Emergency Department Utilization Report 2009

Florida Center for Health Information and Policy Analysis
Agency for Health Care Administration

Agency for Health Care Administration

Florida Center for Health Information And Policy Analysis

October 2010

Title: **Emergency Department Utilization Report 2009**

Summary: The Florida Agency for Health Care Administration (Agency) prepares an annual report on emergency department (ED) costs and utilization in Florida. This report provides patient demographic information and other characteristics of emergency department visits for calendar year 2009 as well as information on visits to the ED that resulted in an inpatient admission.

This analysis of calendar year 2009 ED data, reveals that 68.2 percent of pediatric ED visits were made by children under age 9 and 73.9 percent of adult ED visits were for persons under age 55. The majority of ambulatory ED visits had a severity level of minor to moderate (pediatric 80 percent, adult 57.3 percent). Over 60 percent of pediatric and over 56 percent of adult Florida resident Medicaid ambulatory ED visits could potentially be avoided through greater utilization of primary care services.

Future Policy Implications: The increasing utilization and potential inappropriate utilization of emergency department services pose challenges to Florida's health care delivery system. Analysis of the data in the Agency's ED database identifies opportunities for cost containment in the ED setting.

Relevant Florida Statutes: Section 408.062(1)(i), F.S., directs the Agency to report to the Legislature each year on the use of emergency department services by patient acuity level and the implication of increasing hospital cost by providing non urgent care in emergency departments.

For Information Contact: Florida Center for Health Information and Policy Analysis (Florida Center) (850) 412-3730.

To view or print this report, please visit the following Web site:

www.FloridaHealthFinder.gov

This page is intentionally left blank.

Table of Contents

Executive Summary ..... **v**
Emergency Department Utilization Summary 2009 v
Patient Characteristics vi
Patient Acuity Level vi
Conditions Seen in Emergency Departments vi
Inpatient Hospitalization vi
Emergency Department Visits by Emergency Status vii
Trends in Emergency Department Ambulatory Visits vii
Conclusion viii
Introduction **1**
Legislative Directions and Mandates 1
Emergency Department Data Collection 2
Data Elements 2
Quality Assurance 3
Definition of Patient Acuity Levels 3
Charges and Costs of Emergency Department Services 4
Clinical Classifications 4
Chronic Condition Indicator 4
The New York University ED Classification Algorithm 5
Results **7**
Overall Results: Patient Characteristics 7
Emergency Department Ambulatory Visit Results 14
Emergency Department Ambulatory Visit Results: Reasons for the Visit 14
Emergency Department Ambulatory Visit Results: Patient Acuity Level 23
Emergency Department Ambulatory Visits by Emergency Status 26
Trends in Emergency Department Ambulatory Visits 37
Summary and Conclusions **39**
Recommendations **40**
References **40**
Appendices **42**
Appendix A: CPT Evaluation and Management Codes Used to Classify Acuity Level 43
Appendix B: Definition of Racial Categories 45
Appendix C: Definition of Principal Payer Categories 46
Appendix D: Emergency Department Visits by Payer 47
Appendix E: Emergency Department Visits by Payer and Patient Severity Level 48
Appendix F: Emergency Department Visits Average and Sum of Charges by Age Group and Patient Acuity Level 49
Appendix G: Emergency Department Visits Average and Sum of Charges by Payer Group and Patient Acuity Level 50
Appendix H: Major Diagnostic Category 51

Figures:

Figure 1: New York University (NYU) Classification Algorithm....6
Figure 2: Visits to the Emergency Department by Racial/Ethnic Group....7
Figure 3: Emergency Department Visits by Age within Racial/Ethnic Groups....8
Figure 4: Emergency Department Visits by Gender....9
Figure 5: Percent of Visits Resulting in Inpatient Hospitalization by Age Groups....10
Figure 6: Percentage of ED Visits by Emergency Status....26
Figure 7: ED Avoidable ED Visit Rates by Race/Ethnicity....29
Figure 8: ED Avoidable ED Visit Rates by Gender....31
Figure 9: ED Avoidable ED Visit Rates by Age....33
Figure 10 Pediatric ED Avoidable ED Rates Relative to Adults by Race/Ethnicity and Gender..34
Figure 11: Percentage of ED Visits by Payer and Emergency Status....36

Tables:

Table 1: Definition of Patient Acuity Groups by Evaluation and Management Codes....3
Table 2: Percent of ED Visits Resulting in Hospital Admission by Age and Race/Ethnicity....11
Table 3: Emergency Department Visits by Payer Group....12
Table 4: ED Visits Resulting in Inpatient Hospitalization by Payer Group....12
Table 5: Emergency Department Visits by Patient Discharge Status....13
Table 6: Emergency Department Visits Patient Reason for the Visit by Major Diagnostic Category and Clinical Classification....15
Table 7: Emergency Department Visits Patient Reason for the Visit by Major Diagnostic Category and Clinical Classification for Chronic Conditions....16
Table 8: Emergency Dpartment Visits Principal Diagnosis by Major Diagnostic Category and Clinical Classification....18
Table 9: Emergency Department Visits Principal Diagnosis by Major Diagnostic Category and Clinical Classification for Chronic Conditions....19
Table 10: Inpatient Hospitalization: Principal Diagnosis by Major Diagnostic Category and Clinical Classification....21
Table 11: Inpatient Hospitalization Principal Diagnosis by Major Diagnostic Category and Clinical Classification for Chronic Conditions....22
Table 12: Emergency Department Visits Average and Sum of Charges by Patient Severity Level....23
Table 13: Emergency Department Visits By Age Group and Patient Acuity Level....24
Table 14: Emergency Department Visits by Payer Group and Patient Acuity Level....25
Table 15: Emergency Department Visits by ED Visit Category....27
Table 16: Emergency Department Visits by Race and ED Visit Category....28
Table 17: Emergency Department Visits by Gender and ED Visit Category....30
Table 18: Emergency Department Visits by Age and ED Visit Category....32
Table 19: Emergency Department Visits by Payer and ED Visit Category....35
Table 20: ED Visits by Acuity Level, 2005-2009....37
Table 21: ED Charges by Acuity Level, 2005-2009....38

Executive Summary

A hospital emergency department (ED) has increasingly played a critical role as a safety net provider in the community. It is the one place where a person can seek and receive care and cannot be denied services regardless of ability to pay. The ED often serves as the primary health care provider for the uninsured, underinsured and those who have limited access to primary care providers and specialty care. Because the ED serves as the provider of last resort, analysis of ED utilization can provide information about the accessibility to primary care and preventative care in the community.

The Florida Agency for Health Care Administration (Agency) started collecting ambulatory visit records to hospital EDs, beginning with visits in January 2005. This data provides information about the acuity level (the severity of the visit) for all patients where the visit did not result in an inpatient admission. This report uses the ED data as well as the Agency's hospital inpatient data to provide information on patient demographics and other clinical characteristics of all visits to the ED.

There was a total of 8,004,330 ED visits in calendar year 2009, with 1,782,559 being pediatric and 6,221,771 being adult. Of the total ED visits, 6,485,633 (1,699,819 pediatric, 4,785,814 adult) did not result in an inpatient hospitalization. A total of 1,518,697 ED visits did result in an inpatient acute care hospitalization (82,740 pediatric, 1,435,957 adult).

Emergency Department Utilization Summary 2009

This report summarizes information from the fifth complete year of ED data collection (calendar year 2009) as well as other data sources. The financial information in this report reflects reported hospital charges for services provided and not the actual cost or revenue received by the hospital for the services provided.

This year the analysis was done separately for pediatric and adult utilization.

- Over 23 percent of adult ED visits resulted in an inpatient hospitalization while only 4.6 percent of pediatric ED visits resulted in an inpatient hospitalization.
- The total sum of charges for 2009 ambulatory emergency department visits (those not resulting in an inpatient admission) was $18.3 billion (pediatric $2.39 billion, adult $15.92 billion).
- More than 60 percent of pediatric Medicaid ambulatory ED visits and 56 percent of adult Medicaid ambulatory ED visits for Florida residents in 2009 could potentially be avoided through greater utilization of primary care services.

Patient Characteristics

- Nearly 70 percent of pediatric ambulatory ED visits were for Medicaid enrollees (55.9 percent), self-pay/underinsured (12.4 percent), or charity (1.3 percent).
- Over 48 percent of all adult ambulatory ED visits were for Medicaid enrollees (16.9 percent), self-pay/underinsured (26.6 percent), or charity (4.6 percent).
- Regardless of racial group, a visit was more likely to result in an inpatient admission as patient age increased.

Patient Acuity Level

Current Procedural Terminology (CPT) Evaluation and Management codes can be used to categorize ED ambulatory visits. The codes delineate the relative severity, low to high, of the person's condition upon arrival at the ED. This information is only available for ambulatory ED visits and not for patients who were subsequently admitted as an inpatient.

