

2000 6

가

가

가

가

가

,

가

가

.....	i
•	1
1.	1
2.	4
•	5
1.	5
2. 가	9
•	12
1.	12
2.	13
3.	15
•	17
1.	17
2.	19
3.	22
4.	28
•	30
1.	30
2.	31
•	35
.....	38
.....	40
.....	41

1.		.....	14
2.		.....	16
3.		.....	18
4.	(MDC)	.....	20
5.	KADRG	.....	21
6.		.....	22
7.		.....	23
8.	(MDC)	.....	24
9.	KADRG	.....	25
10.	(MDC)	.....	26
11.	KADRG	.....	27
12.		.....	28
13.		.....	29

1.	12
----	-------	----

가

가

가

가

DRG

가

1

가

11

256

가

DRG

가 (Appropriateness Evaluation Protocol; AEP)

가

DRG

가

1. (MDC) (01) 15.6%,
 (08) 15.6%, (04) 15.2% 가 46.8%

KADRG (202) 7.4%,
 (088) 6.3%, (014) 4.7% 가

KADRG ()

2. 256 25.0%(64) 가 ,
 (MDC) 1 2
 (08) 42.5%, (07)
 41.2%, (01) 30.0% KADRG

(243) 77.8%, (018) 70.0%,
(202) 47.4% .

3. 256 34.0%(87) 가
(MDC) (01) 55.0%, (08)
55.0%, (06) 39.1% .
KADRG (243) 66.7%, (018) 60.0%,
(014) 58.3%, (012) 50.0%

1
2

4. ,
(MDC 04) (MDC 01), (MDC 07),
(MDC 08) .
3.82

, 2 1
가

가 (DRG) DRG
(MDC 08) DRG

: , , 가 (Appropriateness
Evaluation Protocol; AEP)

•

1.

1977 가

439 1977 209 1987 10
가 1999 137

가 1992 3,010 , 1996 5,363 , 1999
10,687 () (, 2000).

가가 가 1990
'93 '98 가

14.87% 가 18.63%

1 가 16%

31% 가 가 (, 1999).

가

1999 9 “ ”

가

가 가

가

(Gertman & Restuccia, 1981).

(, 1991).

Donabedian(1973) , (service reserve) 가 (manifest reserve) (latent reserve) . 가 , , (, 1993).

가 (Diagnosis Related Groups; DRG) 가 가 가 .

가 DRG .

DRG 가 가 .

가 , , , 가 가 (, 1999) 가 가 . DRG , 11.2%

가 (0.8% , 1999, 2000).

가 ,

가

가

가 (1999)

가 26.5%, 1 가 42.7%, 2 가 34.5%

가

가 ,

2.

가

,

.

.

(1 / 2)

가

,

,

.

,

.

가

•

1.

가 , , , , ,

가

가

1 2 . 1

2 (acute care) (non-acute care) 가

가 . 가

가 2 가 1

가 (, 1991; , 1993; , 1993). ,

(1993) 1,500

90%

634 6,241 Gertman Restuccia가

가 (Appropriateness Evaluation Protocol; AEP)

83.5%가

가 66.7% 가 , 가 91.3% 가 , 4
가 95.2% , 가
가
62.4% . 가 가
, 가 62.4% 가 , (17.4%),
(11.6%) .
, , , , , ,
. 1 . , , ,
(1991) 1 86
90 AEP 가 ,
21.7%, 28.2%,
14.8% , ,
20.9% 8.7% .
가 , , 가
가
(1994) 830 1
가 (AEP) (Delay Tool)
“ 가”

2 가 가

,

가

가 가

100% 98.1%,

94.1% 가

90.6%

가 가

가 86.0%, 가 74.1% ,

87.0%, 69.0%

1 가

1 가

가 1

가 1)

1) (1993) 5 ,
 (1991) 10

(1999) 13
가
가
2% 13 737
424 (57.5%) 1
291 (39.5%), 2 133 (18.0%) 가 .
가 (AEP)
가 ,
125 17.0% ,
10.9%, 1 22.3%, 2
20.2% 2
가 26.5%, 1 42.7%, 2 34.5%
63%
21.6%, 1 37.0%, 2 27.0%
1 가
(12.2%) 1 (25.9%)
(11.4%) 1 (21.5%), 2
(20.7%) 가 .
30.4%, 1 54.3%, 2 49.2%
가 .
(1993) 5
(selection bias)

(9.9%), (8.2%), (36.2%), (14.9%), (6.1%)

2. 가

가
 가 가
 가 Gertman Restuccia(1981)가
 가 (Appropriateness Evaluation Protocol; AEP)

가 (AEP) Gertman Restuccia(1981)가 92 94 %
 가 , (,
 1991; , 1993; , 1993; , 1994; ,
 1999) 가 가

가 가 가
 가 가 가 (acute
 hospital level of care) , ,
 ,
 (, 1991).

