Issue Brief

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Emergency Department Visits for Chronic Ambulatory Care Sensitive Conditions

EDPQI Issues Briefs

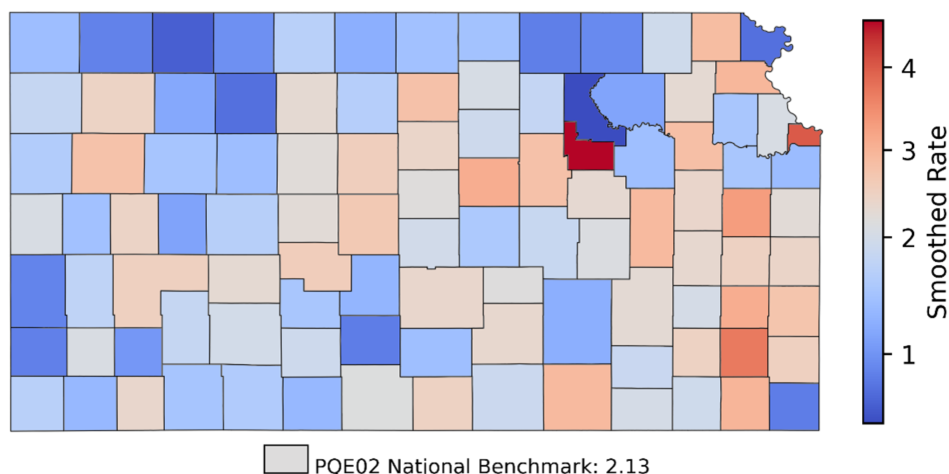
Ambulatory Care Sensitive Conditions are health concerns that are optimally managed in the primary care setting but frequently lead to preventable hospitalization if untreated or poorly managed. The topic of this issue brief is Emergency Department utilization associated with Chronic ACSCs, which include the common chronic diseases asthma, chronic obstructive pulmonary disease, heart failure, diabetes and chronic kidney disease. High emergency department utilization for Chronic ACSCs could indicate a problem with access to primary care or other outpatient health care services needed to manage these chronic conditions.

Visits for Chronic ACSCs (PQE 02) is one of five Emergency Department Prevention Quality Indicators (PQEs) recently released by the Agency for Healthcare Research and Quality (AHRQ ED PQI Technical Documentation, Version v2024). These indicators reflect both the burden of disease in a population and the availability of community resources, including appropriate health care services, to prevent hospitalization. The measure specification, software and detailed instructions to compute population ED visit rates are available on the AHRQ website. A description of the methods and data analysis is available here.

ED visit rates are area-based annual rates. The denominator is the US Census population for the county (or state) matching the age criteria for the indicator and the numerator is the number of inpatient or outpatient ED claims for residents of the county captured by the indicator criteria. Area-based quality indicators do not measure quality at the hospital level.

During FY 2023, there were 30,024 ED visits for Chronic ACSCs among Kansans ages 40 and over, a rate of 2.18 per 100 population. This annual rate is close to the national benchmark rate of 2.13 per 100 population. The largest payer source for Chronic ACSCs was Medicare (60.7 percent of ED visits). Smoothed county-level rates for Chronic ACSCs are shown in the map on the next page. Counties with rates lower than the national benchmark are shaded blue, and rates above red. Counties with rates significantly higher (based on the 95 percent confidence interval) than the national benchmark include: Allen, Atchison, Barton, Bourbon, Brown, Cowley, Crawford, Dickinson, Finney, Franklin, Geary, Labette, Lyon, Mitchell, Neosho, Reno, Saline, Sedgwick, Shawnee, Wyandotte.

Rates of ED visits for Chronic ACSCs increase with age and are not significantly different in men and women. ED visits were highest among Black or African American Kansans and lowest among Kansans who are Asian or Native Hawaiian and other Pacific Islander. Although the unadjusted rate of ED visits among Hispanic Kansans was lower than the White rate, this difference is likely attributable to population age differences since the age-adjusted rates are similar.



ED visits for Chronic ACSCs stratified by demographic factors. See accompanying Methods and Notes document for more information.

Factor	Group	ED Visits	Population	Unadj. Rate	A.A. Rate (95% C.I.)
Age	40 to 49	3,813	819,009	0.47	
	50 to 64	9,168	376,652	2.43	
	65 & older	16,606	379,479	4.38	
Sex	Male	14,157	1,385,072	1.02	1.95 (1.91 to 1.98)
	Female	15,430	1,380,486	1.12	1.98 (1.95 to 2.01)
Race/Ethnicity	AIAN	178	22,007	0.81	1.63 (1.39 to 1.89)
	Asian and NHOPI	215	89,200	0.24	0.62 (0.54 to 0.70)
	Black	3,690	157,422	2.34	5.30 (5.13 to 5.47)
	Hispanic	1,879	367,334	0.51	1.64 (1.56 to 1.71)
	White	23,179	2,056,597	1.13	1.81 (1.78 to 1.83)

To inform population health improvement efforts, the ED visit rates reported here should be considered in tandem with other measures of health care utilization and chronic disease burden. In particular, AHRQ provides similar software to generate Prevention Quality Indicators, which include area-based (county- and state-level) hospital admission rates for each of the component chronic conditions of PQE 02 considered here.

References

AHRQ ED PQI Technical Documentation, Version v2024, Agency for Healthcare Research and Quality, Rockville, MD. https://qualityindicators.ahrq.gov/measures/PQE_TechSpec. Accessed August 15th, 2024.

The Kansas Hospital Association is a voluntary, non-profit organization existing to be the leading advocate and resource for members. KHA membership includes 235 member facilities, of which 121 are full-service, community hospitals. KHA and its affiliates provide a wide array of services to the hospitals of Kansas and the Midwest region. Founded in 1910, KHA's vision is: "Optimal Health for Kansans."
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The Kansas Healthcare Collaborative is a nonprofit 501(c)3 organization dedicated to transforming health care through patient-centered initiatives that improve quality, safety, and value. KHC was formed in 2008 by the Kansas Hospital Association and the Kansas Medical Society to enhance care provided to Kansans and to become the trusted source for health care quality improvement.
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