- Over 66 percent of all low acuity ED patient visits was for persons ages 34 and younger (37.6 percent ages 17 and under, 28.5 percent ages 18 to 34).
- Nearly 40 percent of pediatric visits were low acuity.
- For ED patient visits for persons ages 65 and older, 18.9 percent were low acuity.
- Over 40 percent of all pediatric Medicaid visits were low acuity.
- Nearly 44 percent of pediatric charity and self-pay/underinsured ED visits were low acuity.

Conditions Seen in Emergency Departments

This analysis is based on the principal diagnosis for emergency department visits not resulting in an inpatient admission:

- Injury and poisoning (22.8 percent of all ambulatory ED visits) was the leading Major Diagnostic Category for all emergency department visits.
- About 11 percent of principal diagnoses for ambulatory visits were classifiable as chronic conditions.
- For those ambulatory ED visits that were classified as involving chronic conditions, the top Major Diagnostic Category was mental disorders (22.8 percent).
- Asthma was the leading principal diagnosis for chronic conditions (12.9 percent).

Inpatient Hospitalization

This analysis is based on the principal diagnosis for those ED visits that resulted in an inpatient hospitalization:

- Disease of the circulatory system was the leading cause of all inpatient hospitalizations (23.8 percent) from the ED.
- Over 41 percent of principal diagnoses for ED patients who were subsequently admitted as inpatients were classifiable as chronic conditions.
- Congestive heart failure was the leading principal diagnosis for those admitted with a chronic condition (9.6 percent).

Emergency Department Visits by Emergency Status

The emergency status of a patient visit is determined by using the New York University (NYU) Classification algorithm, which is a widely accepted algorithm for categorizing the severity of emergency department visits. This algorithm is intended for ambulatory visits, those not resulting in an inpatient admission:

- The pediatric potentially preventable or avoidable (ED Avoidable) ED visit rates for blacks, Hispanics, and other races were respectively 1.8, 1.2, and 2.97 times higher than the rate for whites.
- The adult ED Avoidable rates for blacks and others races were 2.54 and 2.03 times higher than the rate for whites; whereas, the rate for Hispanics was 26 percent lower than the rate for whites.
- The pediatric male and adult male ED Avoidable rates were 2 and 40 percent lower than the rates for pediatric female and adult female.
- Hispanics younger than age 18 years were more than twice as likely as adult Hispanics to have an ED avoidable ED visit.
- Pediatric males were 1.87 times more likely than adult males to have an ED Avoidable ED visit.
- Over 60 percent of ED visits for pediatric Medicaid patients and over 55 percent of pediatric charity and pediatric self/uninsured ED visits were potentially avoidable.
- Over 56 percent of ED visits for adult Medicaid patients and over 51 percent adult charity and self/uninsured ED visits were potentially avoidable.

Trends in Emergency Department Ambulatory Visits

- Low acuity ED visits decreased from 46.0 percent to 27.9 percent of ED visits from 2005 to 2009.
- Low acuity ambulatory ED visits per 1000 population decreased by 32.8 percent from 2005 to 2009 (see Table 20).
- High acuity ambulatory ED visits per 1000 population increased by 48.1 percent from 2005 to 2009.

- Low acuity average charges decreased by 4.1 percent of ED charges from 2005-2009.
- High acuity average charges increased by 70.6 percent of ED charges from 2005-2009 (see Table 21).

Conclusion

The results shown in the Emergency Department Utilization Report 2009 are similar to results shown in preceding ED reports. Minor to moderate severity level visits (Table 12) continue to comprise more than 50 percent of ED discharges while chronic conditions (Table 9) continue to make up a significant percent of ambulatory ED visits. Potentially avoidable medical condition make up 60, 56.7, and 56.2 percent of Medicaid, charity, and self pay or underinsured pediatric ED visits respectively but only 45.2 percent of commercial insurance pediatric ED visits (Table 19). Adult ED visits exhibit a similar utilization pattern with potentially avoidable medical conditions making up 56.5, 53.5, and 52.3 percent of Medicaid, charity, and self pay or underinsured adult ED visits respectively but only 47.6 percent of commercial insurance adult ED visits.

Racial, ethnic, and gender disparities existed in the rates of potentially preventable or avoidable (ED Avoidable) ED visits, with blacks and other races at much greater risk than whites (Figure 7). Males were less likely to have ED Avoidable ED visits than females, with adult males 40 percent less likely than adult females (Figure 8). Racial, ethnic, and gender disparities existed in pediatric ED Avoidable rates as compared with adult ED Avoidable rates, with pediatric to adult Hispanic and pediatric male to adult male relative rates having the greatest disparities (Figure 10).

Introduction

Both the number of ED visits and the rate per 1,000 persons for ED visits have increased over the past ten years at the national and state level. At the same time, in Florida, the number of hospital EDs has decreased over that time. In the interest of developing recommendations for alleviating the strain on Florida EDs, the Florida Legislature requests an annual study of ED utilization and costs, grouped by the acuity level of patients using the ED.

Legislative Directions and Mandates

Section 408.062(1), of the Florida Statutes, directs the Agency to "conduct research, analyses, and studies relating to health care costs and access to and quality of health care services as access and quality are affected by changes in health care costs." Subsection (i) states that the studies shall include "the use of emergency department services by patient acuity level and the implication of increasing hospital costs by providing non-urgent care in emergency departments. The Agency shall submit an annual report based on this monitoring and assessment to the Governor, the Speaker of the House of Representatives, the President of the Senate, and the substantive legislative committees."

The Florida Center for Health Information and Policy Analysis (Florida Center) initiated collection of patient records for all ambulatory visits to a hospital ED, beginning with visits in January 2005. The ED database provides a detailed look at the reasons people seek care at the ED, the charges and the payers for these visits, as well as the diagnoses and procedures performed in that setting.

Methodology

Emergency Department Data Collection

The emergency department (ED) data used in this report are patient encounter-level discharge records from the Florida Agency for Health Care Administration emergency department database and the inpatient hospital database collected from all licensed hospitals and hospital emergency departments in Florida. The unit of analysis is the discharge record; this means an individual visiting a hospital emergency department multiple times during the year will be counted each time as a unique patient discharge. The patient discharge record consists of patient demographic information, medical diagnosis, services received, and charges for the visit. Unless stated otherwise, this report uses all ED discharge records for calendar year 2009 that did not result in a hospital inpatient admission. This report uses data effective as of July 27, 2010.

Data Elements

The emergency department data contain information on patient demographics, facility, payer, charges, procedures, and diagnoses. The data also include three additional external causes of injury codes (E-codes); patient reason for the visit; and an hour of arrival code. A complete list of available data elements can be obtained by visiting www.floridahealthfinder.gov/Researchers/OrderData/order-data.aspx.

In addition to the Agency emergency department data, information on ED visits was taken from the Agency hospital inpatient data. ED visits resulting in an inpatient hospitalization are submitted in the hospital inpatient data and not included in the ED data. The hospital inpatient data contains much of the same demographic information and clinical information that is available in the ED data; however information on the acuity level of the patient at the time of admission to the ED is not reported.

Historical information on ED visits was obtained from the annual facility cost reports available from the Agency's hospital financial database. Unlike the patient visit database, information from the financial database is aggregated annually at the facility level. This limits the ability of Agency staff to use this data for patient or visit-level information. The data from the financial database is internally consistent for trending across time but the figures do not always match the discharge level data collected by the Florida Center.

Quality Assurance

Facilities submit their emergency department (ED) data reports to the Agency electronically. The system initially checks all submitted files for appropriate file format, presence of required element fields, and expected data characters. Files are processed further for accuracy and completeness, including validation of code and practitioner identification.

Definition of Patient Acuity Levels

The rule governing ED reporting, Chapter 59B-9, Florida Administrative Code, specifies that all ambulatory emergency department records must have a valid Current Procedural Terminology (CPT) Evaluation and Management code (see **Appendix A**). This code provides an indication of the level of severity of the patient's condition upon arrival at the ED and allows the classification of ED visits by their acuity level. **Table 1** displays a simplified description of these evaluation and management codes.

Table 1: Definition of Patient Acuity Groups by Evaluation and Management Codes

Low-Acuity Group:

99281	The presenting problem(s) are **self limited** or of **minor** severity.
99282	The presenting problem(s) are of **low to moderate** severity.

High-Acuity Group:

99283	The presenting problem(s) are of **moderate** severity.
99284	The presenting problem(s) are of **high severity**, but do **not** pose an immediate significant threat to life.
99285	The presenting problems(s) are of **high severity** and pose an **immediate threat to life**.

*See **Appendix A** for a complete description of the CPT Evaluation and Management Codes.*

These five levels can be divided into two groups. The "Low Acuity" group corresponds with visits described as "non-urgent," while the "High Acuity" group corresponds with visits described as "urgent" or "emergent." The remainder of the report will utilize this grouping scheme.