AEP 가 ' , ' , ' (elective
 surgery)²⁾ ' . , ,

, 6 .
 (/) , ()
) .
 가
 가 , 가 ,
 , .
 1
 , .
 가 95% .
 가 가
 (override option)³⁾ .
 , 가
 가
 .
 가 , ,
 , (prospective), (concurrent), (retro
 -spective) 가
 .
 , ,
 가 가
 가 .
 가 .
 I/O , (total

2) (emergency surgery)

3) (1991)

(override option) ' ,

parenteral nutrition)

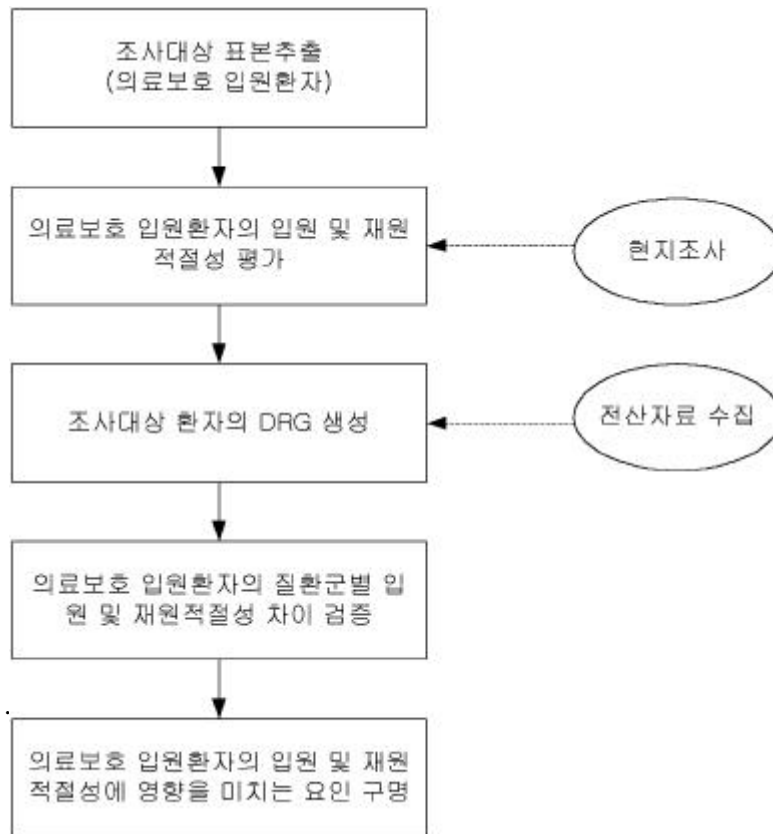
가
가 (, 1999).

1.

< 1 >
가

가

가



1.

11

가 , 가 DRG

2.

1)

가

가

4)

11

< 1 >

2

, 1 가 가 2 2
(10) (random sampling)

, 20 가 343
, 1 가 224 (65.3%), 2 가 119
(34.7%) 가

4) 1998 1 1 6 30 6 30 () 2%

1999 8 9 9 5 1

가

KADRG

가 KADRG

(unrelated OR

procedure) (KADRG 468),

(KADRG 469), KADRG (KADRG 470)

256

1.

				%
		6		54.5
		5		45.5
		3		27.3
		8		72.7
3		3		27.3
		8		72.7
300		2		18.2
300	500	4		36.4
500		5		45.4
		7		63.6
		4		36.4
		11		100.0

2)

가 . 가
Gertman Restuccia(1981)가 가
(Appropriateness Evaluation Protocol; AEP)
가 .

3.

가
KADRG , KADRG
.
(KADRG), (Major Diag
-nostic Category; MDC)
(1 / 2) 가
t- .

< 2> .

2.

