

Objective: To describe the impact of Ambulatory Care Sensitive Conditions on hospitalizations and emergency room admission, vulnerable populations and the health care system.

## Background

- Prevention is the preferred approach for combating numerous health conditions, diseases and deaths.
- Timely and adequate health care for preventable conditions is often associated with access to primary care, cost and education.
- Duval County Behavioral Risk Factor Surveillance System (BRFSS) data for 2007 revealed that 10.4% of adults over age 18 do not have health insurance and 13.8% do not have a primary care provider.
- Ambulatory Care Sensitive Conditions (ACSCs) are potentially preventable medical problems that, with proper treatment and managed care, do not require hospitalization or emergency room admittance.
- ACSC's are costly to society and the health care system.

## Methodology

- The Center for Health Statistics, at the Institute for Health, Policy and Evaluation Research, Duval County Health Department performed a descriptive statistical analysis of ACSC's in Duval County
- ACSC classification codes were obtained from the Agency for Healthcare Research and Quality (AHRQ)
- Local inpatient hospital and emergency room data was obtained from the Agency for Health Care Administration and were analyzed and interpreted by staff from the Center for Health Statistics
- All major hospitals in Duval County were included in analysis
- Data was selected based on ACSC classification codes and described by gender, race, age, reimbursement type and total cost

## Most Common ACSCs (2006)

### Hospitalizations (frequencies > 1,000)

- Dehydration (n=7,601)
- Heart Failure (n=3,520)
- Pneumonia (n=2,614)
- Urinary Tract Infection (n=2,614)
- COPD (n=1,525)
- Diabetes (n=1,376)
- Asthma (n=1,353)
- Cellulitis (n=1,089)



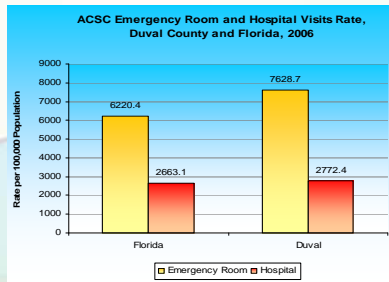
### Emergency Room Visits (frequencies > 1,000)

- Ear, Nose, Throat Infections (n=19,817)
- Dental conditions (n=6,456)
- Cellulitis (n=6,500)
- Urinary Tract Infection (n=5,704)
- Dehydration (n=5,213)
- Asthma (n=4,758)
- Gastroenteritis (n=4,348)
- Pneumonia (n=2,630)
- Hypertension (n=2,498)
- Convulsions (n=2,359)
- Diabetes (n=1,445)

### Most common ACSCs for children ages 0 – 14 (2006) are:

- Ear, nose, and throat infections (56.1%)
- Gastroenteritis (9.5%)
- Asthma (9.0%)

## Results and Conclusions



### ACSCs by Age Group

- ACSC related emergency room visits were highest among ages 1-4, (17.2%), followed by ages 15-24 (16.6%).
- Young adults are one of the fastest growing uninsured populations in the U.S. Cost of employer sponsored plans are cited as a major reason. (Commonwealth Fund, 2006).

### ACSCs by Reimbursement Type

- Commercial insurance was the most common type of reimbursement for **hospitalizations** (57.5%) followed by Government health plans for economically disadvantaged (19.5%) in 2006.
- Government health plans for economically disadvantaged were the most common type of reimbursement used in **emergency rooms** (33.7%), followed by those who are underinsured/self pay/charity (29.6%)

## Total Costs for ACSCs

### Hospitalizations (2006)

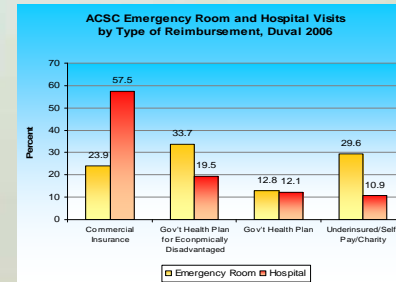
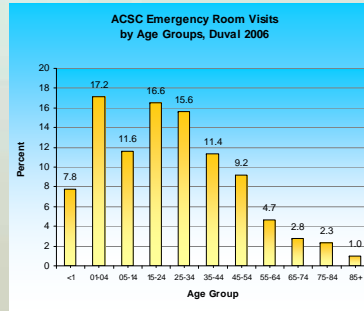
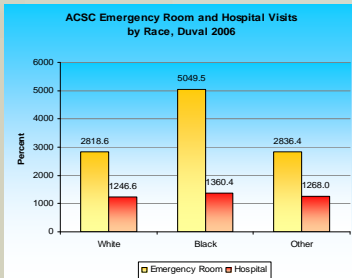
➢ \$605,887,380 Annually

### Emergency Room (2006)

➢ \$97,112,285 Annually

### ACSCs by Race

- Disparities: The rate of ACSC related **emergency room** visits for blacks were 79.2% higher than for whites and 78% higher than other races.
- **Hospitalization** rates for ACSC related ER visits was relatively similar across races.



### Percent of ACSCs for Hospitalizations and Emergency Room Admissions by Gender, Duval County, 2006

|                  | Males        | Females      |
|------------------|--------------|--------------|
| Emergency Room   | 27,529 (43%) | 36,397 (57%) |
| Hospitalizations | 9,938 (43%)  | 13,294 (57%) |

Commercial insurance = Blue Cross/Blue Shield, commercial HMO, and commercial PPO  
Government health plans for economically disadvantaged = Medicaid, Medicaid/HMO, and KidCare.  
Government Health plans = Medicare, Medicare HMO, Champus, VA, Worker's Compensation, and other state and local government programs  
Underinsured /self pay / charity / other = other individuals not represented under a formal reimbursement plan.

## Conclusions/Implications

\*Assessment of avoidable emergency room visits and hospitalizations is important for evaluating primary care access, quality of care issues, prevention strategies and healthcare and public health policies, and excessive costs. \*Society shares the cost burden of ACSCs because of the high number of patients using public and/or government health insurance or charity. \*The direct cost of emergency room visits and hospitalizations is only a portion of the real economic impact. Adults and children who experience these conditions may be absent from work or school which impacts both them and society. Because of the multifaceted impact of ACSC's on Duval County, all communities would benefit from awareness and knowledge of these conditions

## Place Matters: ACSCs by Geographic Location

➢ Health Zone 1, the Urban Core of Duval County, had the highest rate of ACSC related **emergency room** visits in 2006.

➢ The rate in Health Zone 1 was 108.9% higher than the next highest Health Zone, 6.

➢ Health Zone 1 also has the highest rate of poverty, infant mortality, diabetes, teen births, STDs, among many other diseases and the lowest education and median income than all other health zones. In addition, Health Zone 1 has the highest percent of minority residents.

### Ambulatory Care Sensitive Condition (ACSC) Emergency Room Rate by Health Zone, Duval County, 2006