Charges and Costs of Emergency Department Services

The fiscal information contained in both the hospital inpatient and ED data set is charge data. This limits the ability to draw conclusions about ED costs. The term *cost* is often used to describe expenses incurred in the delivery of the service to the patient. The financial information collected from hospitals for services provided are *charges*, not costs or revenue. There is no Florida Center data available to report the actual cost incurred in the delivery of emergency department services. All figures for dollars spent on services provided in the ED are in terms of charges and not costs.

Medicaid, health insurance companies, Health Maintenance Organizations (HMO) and Preferred Provider Organizations (PPO) do not reimburse EDs for charges, but instead pay a negotiated rate to the facility. The Agency does not have access to most payment data.

Clinical Classifications

The ED data and the inpatient data include a diagnosis code system, ICD-9-CM. There are over 13,600 diagnosis codes that can be used. These codes are aggregated in 17 Chapters or Major Diagnostic Categories (MDCs) that group diagnoses by body system, infectious and parasitic disease, and neoplasms. To further facilitate an understanding of the data, a classification system, Clinical Classifications Software (CCS) for ICD-9-CM, is used to aggregate the diagnosis codes into clinically meaningful classifications that are useful for presenting descriptive statistics.

The Clinical Classifications Software (CCS) is a family of databases and software tools developed as part of the Healthcare Cost and Utilization Project (HCUP), a Federal-State-Industry partnership sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CCS consists of two related classification systems. The first system, called the single-level CCS and the second system called the multi-level CCS. In this report, the single-level CCS system was used to group the diagnoses into 260 mutually exclusive classifications.

Chronic Condition Indicator

The Chronic Condition Indicator is a tool developed as part of the Healthcare Cost and Utilization Project (HCUP). The Chronic Condition Indicator tool was used in this report to categorize all ICD-9-CM diagnosis codes as indicative of a chronic or not chronic condition. A *chronic condition* is defined as a condition that lasts 12 months or longer and meets one or both of the following tests: (a) it places limitations on self-care,

independent living, and social interactions; (b) it results in the need for ongoing intervention with medical products, services, and special equipment. The identification of chronic conditions is based on all five-digit ICD-9-CM diagnosis codes, excluding external cause of injury codes (E codes).

More information regarding the HCUP tools used in this report may be obtained from the www.hcup-us.ahrq.gov/tools_software.jsp Web site.

The New York University ED Classification Algorithm

The New York University Center for Health and Public Service Research and the United Hospital Fund of New York developed an algorithm, illustrated in **Figure 1**, to aid in the analysis of administrative data from ED records (Billings, Parikh, & T, 2000). The algorithm classifies ED utilization, based on the principal diagnosis, from the perspective of primary care and preventive care for emergent and non-emergent cases.

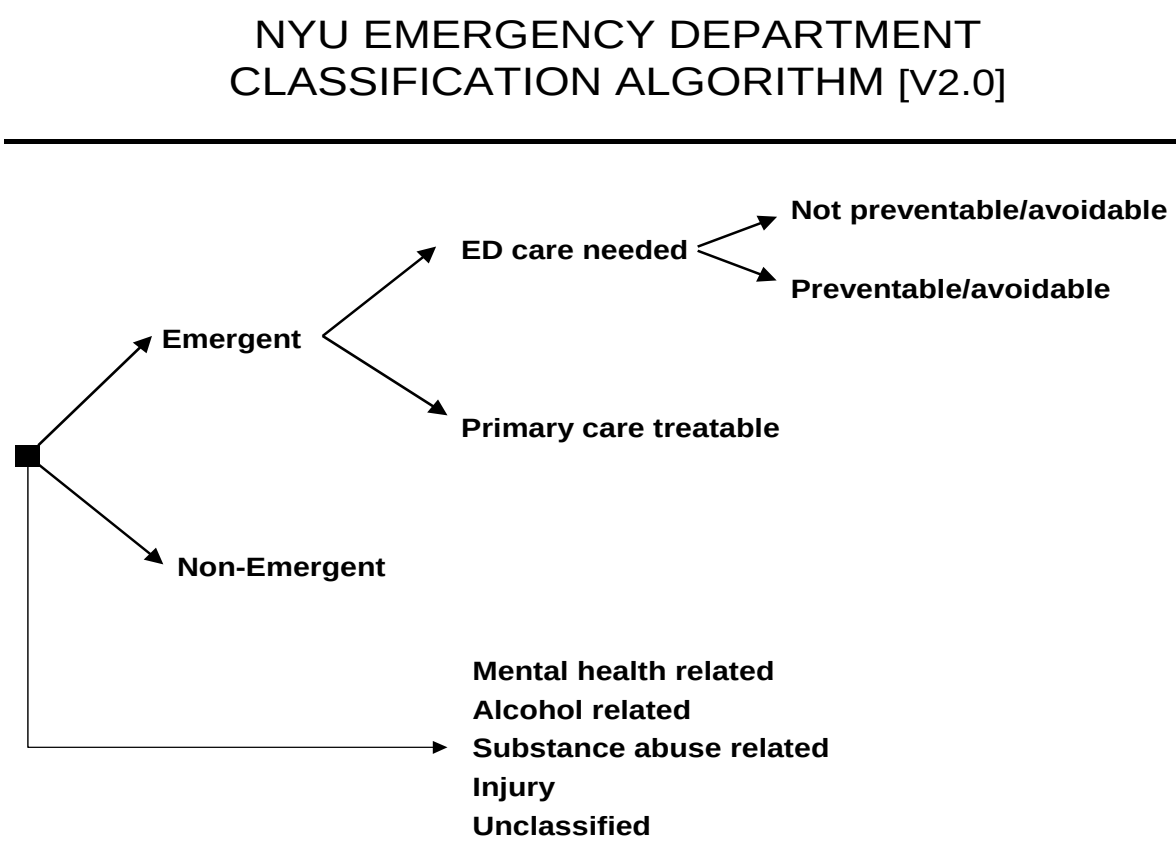
The algorithm was developed with the advice of a panel of ED and primary care physicians, and based on an examination of a sample of almost 6,000 full ED records. Data abstracted from these records included the initial complaint, presenting symptoms, vital signs, medical history, age, gender, diagnoses, procedures performed, and resources used in the ED. Based on this information, each case was classified into one or more of the following categories:

- Non-emergent - The patient's initial complaint, presenting symptoms, vital signs, medical history, and age indicated that immediate medical care was not required within 12 hours;
- Emergent/Primary Care Treatable - Based on information in the record, treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting. The complaint did not require continuous observation, and no procedures were performed or resources used that are not available in a primary care setting (e.g., CAT scan or certain lab tests);
- Emergent - ED Care Needed - Preventable/Avoidable - Emergency department care was required based on the complaint or procedures performed and resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, diabetes, congestive heart failure, etc.); and
- Emergent - ED Care Needed - Not Preventable/Avoidable - Emergency department care was required and ambulatory care treatment could not have

prevented the condition (e.g., trauma, appendicitis, myocardial infarction, etc.).

Since few diagnostic categories are clear-cut in all cases, the algorithm assigns cases probabilistically on a percentage basis, reflecting this potential uncertainty and variation. Conditions not included in the classification are grouped as cases involving a primary diagnosis of injury, mental health problems, alcohol, or substance abuse. There are also a residual of conditions that are tabulated separately as unclassified conditions. Non-classified conditions are not used in the analysis of emergency status.

Figure 1: New York University (NYU) Classification Algorithm



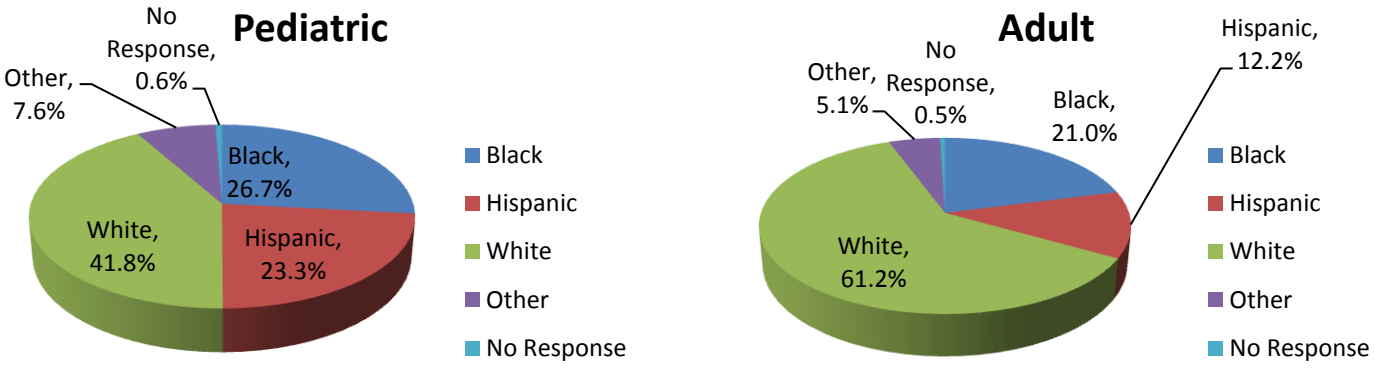
Results

This section of the report is presented in three subsections. The first section, Overall Results, presents demographic information based on all emergency department visits, both ED ambulatory visits and ED visits resulting in an inpatient hospitalization. In this report, inpatient hospitalization is defined as an inpatient admission with source of admission being the emergency department. Overall results are grouped by ages 17 and under (Pediatrics) and ages 18 and over (Adults) when there is a significant difference in utilization for the two groups. The second section, Emergency Department Ambulatory Visit Results, presents data on the top medical conditions seen in the ED and the top medical conditions resulting in an inpatient hospitalization. The third section uses the New York University algorithm of classifying ED patient emergency status to present data for Florida residents' ED visits in the following categories of emergency status: (1) non-emergent, (2) emergent but primary care treatable, (3) emergent-ED care needed, but preventable/avoidable, (4) emergent-ED care needed, but not preventable/avoidable, (5) injury and (6) other which consist of conditions related to mental health, alcohol and substance abuse, and all other unclassified conditions.