	0 :	1 :
	0 :	1 :
	0 :	1 :
	0 : 65	1 : 65
	0 : 1	1 : 2
KADRG	0 : class 0	1 : class 1, 2
1*	MDC 01()	
2*	MDC 06()	
3*	MDC 07(.)	
4*	MDC 08(.)	
	0 : 500	1 : 500
	0 :	1 :
:	1 4 가	(reference group) MDC 04
(	- respiratory system)	

1.

가 (Appropriate Evaluation Protocol; AEP)
 가 343
 KADRG
 256 1 171 (66.8%), 2
 85 (33.2%)
 57.4%, 45.3%
 1 (55.6%) 2
 (61.2%)
 (, 1998)가 48.8%
 51.2%
 , 60 가
 47.6% 60
 (49.7%) (, ,
 1998). 1 60 (52.0%)가
 2 60 (38.9%) 50
 1 (11.7%) 2 (32.9%)
 가 .

3.

(: , %)

	1	2	
	95 (55.6)	52 (61.2)	147 (57.4)
	76 (44.4)	33 (38.8)	109 (42.6)
20 30	6 (3.5)	1 (1.2)	7 (2.7)
31 40	28 (16.4)	7 (8.2)	35 (13.7)
41 50	28 (16.4)	16 (18.8)	44 (17.2)
51 60	20 (11.7)	28 (32.9)	48 (18.8)
61 70	39 (22.8)	14 (16.5)	53 (20.7)
71 80	39 (22.8)	13 (15.3)	52 (20.3)
80	11 (6.4)	6 (7.1)	17 (6.6)
	80 (46.8)	47 (55.3)	127 (49.3)
	7 (4.1)	1 (1.2)	8 (3.1)
	22 (12.9)	7 (8.2)	29 (11.3)
	4 (2.3)	1 (1.2)	5 (2.0)
	2 (1.2)	3 (3.5)	5 (2.0)
	18 (10.5)	5 (5.9)	23 (9.0)
	22 (12.9)	12 (14.1)	34 (13.3)
	2 (1.2)	2 (2.4)	4 (1.6)
	1 (0.6)	—	1 (0.4)
	1 (0.6)	—	1 (0.4)
	4 (2.3)	—	4 (1.6)
	1 (0.6)	2 (2.4)	3 (1.2)
	1 (0.6)	1 (1.2)	2 (0.8)
	3 (1.8)	1 (1.2)	4 (1.6)
	0 (0.0)	2 (2.4)	2 (0.8)
	3 (1.8)	1 (1.2)	4 (1.6)
	171(100.0)	85(100.0)	256(100.0)

가 49.6% 가 ,
 (13.3%), (11.3%), (9.0%) 1 2
 1 (46.8%)
 2 (55.3%)가
 (, 1999) 1 65.4%, 2 52.0%
 1
 < 3> .

2.

(MDC)
 (01) 15.6%, (08) 15.6%, (04) 15.2%
 가 46.8% , (07) 13.3%, (06) 9.0%
 (MDC) 1
 가 2
 (04) 17.6%, (07) 16.5%, (08)
 15.3%, (06) 10.6%, (01) 9.4%
 가 , (01) 1
 18.7% 2 9.4% . <
 3> 1 2
 (MDC) < 4> .

4. (Major Diagnostic Category; MDC)

(: , %)

MDC	1	2	
01	32 (18.7)	8 (9.4)	40 (15.6)
08	27 (15.8)	13 (15.3)	40 (15.6)
04	24 (14.0)	15 (17.6)	39 (15.2)
07	20 (11.7)	14 (16.5)	34 (13.3)
06	14 (8.2)	9 (10.6)	23 (9.0)
05	12 (7.0)	6 (7.1)	18 (7.0)
11	12 (7.0)	4 (4.7)	16 (6.3)
09	7 (4.1)	4 (4.7)	11 (4.3)
10	5 (2.9)	3 (3.5)	8 (3.1)
17	4 (2.3)	4 (4.7)	8 (3.1)
02	3 (1.8)	—	3 (1.2)
19	3 (1.8)	—	3 (1.2)
18	1 (0.6)	2 (2.4)	3 (1.2)
03	2 (1.2)	1 (1.2)	3 (1.2)
13	2 (1.2)	—	2 (0.8)
16	1 (0.6)	1 (1.2)	2 (0.8)
21	1 (0.6)	1 (1.2)	2 (0.8)
	1 (0.6)	—	1 (0.4)
	171(100.0)	85(100.0)	256(100.0)

