ISSUE BRIEF

NOVEMBER 2024

EDPQI Issues Briefs

Kansas Healthcare COLLABORATIVE

KHA Kansas Hospital ASSOCIATION

Emergency Department Visits for Acute Ambulatory Care Sensitive Conditions

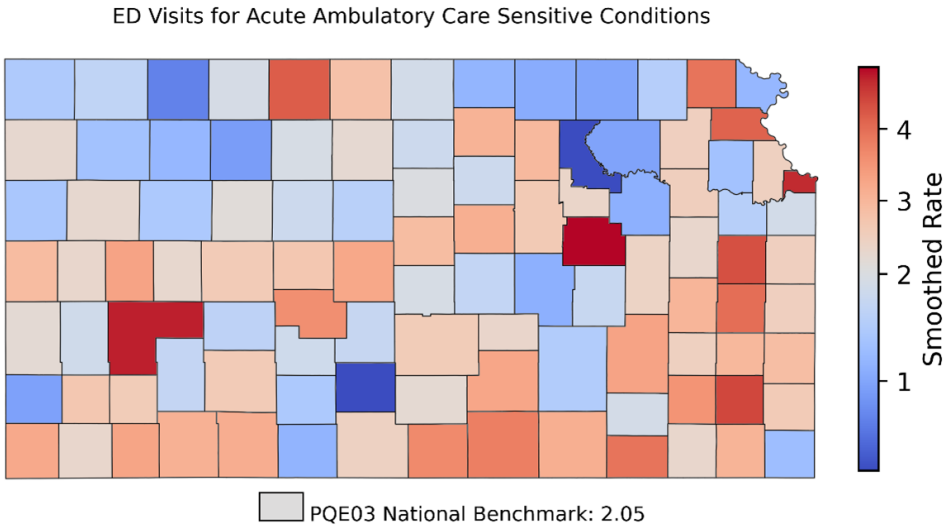
Ambulatory Care Sensitive Conditions are health concerns that are optimally managed in the primary care setting but can lead to preventable hospitalization in the absence of timely and effective treatment. The topic of this issue brief is Emergency Department utilization due to Acute ACSCs. These include acute cystitis (bladder or urinary tract infections), upper respiratory tract infection, influenza, cellulitis, pyoderma and other local skin infections that do not result in hospitalization. High ED utilization for these conditions may reflect inadequate access to primary care or a need for improvement in the general public knowledge of appropriate use of the ED.

Visits for Acute ACSCs (PQE 03) is one of five Emergency Department Prevention Quality Indicators 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 63,187 ED visits for Acute ACSCs among Kansans ages three months through 64 years, a rate of 2.56 per 100 population. This statewide rate is significantly higher than the national benchmark of 2.05 per 100 population. The largest payer source for these visits was Medicaid (48.3 percent of ED visits), followed by private insurance (28.5 percent) and self-pay (13.1 percent). Smoothed county-level rates are shown in the map below. Counties with rates lower than the national benchmark are shaded blue, and rates above red. Nearly half of Kansas counties had rates significantly higher (based on the 95 percent confidence interval) than the national benchmark: Allen, Anderson, Atchison, Barton, Bourbon, Brown, Chautauqua, Clark, Clay, Cloud, Coffey, Cowley, Crawford, Dickinson, Ellsworth, Finney, Ford, Franklin, Geary, Grant, Greeley, Greenwood, Harper, Harvey, Haskell, Jackson, Labette, Leavenworth, Linn, Lyon, Meade,

Miami, Montgomery, Morris, Morton, Neosho, Osage, Pawnee, Phillips, Reno, Rush, Saline, Scott, Sedgwick, Seward, Shawnee, Smith, Sumner, Wilson and Wyandotte.



Adults ages 18 to 44 had higher rates of ED visits for Acute ACSCs than children or adults ages 45 to 64. The rate was significantly higher among women than men. Black or African American Kansans had a significantly higher ED utilization rate than other race/ethnicity groups, followed by Hispanic. The lowest rate was observed among Kansans who are Asian or Native Hawaiian and other Pacific Islander.

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

Factor	Group	ED Visits	Population	Unadj. Rate	A.A. Rate (95% C.I.)
Age	17 & younger	28,783	819,009	3.51	
	18 to 44	24,814	376,652	6.59	
	45 to 64	7,643	379,479	2.01	
Sex	Male	26,341	1,385,072	1.90	2.17 (2.14 to 2.20)
	Female	34,899	1,380,486	2.53	3.03 (2.99 to 3.06)
Race/Ethnicity	AIAN	454	22,007	2.06	2.54 (2.30 to 2.79)
	Asian and NHOPI	1,004	89,200	1.13	1.30 (1.22 to 1.39)
	Black	9,013	157,422	5.73	6.11 (5.98 to 6.24)
	Hispanic	10,660	367,334	2.90	2.53 (2.48 to 2.58)
	White	37,122	2,056,597	1.81	2.28 (2.26 to 2.30)

To inform population health improvement efforts, the ED visit rates reported here should be considered in tandem with other measures of health care utilization for acute conditions. AHRQ provides similar software to generate Prevention Quality Indicators (PQIs), which include two closely related area-based measures of inpatient admissions: Community Acquired Pneumonia Admissions Rate (PQI 11) and Urinary Tract Infection Admissions Rate (PQI 12).

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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