Overall Results: Patient Characteristics

Figure 2 displays the percentage of all emergency department (ED) visits by racial/ethnic group. (See **Appendix B** for a description of the racial groups included in Figure 2). There were significant differences in pediatric ED and adult ED utilization by race/ethnic group. Non-whites constitute 57.6 percent of pediatric ED utilization, whereas, white adults account for 61.2 percent of adult ED utilization.

Figure 2: Visits to the Emergency Department by Racial/Ethnic Group

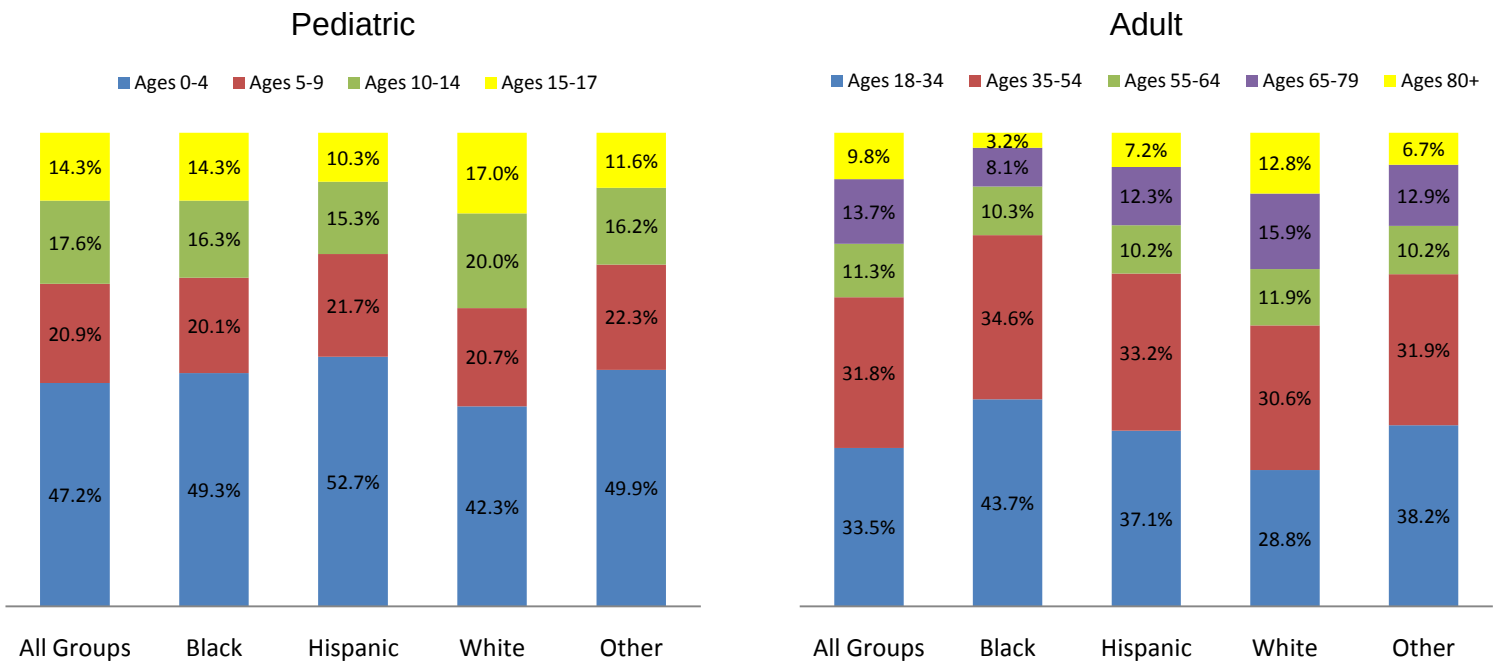


Data Source: AHCA; Data includes both outpatient ED and inpatient ED admissions for 2009.

Figure 3 displays the distribution of all adult and pediatric ED visits, including inpatient hospitalizations, by age group within each racial group. Over 37 percent of Hispanic, 43.7 percent of black, and 38.2 percent other race adult ED visits were for patients ages 18 - 34, while only 28.8 percent of white adult ED visits were in this age group. In contrast, 28.7 percent of white adult ED visits were for patients ages 65 and older, compared to 11.3 percent of patient visits for blacks, 19.5 percent of Hispanic patient visits, and 19.6 percent of other race adult ED visits in this age group.

More than half of all Hispanic and nearly half of all black and other race pediatric ED visits were for patients ages 4 and under, while 42.3 percent of white pediatric ED visits were in this age group. In contrast, 37.7 percent of white pediatric ED visits were for patients ages 10 -17, compared to 30.6 percent of visits for blacks, 25.6 percent of Hispanic patient visits, and 27.8 percent of other race pediatric ED visits in this age group.

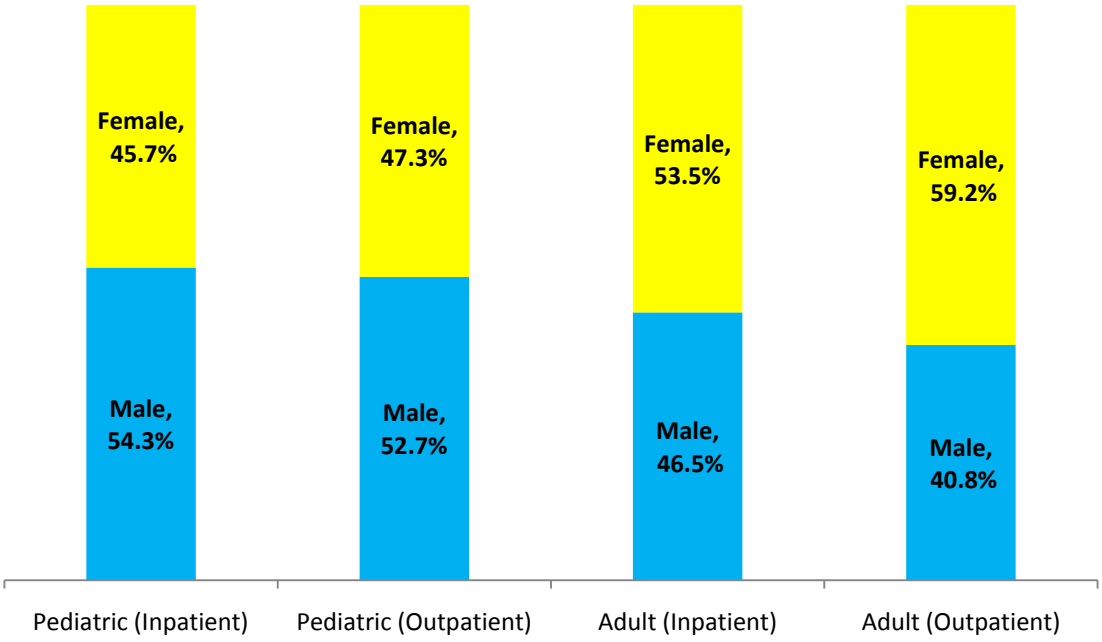
Figure 3: Emergency Department Visits by Age within Racial/Ethnic Groups



Data Source: AHCA; Data includes both outpatient ED and inpatient ED admissions for 2009.

Figure 4 displays the distribution of all pediatric and adult ED visits, including inpatient hospitalizations, by gender. The percentage of outpatient ED visits for boys was more than 5 percent greater than the percentage for girls, while the percentage for adult women was more than 18 percent greater than the percentage for adult men.