KADRG(Korean Adjacent Diagnosis Related Groups) (5), (202) 7.4% 가
 (088) 6.3%, (014) 4.7%,
 (018) 3.9%

(, 1998)
(202) 5.8%,
(088) 4.1%, 3.3% KADRG
1 2 KADRG
1 (202) 8.2% 가 ,
2 (088) 8.2% 가
(014), (018) 1 가 2
2

5. KADRG

(: , %)

KADRG	1	2	
202	14(8.2)	5(5.9)	19(7.4)
088	9(5.3)	7(8.2)	16(6.3)
014	10(5.8)	2(2.4)	12(4.7)
018	8(4.7)	2(2.4)	10(3.9)
243	6(3.5)	3(3.5)	9(3.5)
079	5(2.9)	4(4.7)	9(3.5)
172	5(2.9)	4(4.7)	9(3.5)
082	6(3.5)	1(1.2)	7(2.7)
012	5(2.9)	1(1.2)	6(2.3)
294	5(2.9)	1(1.2)	6(2.3)
()	73(42.6)	30(35.4)	103(40.1)
	98(57.4)	55(64.6)	153(59.9)
	171(100.0)	85(100.0)	256(100.0)

3.

		가 (6),	
	64		25.0%
1	26.9%,	2	21.2%
	1		2

6.

			(: , %)
1	2		χ^2
125(73.1)	67(78.8)	192(75.0)	0.992
46(26.9)	18(21.2)	64(25.0)	
171(100.0)	85(100.0)	256(100.0)	

256	34.0%	87	
1	171	39.2%	67
	2	23.5%	20
	1	2	
	가		1

7.

(: , %)

1	2		χ^2
104(60.8)	65(76.5)	169(66.0)	6.2*
67(39.2)	20(23.5)	87(34.0)	
171(100.0)	85(100.0)	256(100.0)	

* P < 0.05

(MDC) (8), 10
 . (08)
 가 42.5% 가 , . (07) 41.2%, (01)
 30.0%, (06) 17.4%, (04) 12.8%, (05) 11.1%,
 (11) 6.3% .
 (MDC) . (08)
 1 48.1%, 2 30.8% , . (07)
 1 50.0%, 2 28.6%, (01) 1
 31.3%, 2 25.0%, (06) 1 0%,
 2 44.4% 1

8. (MDC)

(: , %)

MDC	1		2			
01	22(68.8)	10(31.3)	6(75.0)	2(25.0)	28(70.0)	12(30.0)
08	14(51.9)	13(48.1)	9(69.2)	4(30.8)	23(57.5)	17(42.5)
04	20(83.3)	4(16.7)	14(93.3)	1(6.7)	34(87.2)	5(12.8)
07	10(50.0)	10(50.0)	10(71.4)	4(28.6)	20(58.8)	14(41.2)
06	14(100.0)	—	5(55.6)	4(44.4)	19(82.6)	4(17.4)
05	10(83.3)	2(16.7)	6(100.0)	—	16(88.9)	2(11.1)
11	12(100.0)	—	3(75.0)	1(25.0)	15(93.8)	1(6.3)
-	23(76.7)	7(23.3)	14(87.5)	2(12.5)	37(80.4)	9(19.6)
	125(73.1)	46(26.9)	67(78.8)	18(21.2)	192(75.0)	64(25.0)

KADRG

(9),

(243) 77.8%,

(018) 70.0%,

(202) 47.4%,

(172) 44.4%,

(012) 33.3%,

(079) 22.2%

(243) 1 83.3%,

2 66.7%,

(018) 1 75.0%,

2 50.0%,

(202) 1 50.0%,

2 40.0%,

(012)

1 40.0%,

2 0%,

(079)

1 40.0%, 2 0% 2
1 .

9. KADRG

(: , %)

KADRG	1		2			
202	7(50.0)	7(50.0)	3(60.0)	2(40.0)	10(52.6)	9(47.4)
088	8(88.9)	1(11.1)	6(85.7)	1(14.3)	14(87.5)	2(12.5)
014	9(90.0)	1(10.0)	2(100.0)	—	11(91.7)	1(8.3)
018	2(25.0)	6(75.0)	1(50.0)	1(50.0)	3(30.0)	7(70.0)
243	1(16.7)	5(83.3)	1(33.3)	2(66.7)	2(22.2)	7(77.8)
079	3(60.0)	2(40.0)	4(100.0)	—	7(77.8)	2(22.2)
172	5(100.0)	-	4(100.0)	—	5(55.6)	4(44.4)
082	5(83.3)	1(16.7)	1(100.0)	—	6(85.7)	1(14.3)
012	3(60.0)	2(40.0)	1(100.0)	—	4(66.7)	2(33.3)
294	4(80.0)	1(20.0)	1(100.0)	—	5(83.3)	1(16.7)

(MDC)

(10), 10

(01) .

