee
  www.oregon.gov/OHPPR/HEALTHREFORM/PCPCH/PCPCHStandardsAdvisoryCommittee.shtml
- Public Employer Health Purchasing Committee
  www.oregon.gov/OHA/OHPB/committees/pub-hlt-bn-prch.shtml
- Statewide Health Improvement Plan Committee
  www.oregon.gov/DHS/ph/hpcdp/hip/index.shtml

Other Oregon Health Authority websites

The board also drew from the work of other Oregon Health Authority committees, commissions, councils, workgroups and task forces in developing *Oregon's Action Plan for Health*. Please visit the websites for the latest information on their efforts.

- Health Information Technology Oversight Council
  www.oregon.gov/OHPPR/HITOC/index.shtml
- Health Services Commission
  www.oregon.gov/OHPPR/HSC/index.shtml
- Health Resources Commission
  www.oregon.gov/OHPPR/HRC/index.shtml
- Medicaid Advisory Committee
  www.oregon.gov/OHPPR/MAC/MACwelcomepage.shtml

Other Oregon Health Authority information

Several elements of *Oregon's Action Plan for Health* are built on work done outside a formal committee structure. For more information on these topical areas, link to the specific websites.

- Safety net issues and concerns (Oregon Health Policy and Research website)
  www.oregon.gov/OHPPR/SNAC/index.shtml
- Value-based essential benefits (OHPR website)
  www.oregon.gov/OHPPR/HPB/VBEBP/index.shtml
- Bending the cost curve policy brief (2011 OHPR legislative web page)
  www.oregon.gov/OHPPR/

Other sources

- KaiserEDU.org, www.kaiseredu.org/Issue-Modules/US-Health-Care-Costs/Background-Brief.aspx#How percent20is percent20the percent20U.S. percent20health percent20care percent20dollar percent20spent? Accessed December 9, 2010.
- United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2007. CDC WONDER On-line Database, compiled from Compressed Mortality File 1999-2007 Series 20 No. 2M, 2010. Accessed at www.wonder.cdc.gov/cmf-icd10.html on Nov 22, 2010.