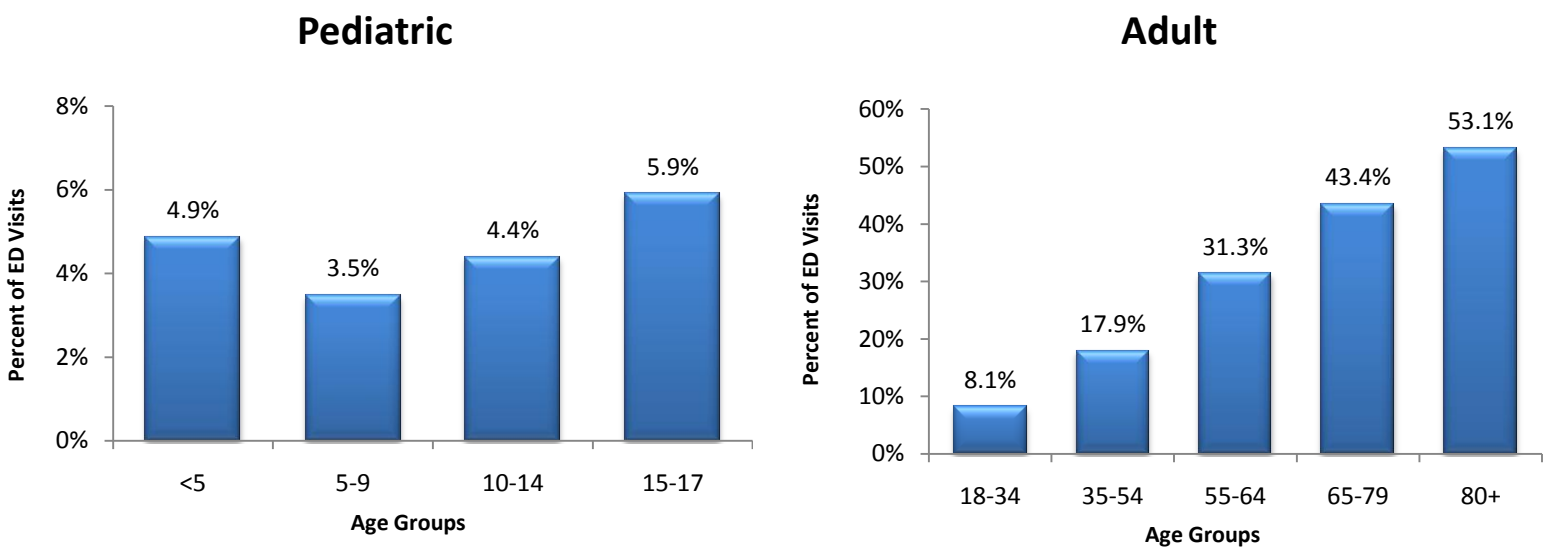
Figure 4: Emergency Department Visits by Gender



Data Source: AHCA; Data includes both outpatient ED and inpatient ED admissions for 2009.

In 2009, there were 8,004,330 emergency department visits with 1,518,697 (19 percent) subsequently resulting in an inpatient hospitalization. **Figure 5** displays the percentage of emergency department (ED) visits resulting in inpatient hospitalization by age group. Regardless of racial group, a patient was more likely to be admitted as an inpatient as age increased. Overall pediatric ED visits were significantly less likely than adult ED visits to result in an inpatient hospitalization.

Figure 5: Percent of Visits Resulting in Inpatient Hospitalization by Age Groups



Data Source: AHCA; Data includes both outpatient ED and inpatient ED admissions for 2009.

Table 2 details the percent of emergency department (ED) visits resulting in an inpatient hospitalization by race and age. Overall, adult emergency department visits resulting in inpatient hospitalizations were as follows: 18.6 percent for black patient visits, 21.6 percent for Hispanic patient visits, 24.9 percent for white patient visits, and 23.5 percent for other race patient visits. (The total excludes unknown race.)

Table 2: Percent of ED Visits Resulting in Hospital Admission by Age and Race/Ethnicity

Age Group	Florida	Black	Hispanic	White	Other
Ages 0-4	4.9%	5.1%	4.9%	4.8%	4.3%
Ages 5-9	3.5%	3.7%	3.5%	3.4%	2.9%
Ages 10-14	4.4%	4.8%	4.6%	4.2%	3.9%
Ages 15-17	5.9%	5.9%	6.1%	5.8%	5.8%
All Pediatrics	4.6%	4.9%	4.7%	4.5%	4.1%
Ages 18-34	8.1%	8.3%	8.4%	7.7%	10.7%
Ages 35-54	17.9%	18.7%	17.0%	17.7%	19.4%
Ages 55-64	31.3%	31.0%	29.1%	31.8%	32.5%
Ages 65-79	43.4%	43.7%	44.6%	43.0%	46.1%
Ages 80+	53.1%	54.4%	60.5%	51.9%	59.4%
All Adults	23.1%	18.6%	21.6%	24.9%	23.5%
All Ages	19.0%	14.9%	15.6%	21.6%	17.8%

Data Source: AHCA; Data includes both outpatient ED and inpatient ED admissions for 2009.

Table 3 and **Table 4** show the ED utilization by payer group. (See **Appendix C** for a description of the payer categories.) The top principal payer for adult outpatient ED visits was commercial insurance (including commercial HMOs). However, when self-pay/underinsured and charity are combined they comprised the top payer for adult outpatient ED visits, 31.2 percent. Medicare was the principal payer for 53.9 percent of the adult inpatient hospitalizations. Self-pay/underinsured and charity combined accounted for only 11.2 percent of adult inpatient hospitalizations.

Medicaid was the top principal payer for all pediatric ED patients. Medicaid accounted for 55.9 percent of all pediatric outpatient ED visits and 57.8 percent of pediatric inpatient hospitalization. See **Appendix D** for a frequency breakdown on each of the 15 payer categories collected by the Agency that comprise the 7 groups shown in **Tables 4** and **5** below.

Table 3: Emergency Department Visits by Payer Group

Payer Group (Pediatric)	Visits	Percent
Medicaid	949,503	55.9%
Commercial	435,912	25.6%
Self Pay/Underinsured	210,764	12.4%
Other Government	75,956	4.5%
Charity	21,729	1.3%
Medicare	5,952	0.4%
Unknown	3	
Total	**1,699,819**	**100.0%**

Payer Group (Adult)	Visits	Percent
Commercial	1,321,461	27.6%
Self Pay/Underinsured	1,272,951	26.6%
Medicare	939,381	19.6%
Medicaid	810,659	16.9%
Other Government	221,243	4.6%
Charity	220,117	4.6%
Unknown	2	0.0%
Total	**4,785,814**	**100.0%**

Source: AHCA 2009 ED Data.

Table 4: ED Visits Resulting in Inpatient Hospitalization by Payer Group

Payer Group (Pediatric)	Hositalizations	Percent
Medicaid	47,853	57.8%
Commercial	26,698	32.3%
Self Pay/Underinsured	3,749	4.5%
Other Government	3,473	4.2%
Charity	686	0.8%
Medicare	281	0.3%
Total	**82,740**	**100.0%**

Payer Group (Adult)	Hositalizations	Percent
Medicare	773,848	53.9%
Commercial	281,977	19.6%
Medicaid	172,675	12.0%
Self Pay/Underinsured	114,695	8.0%
Other Government	46,562	3.2%
Charity	46,200	3.2%
Total	**1,435,957**	**100.0%**

Source: AHCA 2009 Hospital Inpatient Data.

Table 5 shows the discharge status for all ED visits. The vast majority of those who visited the ED were discharged to home.

Table 5: Emergency Department Visits by Patient Discharge Status

Patient Discharge Status	Number	Percent
Home	6,152,625	76.9%
Inpatient Hospitalization	1,518,697	19.0%
Left Against Medical Advice	196,030	2.4%
Other Hospital	49,084	0.6%
Other Facility	40,474	0.5%
Skilled Nursing Facility	17,900	0.2%
Expired	12,449	0.2%
Intermediate Care Facility	8,155	0.1%
Home Healthcare	7,494	0.1%
Hospice-Medical Facility	853	0.0%
Hospice-Home	563	0.0%
Home on IV Medications	6	0.0%
Total	**8,004,330**	**100.0%**

Source: AHCA 2009 ED Data and Hospital Inpatient Data.

Emergency Department Ambulatory Visit Results

Emergency Department Ambulatory Visit Results: Reasons for the Visit

All visits to the emergency department (ED) can be classified according to the principal diagnosis for the patient's reason for the visit. The patient's reason for the visit is an ICD-9-CM diagnosis code that best describes the reason why a person came to the ED. (See **Appendix H** for a description of the ICD-9-CM Major Diagnostic Categories [MDC]).