(08) 55.0%

(06) 39.1%,

(07) 23.5%,

(05) 22.2%,

(11) 18.8%,

(04) 12.8%

(01) 1 56.3%,

2 50.0% , .

(08) 1 51.9%, 2 46.2%
가 , (07) 1
35.0%, 2 7.1%, (05) 1 33.3%,
2 0%, (11) 1 25.0%, 2
0% , (04) 1 16.7%, 2
6.7% 2 1
, (06) 1 28.6%,
2 55.6% 1 2

가 .

10. (MDC)

(: , %)

MDC	1		2			
01	14(43.8)	18(56.3)	4(50.0)	4(50.0)	18(45.0)	22(55.0)
08	13(48.1)	14(51.9)	7(53.8)	6(46.2)	20(50.0)	20(50.0)
04	20(83.3)	4(16.7)	14(93.3)	1(6.7)	34(87.2)	5(12.8)
07	13(65.0)	7(35.0)	13(92.9)	1(7.1)	26(76.5)	8(23.5)
06	10(71.4)	4(28.6)	4(44.4)	5(55.6)	14(60.9)	9(39.1)
05	8(66.7)	4(33.3)	6(100.0)	—	14(77.8)	4(22.2)
11	9(75.0)	3(25.0)	4(100.0)	—	13(81.3)	3(18.8)
-	17(56.7)	13(43.3)	13(81.2)	3(18.8)	30(65.2)	16(34.8)
	104(60.8)	67(39.2)	65(76.5)	20(23.5)	169(66.0)	87(34.0)

KADRG (11),

KADRG , (243) 66.7%,

(018) 60.0%, (014) 58.3%, (012)

50.0%, (294) 50.0%, (172) 33.3%,

(202) 31.6%

KADRG ,

(243) 1 50.0%, 2 100.0%,

(018) 1 50.0%, 2 100.0%, (014)

1 50.0%, 2 100.0%, (172)

1 0.0%, 2 75.0%, (202)

1 35.7%, 2 40.0% 1

2 KADRG .

11. KADRG

(: , %)

KADRG	1		2			
202	9(64.3)	5(35.7)	3(60.0)	2(40.0)	13(68.4)	6(31.6)
088	8(88.9)	1(11.1)	6(85.7)	1(14.3)	14(87.5)	2(12.5)
014	5(50.0)	5(50.0)	—	2(100.0)	5(41.7)	7(58.3)
018	4(50.0)	4(50.0)	—	2(100.0)	4(40.0)	6(60.0)
243	3(50.0)	3(50.0)	—	3(100.0)	3(33.3)	6(66.7)
079	4(80.0)	1(20.0)	4(100.0)	—	8(88.9)	1(11.1)
172	5(100.0)	—	1(25.0)	3(75.0)	6(66.7)	3(33.3)
082	4(66.7)	2(33.3)	1(100.0)	—	5(71.4)	2(28.6)
012	2(40.0)	3(60.0)	1(100.0)	—	3(50.0)	3(50.0)
294	2(40.0)	3(60.0)	1(100.0)	—	3(50.0)	3(50.0)

, (KADRG 082) 1 33.3%, 2
 0.0%, (012) 1 60.0%, 2 0.0%,
 (294) 1 60.0%, 2 0.0% 2
 1 KADRG

4.

< 12> . 1, 3, 4가
 (MDC 04) (MDC 01),
 (MDC 07), (MDC 08)

12.

			χ^2
	3.49	3.47	1.01
	1.47	1.48	0.98
	0.60	1.50	1.62
	1.07	1.51	0.02
KADRG	1.04	1.49	0.01
1()	0.25	1.90	4.76*
2()	0.53	2.13	0.70
3(.)	0.16	1.89	8.15**
4(.)	0.15	1.88	9.03**
	1.93	1.55	2.24
	1.84	1.53	2.08

* p < 0.05 ** p < 0.001

13.

