<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Osteoarthritis and allied disorders (N in 1,000s)</th>
<th>Rheumatoid arthritis (N in 1,000s)</th>
<th>Gout and other crystal arthropathies (N in 1,000s)</th>
<th>Joint pain/effusion/other unspecified joint disorders (N in 1,000s)</th>
<th>Spondyloarthropathies (N in 1,000s)</th>
<th>Fibromyalgia (N in 1,000s)</th>
<th>Diffuse connective tissue disease (Sjögren’s syndrome, SSC, SLE) (N in 1,000s)</th>
<th>Carpal tunnel syndrome (N in 1,000s)</th>
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<tr>
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<td>Black, Non-Hispanic</td>
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<td>5.0</td>
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<td>1.8</td>
<td>37.2</td>
<td>24.0</td>
<td>5.8</td>
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<td>4.4</td>
<td>4.8</td>
<td>4.3</td>
<td>5.2</td>
<td>4.5</td>
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<td>$55.0</td>
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<td>$0.1</td>
<td>$1.7</td>
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</table>
Table 3A.3.1.1.3: Number of Hospitalizations, Average Length of Hospital Stay (LOS), and Mean Hospital Charges\(^1\) for Arthritis and Other Rheumatic Condition (AORC) Diagnoses Among Adults Age 18 & Older, by Race/Ethnicity, United States, 2013

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Hospitalizations</th>
<th>Race/Ethnicity</th>
<th>Hospitalizations</th>
<th>Other, Non-Hispanic</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>White, Non-Hispanic</td>
<td>Black, Non-Hispanic</td>
<td>Hispanic</td>
</tr>
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<td>Soft tissue disorders (excluding back) (N in 1,000s)</td>
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<td>Mean LOS (days)</td>
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<td>7.1</td>
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<td>$26.4</td>
<td>$6.1</td>
<td>$4.1</td>
</tr>
<tr>
<td>Other specified rheumatic conditions (N in 1,000s)</td>
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<td>228.2</td>
<td>30.2</td>
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<tr>
<td>Mean LOS (days)</td>
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<td>6.1</td>
<td>8.1</td>
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</tr>
<tr>
<td>Mean hospital charges (in 000s)</td>
<td>$59.55</td>
<td>$55.91</td>
<td>$71.75</td>
<td>$83.72</td>
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<td>$12.8</td>
<td>$2.2</td>
<td>$1.7</td>
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<tr>
<td>Total Stays with Any AORC Diagnoses (N in 1,000s)</td>
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<tr>
<td>Total hospital charges (in billions)</td>
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<td>$219.4</td>
<td>$38.0</td>
<td>$25.2</td>
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<tr>
<td>Total Stays with Admitting (1st) AORC Diagnoses (N in 1,000s)</td>
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<td>4.6</td>
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<td>$1.5</td>
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<tr>
<td>All Hospitalizations (N in 1,000s)</td>
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<td>4.4</td>
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<td>$37.72</td>
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<td>Total hospital charges (in billions)</td>
<td>$1,279.4</td>
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Proportion Total Hospital Charges Attributed to Stays with any AORC Diagnosis

<table>
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<tr>
<th>Diagnosis</th>
<th>All Hospitalizations</th>
<th>Stays with Admitting (1st) AORC Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24.3%</td>
<td>24.2%</td>
</tr>
</tbody>
</table>

Proportion Total Hospital Charges Attributed to Stays with Admitting (1st) AORC Diagnosis

| Diagnosis                      | 1.5%                 | 1.6%                                     |

\[1\] Average charges are based on individual record discharges. The fees included may vary from patient to patient, but generally include hospital room, supplies, medications, laboratory fees, and care staff, such as nurses. They generally do not include professional fees (doctors) and non-covered charges. In a small proportion of the discharge cases, professional fees (doctors) are not removed from total charges because the data source cannot provide the information. Emergency charges incurred prior to admission to the hospital may be included in total charges. Medicare requires a bundled bill for Medicare patients admitted to the hospital through the emergency department; other payers may or may not have similar requirements.