The top five Major Diagnostic Categories, representing 73.9 percent of all patient reasons for ambulatory ED visits, of those not resulting in an inpatient admission, were symptoms, signs and ill defined conditions affecting health (22.5 percent), injury and poisoning (17.1 percent), diseases of the respiratory system (12.8 percent), diseases of the musculoskeletal system and connective tissue (11.9 percent), and diseases of the nervous system and sense organs (9.7 percent) [**Table 6**]. The most common reasons patients presented for emergency department visits included injuries due to external causes, abdominal pain, fever, and lower respiratory disease.

Over 300,000 (4.8 percent) emergency department visits were classifiable as chronic conditions based on the patient reasons for the visit. These are conditions that are usually best treated and managed in a primary care setting. For the ED visits classifiable as chronic conditions, the most common Major Diagnostic Categories were mental disorders (35.5 percent), circulatory symptoms (18.6 percent), nervous system symptoms (12.5 percent), and respiratory symptoms (10.5 percent) [**Table 7**]. For chronic conditions, the most common reasons for the visit included anxiety, alcohol and substance abuse related disorders, asthma, hypertension, headache, and diabetes.

Table 6: Emergency Department Visits Patient Reason for the Visit by Major Diagnostic Category and Clinical Classification

CCS	Medical Condition	Percent of ED Visits	Average Charge	Total ED Visits
	MDC 17: Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status			
251	Abdominal pain	8.6%	$5,762	558,111
246	Fever of unknown origin	6.3%	$1,472	411,100
250	Nausea and vomiting	3.1%	$2,918	200,458
257	Other aftercare	1.7%	$539	109,663
245	Syncope	0.9%	$6,752	57,085
	All Other MDC 17 codes	1.9%	$2,437	121,064
	MDC 17: Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status Total	22.5%	$3,531	1,457,481
	MDC 16: Injury And Poisoning			
244	Other injuries and conditions due to external causes	9.6%	$2,658	619,696
236	Open wounds of extremities	1.8%	$1,540	116,736
239	Superficial injury; contusion	1.7%	$2,198	111,692
235	Open wounds of head; neck; and trunk	1.3%	$2,393	84,968
232	Sprains and strains	0.9%	$2,071	55,968
	All Other MDC 16 codes	1.8%	$2,881	118,307
	MDC 16: Injury And Poisoning Total	17.1%	$2,468	1,107,367
	MDC 8: Diseases Of The Respiratory System			
133	Other lower respiratory disease	7.4%	$2,057	480,830
126	Other upper respiratory infections	2.6%	$1,146	171,297
134	Other upper respiratory disease	1.5%	$1,189	98,387
128	Asthma	0.3%	$2,064	22,445
123	Influenza	0.2%	$1,470	15,972
	All Other MDC 8 codes	0.6%	$2,489	40,424
	MDC 8: Diseases Of The Respiratory System Total	12.8%	$1,776	829,355
	MDC 13: Diseases Of The Musculoskeletal System And Connective Tissue			
205	Spondylosis; intervertebral disc disorders; other back problems	4.8%	$2,471	313,496
211	Other connective tissue disease	3.9%	$2,025	253,270
204	Other non-traumatic joint disorders	3.1%	$1,876	198,680
212	Other bone disease and musculoskeletal deformities	0.0%	$2,765	1,669
203	Osteoarthritis	0.0%	$2,027	1,094
	All Other MDC 13 codes	0.0%	$3,466	1,441
	MDC 13: Diseases Of The Musculoskeletal System And Connective Tissue Total	11.9%	$2,173	769,650
	MDC 6: Diseases Of The Nervous System And Sense Organs			
84	Headache; including migraine	3.4%	$3,445	217,758
94	Other ear and sense organ disorders	1.7%	$737	107,819
93	Conditions associated with dizziness or vertigo	1.3%	$4,765	81,143
91	Other eye disorders	1.2%	$898	76,207
83	Epilepsy; convulsions	0.8%	$4,244	51,437
	All Other MDC 6 codes	1.4%	$2,900	92,920
	MDC 6: Diseases Of The Nervous System And Sense Organs Total	9.7%	$2,826	627,284
	All Other Conditions	26.1%	$3,263	1,694,496
	***All Emergency Department Visits**	**100.0%**	**$2,825**	**6,485,633**

Source: AHCA 2009 ED Data.

* Total excludes ED patients discharged to inpatient acute care hospitals.

Table 7: Emergency Department Visits Patient Reason for the Visit by Major Diagnostic Category and Clinical Classification for Chronic Conditions

CCS	Medical Condition	Percent of ED Visits	Average Charge	Total ED Visits
	MDC 5: Mental Disorders			
651	Anxiety disorders	9.4%	$1,900	29,591
660	Alcohol-related disorders	8.6%	$3,635	27,110
657	Mood disorders	8.1%	$2,914	25,377
661	Substance-related disorders	3.3%	$2,438	10,228
659	Schizophrenia and other psychotic disorders	3.2%	$4,001	10,086
	All Other MDC 5 codes	2.9%	$3,060	9,110
	MDC 5: Mental Disorders Total	35.5%	$2,887	111,502
	MDC 7: Diseases Of The Circulatory System			
98	Essential hypertension	10.8%	$2,918	34,076
107	Cardiac arrest and ventricular fibrillation	2.5%	$4,153	7,933
106	Cardiac dysrhythmias	2.2%	$5,479	6,856
112	Transient cerebral ischemia	0.9%	$14,760	2,695
101	Coronary atherosclerosis and other heart disease	0.5%	$17,456	1,590
	All Other MDC 7 codes	1.7%	$7,385	5,363
	MDC 7: Diseases Of The Circulatory System Total	18.6%	$4,736	58,513
	MDC 6: Diseases Of The Nervous System And Sense Organs			
84	Headache; including migraine	5.1%	$2,342	16,112
83	Epilepsy; convulsions	3.4%	$4,513	10,777
95	Other nervous system disorders	1.8%	$2,237	5,508
89	Blindness and vision defects	0.6%	$2,075	1,827
91	Other eye disorders	0.6%	$1,166	1,756
	All Other MDC 6 codes	1.1%	$2,212	3,312
	MDC 6: Diseases Of The Nervous System And Sense Organs Total	12.5%	$2,847	39,292
	MDC 8: Diseases Of The Respiratory System			
128	Asthma	7.1%	$2,064	22,445
126	Other upper respiratory infections	1.5%	$1,885	4,569
127	Chronic obstructive pulmonary disease and bronchiectasis	1.2%	$4,082	3,623
134	Other upper respiratory disease	0.5%	$960	1,541
133	Other lower respiratory disease	0.2%	$1,530	597
	All Other MDC 8 codes	0.1%	$2,459	204
	MDC 8: Diseases Of The Respiratory System Total	10.5%	$2,202	32,979
	MDC 3: Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders			
49	Diabetes mellitus without complication	2.7%	$2,727	8,538
50	Diabetes mellitus with complications	2.3%	$3,518	7,215
51	Other endocrine disorders	1.3%	$3,197	4,114
54	Gout and other crystal arthropathies	0.6%	$1,457	1,949
48	Thyroid disorders	0.1%	$3,477	421
	All Other MDC 3 codes	0.2%	$3,301	478
	MDC 3: Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders Total	7.2%	$2,980	22,715
	All Other Chronic Conditions	15.7%	$2,808	49,299
	***All Emergency Department Visits**	**100.0%**	**$3,148**	**314,300**

Source: AHCA 2009 ED Data.

* Total excludes ED patients discharged to inpatient acute care hospitals.

Emergency Department Ambulatory Visit Results: Principal Diagnosis

The principal diagnosis is an ICD-9-CM diagnosis code that is arrived at by a physician after all tests and other clinical information have been assessed. The most frequently reported Major Diagnostic Categories (MDC) rendered by physicians for ambulatory ED visits not resulting in an inpatient admission were injury and poisoning (22.8 percent), diseases of the respiratory system (15.2 percent), symptoms and ill-defined conditions affecting health (13.1 percent), diseases of the nervous system and sense organs (9.2 percent), and diseases of the genitourinary system (6.6 percent) [**Table 8**]. The top five MDCs represented 66.9 percent of all ambulatory emergency department (ED) visits. The most frequently reported principal diagnoses for emergency department visits were sprains and strains, contusions, upper respiratory infections, abdominal pain, headaches and urinary tract infections.

Almost 11 percent (692,301) of the principal diagnoses were classifiable as chronic conditions [**Table 9**]. For emergency department visits classifiable as chronic conditions, the top Major Diagnostic Categories were mental disorders (22.8 percent); respiratory symptoms (20.5 percent); circulatory symptoms (16.1 percent); nervous system and sense organs symptoms (14.1 percent); endocrine, nutritional, and metabolic diseases and immunity disorders (6.9 percent). For chronic conditions, the leading principal diagnoses included anxiety, alcohol and substance abuse related mental illnesses, asthma, hypertension, headache and diabetes.