			χ^2
	1.14	3.29	0.01
	1.30	1.48	0.45
	1.77	1.52	1.86
	1.43	1.50	0.78
KADRG	1.80	1.47	0.32
1()	0.10	1.87	13.00**
2()	0.14	2.00	7.96**
3(.)	0.63	1.94	0.56
4(.)	0.11	1.88	12.55**
	1.30	1.53	0.38
	3.82	1.54	9.76*

* p < 0.05 ** p < 0.001

< 13> . 1, 3, 4
 (/)가
 .
 가 (MDC 04) (MDC 01),
 (MDC 07), (MDC 08)
 (3.82).

•

1.

가

가

11
DRG

,
가

DRG

가
가 .

가

가

가

2

1

가

,

가

2

2

(10)

(random

sampling)

Sample size가

가

가 , 가
 가 . 가
 가 . 가
 KADRG
 , ,
 .
 ,
 가
 가 .

2.

(MDC) (01) 15.6%,
 (08) 15.6%, (04) 15.2% 가
 46.8% KADRG ,
 (202) 7.4% 가
 ()
 (202) 가

가 , 25 %
1 (26.9%)가 2 (21.2%)

(1993)
16.5%

(1999) 1 22.3%,
2 20.0%, 10.9%

가 , 34.0%가
1 39.2%, 2 23.5%

1 2 가 .
(1993)
37.6% , (1991)
21.7%

(1991) 10
가
가 DRG

(MDC) (08) 42.5% 가
(07) 41.2%, (01) 30.0%

1 .
(08)

KADRG (243) 77.8%,
(018) 70.0%, (202) 47.4%

(1999)

, (MDC) , (01)
 (08) 55.0% 가 .
 KADRG (243) 66.7%, (018)
 60.0% 가 KADRG
 (MDC) KADRG
 1 가 2 .
 (MDC 01), .
 (MDC 07), (MDC 08)
 가
 , 3.82 .
 , 가
 가 (DRG)
 가
 DRG DRG DRG 가
 DRG ,
 가 (, 6%
 . 17.3%, DRG 29.0%
)
 가 DRG .
 DRG
 (4)
 (MDC 08) DRG

1
(1999)

, 2
.
가
Sample size가 ,

가 .

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가

가

1999 8 9 9 5 1
 11 256 (가
 1 171 , 2 85) 가
 (AEP) , 가
 DRG 가 (1
 / 2)

(MDC) (01) 15.6%,
 (08) 15.6%, (04) 15.2% 가 46.8%
 (07) 13.3%, (06) 9.0%
 KADRG (202) 7.4%,
 (088) 6.3%, (014) 4.7%, (018) 3.9%
 KADRG ()

256 64 (25.0%)
 (MDC) 1
 2 (08) 42.5%,
 (07) 41.2%, (01) 30.0%, (06) 17.4%
 KADRG
 (243) 77.8%, (018) 70.0%, (202)

47.4%, (172) 44.4%, (012) 33.3%

1 2

1

, 256 87 (34.0%)

, (MDC) (01) 55.0%,

(08) 55.0%, (06) 39.1%, (07) 23.5%, (05)

22.2%, (11) 18.8% KADRG

(243) 66.7%, (018) 60.0%

(014) 58.3%, (012) 50.0%

1

2

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(MDC 01), (MDC 07), (MDC 08)

3.82

, 2

1

가 Sample size

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가 가

가 (DRG)

DRG

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(MDC 08) DRG

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DRG

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- , 1999
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- Gertman PM, Restuccia JD. The Appropriateness Evaluation Protocol : a technique for assessing unnecessary days of hospital care. *Med Care* 1981;14(8):855-71
- Donabedian A.; *Aspects of medical care administration*, Cambridge, Massachusetts, Harvard University Press, 1973, pp208- 508
- Mozes B, Schiff E, Modan B. Factors affecting inappropriate hospital stay. *Quality Assurance in Health Care* 1991;3(3):211-7
- Restuccia JD, et al. A comparative analysis of appropriateness of hospital use. *Health AFFAIR* 1984;130-8
- Restuccia JD, et al. Assessing the appropriateness of hospital utilization to improve efficiency and competitive position. *Health Care Manage Rev* 1987;12(3):17-27
- Davido A, Nicoulet I, Levy A, Lang T. Appropriateness of admission in an emergency department : reliability of assessment and causes of failure. *Quality Assurance in Health Care* 1991;3(4):227-34
- Smith HE, et al. Appropriateness of acute medical admissions and length of stay. *J R Coll Physician Lond* 1997;31(5):527-32
- Strumwaasser I, et al. Reliability and validity of utilization review criteria: appropriateness evaluation protocol, standardized Medreview instrument, and Intensity-Severity-Discharge criteria. *Med Care* 1990;28(2):95-111