Table 8: Emergency Department Visits Principal Diagnosis by Major Diagnostic Category and Clinical Classification

CCS	Medical Condition	Percent of ED Visits	Average Charge	Total ED Visits
	MDC 16: Injury And Poisoning			
239	Superficial injury; contusion	5.3%	$2,410	345,184
232	Sprains and strains	5.3%	$2,154	344,366
236	Open wounds of extremities	2.7%	$1,590	173,793
244	Other injuries and conditions due to external causes	2.3%	$2,786	148,184
235	Open wounds of head; neck; and trunk	2.1%	$2,681	138,584
	All Other MDC 16 codes	5.1%	$3,030	330,366
	MDC 16: Injury And Poisoning Total	22.8%	$2,456	1,480,477
	MDC 8: Diseases Of The Respiratory System			
126	Other upper respiratory infections	6.3%	$1,150	409,841
133	Other lower respiratory disease	1.7%	$2,950	108,048
125	Acute bronchitis	1.6%	$1,826	102,400
127	Chronic obstructive pulmonary disease and bronchiectasis	1.4%	$2,414	91,523
128	Asthma	1.4%	$2,050	89,276
	All Other MDC 8 codes	2.8%	$2,000	183,459
	MDC 8: Diseases Of The Respiratory System Total	15.2%	$1,775	984,547
	MDC 17: Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status			
251	Abdominal pain	4.4%	$5,773	284,561
246	Fever of unknown origin	2.2%	$1,547	141,154
250	Nausea and vomiting	1.6%	$2,646	105,086
257	Other aftercare	1.5%	$497	98,579
253	Allergic reactions	1.4%	$962	90,064
	All Other MDC 17 codes	2.0%	$4,001	130,896
	MDC 17: Symptoms; Signs; And Ill-Defined Conditions And Factors Influencing Health Status Total	13.1%	$3,291	850,340
	MDC 6: Diseases Of The Nervous System And Sense Organs			
84	Headache; including migraine	2.5%	$3,407	159,610
92	Otitis media and related conditions	2.0%	$799	132,339
93	Conditions associated with dizziness or vertigo	0.9%	$4,892	61,467
95	Other nervous system disorders	0.9%	$3,455	59,707
83	Epilepsy; convulsions	0.8%	$4,219	51,857
	All Other MDC 6 codes	2.0%	$1,085	131,055
	MDC 6: Diseases Of The Nervous System And Sense Organs Total	9.2%	$2,546	596,035
	MDC 10: Diseases Of The Genitourinary System			
159	Urinary tract infections	2.4%	$3,420	156,585
160	Calculus of urinary tract	1.0%	$7,570	66,883
175	Other female genital disorders	0.7%	$3,057	43,575
163	Genitourinary symptoms and ill-defined conditions	0.7%	$2,420	42,666
168	Inflammatory diseases of female pelvic organs	0.5%	$2,888	31,919
	All Other MDC 10 codes	1.3%	$3,609	85,782
	MDC 10: Diseases Of The Genitourinary System Total	6.6%	$3,931	427,410
	All Other Conditions	33.1%	$3,235	2,146,824
	***All Emergency Department Visits**	**100.0%**	**$2,825**	**6,485,633**

Source: AHCA 2009 ED Data.

* Total excludes ED patients discharged to inpatient acute care hospitals.

Table 9: Emergency Department Visits Principal Diagnosis by Major Diagnostic Category and Clinical Classification for Chronic Conditions

CCS	Medical Condition	Percent of ED Visits	Average Charge	Total ED Visits
	MDC 5: Mental Disorders			
660	Alcohol-related disorders	5.5%	$3,869	38,056
651	Anxiety disorders	5.5%	$2,239	37,969
657	Mood disorders	4.4%	$2,824	30,748
661	Substance-related disorders	2.7%	$2,848	18,780
659	Schizophrenia and other psychotic disorders	2.0%	$3,324	13,739
	All Other MDC 5 codes	2.6%	$3,553	18,236
	MDC 5: Mental Disorders Total	22.8%	$3,066	157,528
	MDC 8: Diseases Of The Respiratory System			
128	Asthma	12.9%	$2,050	89,276
126	Other upper respiratory infections	3.4%	$2,124	23,721
127	Chronic obstructive pulmonary disease and bronchiectasis	3.2%	$3,939	22,006
134	Other upper respiratory disease	0.9%	$831	6,260
133	Other lower respiratory disease	0.1%	$4,445	520
	All Other MDC 8 codes	0.1%	$2,139	426
	MDC 8: Diseases Of The Respiratory System Total	20.5%	$2,310	142,209
	MDC 7: Diseases Of The Circulatory System			
98	Essential hypertension	7.1%	$3,167	49,022
106	Cardiac dysrhythmias	2.3%	$5,620	16,038
107	Cardiac arrest and ventricular fibrillation	1.4%	$4,290	9,473
101	Coronary atherosclerosis and other heart disease	1.1%	$19,372	7,833
112	Transient cerebral ischemia	0.9%	$11,350	6,101
	All Other MDC 7 codes	3.3%	$7,357	22,714
	MDC 7: Diseases Of The Circulatory System Total	16.1%	$6,063	111,181
	MDC 6: Diseases Of The Nervous System And Sense Organs			
84	Headache; including migraine	6.2%	$2,794	42,616
95	Other nervous system disorders	3.2%	$2,429	22,140
83	Epilepsy; convulsions	3.0%	$4,407	20,777
90	Inflammation; infection of eye (except that caused by tuberculosis or sexually transmitteddisease)	0.4%	$870	2,909
91	Other eye disorders	0.3%	$1,405	2,259
	All Other MDC 6 codes	1.0%	$3,032	6,816
	MDC 6: Diseases Of The Nervous System And Sense Organs Total	14.1%	$2,982	97,517
	MDC 3: Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders			
50	Diabetes mellitus with complications	2.6%	$3,641	17,762
49	Diabetes mellitus without complication	2.2%	$2,941	15,023
54	Gout and other crystal arthropathies	1.3%	$1,523	8,846
51	Other endocrine disorders	0.4%	$3,410	2,945
48	Thyroid disorders	0.2%	$4,165	1,474
	All Other MDC 3 codes	0.2%	$3,924	1,451
	MDC 3: Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders Total	6.9%	$3,035	47,501
	All Other Chronic Conditions	19.7%	$3,544	136,365
	***All Emergency Department Visits**	**100.0%**	**$3,472**	**692,301**

Source: AHCA 2009 ED Data.

* Total excludes ED patients discharged to inpatient acute care hospitals.

Emergency Department Inpatient Admission Results

A total of 1,518,697 or 19 percent of ED visits resulted in inpatient hospitalization. In 2009, 58.3 percent of the 2,606,164 acute care inpatients served in Florida hospitals were admitted from an emergency department.

The Major Diagnostic Categories (MDC) most frequently reported for those ED visits that resulted in an inpatient hospitalization were diseases of the circulatory system (23.8 percent), diseases of the digestive system (14.1 percent), diseases of the respiratory system (12.8 percent), injury and poisoning (10.5 percent), and mental disorders (6.2 percent) [**Table 10**]. These top five MDCs represent 67.3 percent of all emergency department visits resulting in inpatient admission. The most frequently reported principal diagnoses for inpatient hospitalizations were chest pain, congestive heart failure, pneumonia, and COPD [**Table 10**].

Over 41 percent (630,566) of the inpatient principal diagnoses were classifiable as chronic conditions [**Table 11**]. For those inpatient hospitalizations classifiable as chronic conditions, the top Major Diagnostic Categories were diseases of the circulatory system (43 percent); mental disorders (14 percent); diseases of the respiratory system (12.5 percent); diseases of the digestive system (6.8 percent), and endocrine, nutritional, and, metabolic diseases and immunity disorders (6.1 percent). For chronic condition visits, the leading inpatient principal diagnoses included congestive heart failure, mood disorders, COPD and bronchiectasis, and diabetes mellitus with complications.