Abstract

A study on appropriateness of admission and hospital stay in Medicaid inpatients

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Increasing rate of Medicaid expenditures is greater than that of Health Insurance in spite of decrease in the number of Medicaid recipients. Total medical expenditure shows a rapidly increasing pattern, and accessibility to health care get improved, which is one of the reasons of recent increase in utilization. Hospital oriented care and trend in length of stay in hospitalization make it urgent to implement cost containment measure on Medicaid. We may consider introduction of DRGs in Medicaid as one of the cost containment measure.

For the efficient management of medical service utilization, it is essential to assess the appropriateness of utilization and factors relating to it. Some of the studies on this issue were done only in one hospital. And some evaluated the appropriateness of admission and hospital stay between Health Insurance patients and Medicaid patients.

I used medical records and electronic data after discharge to make DRGs for 256 Medicaid inpatients who had been admitted in 11 general hospitals, to evaluate the appropriateness of admission and hospital stay in the hospitals using Appropriateness Evaluation Protocol(AEP). I investigate whether any difference in the appropriateness of admission and hospital stay was found among disease groups. I also suggested some disease groups to which DRGs can be applied immediately.

The following is the summary of the results ;

1. Diseases in nervous system and musculoskeletal system & connective tissue were 15.6%, and disease in respiratory system were 15.2% of the sample by MDC(Major Diagnostic Category) in my study respectively. By KADRG(Korea Adjusted Disease Related Group) cirrhosis & alcoholic hepatitis, chronic obstructive pulmonary disease, and specific cerebrovascular disorders except TIA were 7.4%, 6.3%, and 4.7% respective. The distribution was very similar to the distribution by KADRG of total Medicaid inpatients(except for the patients with mental diseases).

2. The admission was not appropriate for the twenty five percent of the patients(64 persons). Medicaid type 1 were more likely to be admitted than Medicaid type 2 by MDC, and inpatients with disease in musculoskeletal system & connective tissue(42.5%), hepatobiliary system & pancreas(41.2%), nervous system(30.0%) were more likely to be admitted even it was not medically appropriate. Patients with disease in medical back problems(77.8%), cranial & peripheral nerve disorders(70.0%), and cirrhosis & alcoholic hepatitis(47.4%) had more medically inappropriate admission By KADRG.

3. Among 256 Medicaid inpatients, 87(34.0%) were inappropriately hospitalized. By MDC, hospital stay of inpatients with disease in nervous system(55.0%), musculoskeletal system & connective tissue(55.0%), and digestive

system(39.1%) were found inappropriate. By KADRG hospital stay of inpatients with disease in medical back problems(66.7%), cranial & peripheral nerve disorders(60.0%), specific cerebrovascular disorders except TIA(58.3%), and degenerative nervous system disorders(50.0%) were found inappropriate. Medicaid type 1 were more likely to be found inappropriately hospitalized.

4. I analyzed factors affecting the appropriateness of admission and hospital stay, and found that inpatients with disease in respiratory system are more likely to be inappropriately admitted and hospitalized than the inpatients with disease in nervous system, hepatobiliary system & pancreas, musculoskeletal system & connective tissue, which was statistically significant.

We can conclude that admission and hospital stay of Medicaid inpatients tends to be inappropriate in general, and this is more easily found in Medicaid type 1 inpatients than type 2. Since we could not investigated the reason for this phenomenon, more research needs to be done on this topic.

One of the method to improve the appropriateness of admission and hospital stay of Medicaid is to implement DRG payment system. It would be relatively easy to implement DRG payment system for the disease groups in musculoskeletal system & connective tissue(MDC 08) among the surgical diseases.

And long term care facilities for Medicaid with non-acute chronic diseases as well as systemic level containment for inappropriate resource utilization in private hospitals will reduce the inappropriate admission and utilization.

key words : Medicaid, Appropriateness of hospital admission and stay, Appropriateness Evaluation Protocol(AEP)