Table 10: Inpatient Hospitalization: Principal Diagnosis by Major Diagnostic Category and Clinical Classification

CCS	Medical Condition	Percent of ED Visits	Average Charge	Total ED Visits
	MDC 7: Diseases Of The Circulatory System			
108	Congestive heart failure; nonhypertensive	4.0%	$40,026	60,662
102	Nonspecific chest pain	3.7%	$22,213	56,601
106	Cardiac dysrhythmias	3.1%	$34,155	47,774
100	Acute myocardial infarction	2.4%	$75,686	35,747
109	Acute cerebrovascular disease	2.2%	$52,252	33,749
	All Other MDC 7 codes	8.3%	$44,523	126,186
	MDC 7: Diseases Of The Circulatory System Total	23.8%	$42,704	360,719
	MDC 9: Diseases Of The Digestive System			
149	Biliary tract disease	1.9%	$49,549	28,945
153	Gastrointestinal hemorrhage	1.5%	$35,517	22,942
145	Intestinal obstruction without hernia	1.4%	$44,704	21,616
146	Diverticulosis and diverticulitis	1.3%	$37,761	20,225
142	Appendicitis and other appendiceal conditions	1.2%	$38,565	18,533
	All Other MDC 9 codes	6.7%	$37,047	102,005
	MDC 9: Diseases Of The Digestive System Total	14.1%	$39,543	214,266
	MDC 8: Diseases Of The Respiratory System			
122	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	3.7%	$38,820	56,426
127	Chronic obstructive pulmonary disease and bronchiectasis	3.1%	$30,200	47,417
128	Asthma	1.7%	$23,188	26,124
131	Respiratory failure; insufficiency; arrest (adult)	1.3%	$77,154	19,970
129	Aspiration pneumonitis; food/vomitus	0.7%	$57,958	9,881
	All Other MDC 8 codes	2.3%	$29,041	34,845
	MDC 8: Diseases Of The Respiratory System Total	12.8%	$37,776	194,663
	MDC 16: Injury And Poisoning			
237	Complication of device; implant or graft	1.5%	$63,410	23,368
238	Complications of surgical procedures or medical care	1.4%	$45,844	21,603
226	Fracture of neck of femur (hip)	1.4%	$60,430	21,015
230	Fracture of lower limb	0.9%	$57,982	13,316
231	Other fractures	0.9%	$43,311	13,206
	All Other MDC 16 codes	4.4%	$46,318	66,372
	MDC 16: Injury And Poisoning Total	10.5%	$51,361	158,880
	MDC 5: Mental Disorders			
657	Mood disorders	2.2%	$13,639	33,843
659	Schizophrenia and other psychotic disorders	1.5%	$17,989	22,683
660	Alcohol-related disorders	0.7%	$20,312	11,009
661	Substance-related disorders	0.6%	$23,463	8,551
663	Screening and history of mental health and substance abuse codes	0.3%	$41,917	5,265
	All Other MDC 5 codes	0.8%	$17,621	12,243
	MDC 5: Mental Disorders Total	6.2%	$18,487	93,594
	All Other Conditions	32.7%	$36,458	496,575
	All Emergency Department Visits Resulting in Inpatient Hospitalization	**100.0%**	**$38,997**	**1,518,697**

Source: AHCA 2009 Hospital Inpatient Data.

Table 11: Inpatient Hospitalization Principal Diagnosis by Major Diagnostic Category and Clinical Classification for Chronic Conditions

CCS	Medical Condition	Percent of ED Visits	Average Charge	Total ED Visits
	MDC 7: Diseases Of The Circulatory System			
108	Congestive heart failure; nonhypertensive	9.6%	$40,026	60,662
106	Cardiac dysrhythmias	7.4%	$34,682	46,355
100	Acute myocardial infarction	5.7%	$75,686	35,747
109	Acute cerebrovascular disease	5.4%	$52,252	33,749
101	Coronary atherosclerosis and other heart disease	4.7%	$55,772	29,914
	All Other MDC 7 codes	9.5%	$42,087	59,695
	MDC 7: Diseases Of The Circulatory System Total	42.2%	$47,668	266,122
	MDC 5: Mental Disorders			
657	Mood disorders	5.4%	$13,638	33,805
659	Schizophrenia and other psychotic disorders	3.6%	$17,989	22,665
660	Alcohol-related disorders	1.7%	$20,220	10,716
663	Screening and history of mental health and substance abuse codes	0.8%	$42,033	5,248
653	Delirium, dementia, and amnestic and other cognitive disorders	0.8%	$24,423	4,976
	All Other MDC 5 codes	1.7%	$13,665	10,969
	MDC 5: Mental Disorders Total	14.0%	$17,848	88,379
	MDC 8: Diseases Of The Respiratory System			
127	Chronic obstructive pulmonary disease and bronchiectasis	7.3%	$30,558	45,743
128	Asthma	4.1%	$23,188	26,124
131	Respiratory failure; insufficiency; arrest (adult)	0.6%	$71,264	3,977
133	Other lower respiratory disease	0.3%	$51,693	1,943
126	Other upper respiratory infections	0.1%	$23,545	575
	All Other MDC 8 codes	0.0%	$36,470	259
	MDC 8: Diseases Of The Respiratory System Total	12.5%	$30,659	78,621
	MDC 9: Diseases Of The Digestive System			
146	Diverticulosis and diverticulitis	3.2%	$37,761	20,225
138	Esophageal disorders	1.0%	$25,897	6,199
144	Regional enteritis and ulcerative colitis	0.9%	$39,131	5,554
139	Gastroduodenal ulcer (except hemorrhage)	0.5%	$49,868	2,886
151	Other liver diseases	0.4%	$46,850	2,813
	All Other MDC 9 codes	0.8%	$38,527	5,306
	MDC 9: Diseases Of The Digestive System Total	6.8%	$37,729	42,983
	MDC 3: Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders			
50	Diabetes mellitus with complications	4.8%	$32,993	30,477
51	Other endocrine disorders	0.4%	$34,324	2,807
49	Diabetes mellitus without complication	0.2%	$13,962	1,372
58	Other nutritional; endocrine; and metabolic disorders	0.2%	$33,649	1,268
48	Thyroid disorders	0.2%	$29,111	1,219
	All Other MDC 3 codes	0.2%	$34,057	1,330
	MDC 3: Endocrine; Nutritional; And Metabolic Diseases And Immunity Disorders Total	6.1%	$32,346	38,473
	All Other Chronic Conditions	18.4%	$48,417	115,988
	All Emergency Department Visits Resulting in Inpatient Hospitalization	**100.0%**	**$39,893**	**630,566**

Source: AHCA 2009 Hospital Inpatient Data.

Emergency Department Ambulatory Visit Results: Patient Acuity Level

On July 27, 2010, all available records from the Agency's emergency department (ED) database collected during the 2009 calendar year were selected for analysis. All ambulatory emergency department visits can be defined by one of five CPT Evaluation and Management codes. The codes delineate the relative severity of the person's condition upon arrival at the ED. See **Appendix A** for a complete description of each of the five Evaluation and Management codes.

Table 12 shows the number, percentage, and average charge for ED visits as aggregated by patient severity level. Note that although the ED data collection rule allows for the submission of nine secondary CPT codes for each ED record, the CPT Evaluation and Management (E/M) codes are to be entered in the primary procedure code field. However, because these CPT E/M codes were sometimes incorrectly recorded in the nine secondary procedure code fields, or multiple CPT E/M codes were included on an individual record, this analysis used the highest acuity level coded for each ED visit. About 3.6 percent of all visit records were missing an EM code altogether.

Table 12: Emergency Department Visits Average and Sum of Charges by Patient Severity Level

	Pediatric				Adult			
Severity Level	**ED Visits**	**Percent**	**Mean Charges**	**Total Charges**	**ED Visits**	**Percent**	**Mean Charges**	**Total Charges**
Minor	202,524	11.9%	$428	$86,700,246	360,689	7.5%	$569	$205,269,462
Low-Moderate	450,232	26.5%	$677	$305,011,662	724,158	15.1%	$1,040	$753,260,112
Moderate	707,384	41.6%	$1,332	$941,919,608	1,659,239	34.7%	$2,176	$3,610,814,062
High-No Sig Threat	228,265	13.4%	$3,215	$733,901,943	1,356,683	28.3%	$5,093	$6,909,688,478
High-Sig Threat	50,141	2.9%	$4,957	$248,567,981	484,468	10.1%	$8,367	$4,053,450,690
Missing Codes	61,273	3.6%	$1,350	$82,729,676	200,577	4.2%	$1,963	$393,769,047
Total	**1,699,819**	**100.0%**	**$1,411**	**$2,398,831,116**	**4,785,814**	**100.0%**	**$3,328**	**$15,926,251,851**

Source: AHCA 2009 ED Data.

Of the five severity levels listed, the vast majority of adult ambulatory ED visits, 63.3 percent, were in the minor to moderate severity category (pediatric 80 percent, adult 57.3 percent). Excluding "Missing Codes" from the total, yields 65.9 percent of all ambulatory visits were in the minor to moderate severity category, (pediatric 83 percent, adult 59.8 percent). Further, the average total charge increased with severity level. The five Evaluation and Management codes were aggregated into two levels, labeled "Low

Acuity" and "High Acuity." (See **Table 1** for the definition of these groups.) A breakdown of ambulatory emergency department (ED) visits by age group and acuity level is presented in **Table 13**. The data shows that the youngest age group for the pediatric and adult categories had the highest percentage of low acuity ED visits, 44.1 percent for pediatrics and 27.4 percent for adults. However, regardless of age category, as age increases the proportion of high-acuity visits also increases. See **Appendix F** for additional figures for the average charge and sum of charges by age group and acuity.

Table 13: Emergency Department Visits By Age Group and Patient Acuity Level

	Low Acuity Visits		High Acuity Visits		Total	
Age Group	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Ages 0-4	342,598	44.1%	434,076	55.9%	776,674	100.0%
Ages 5-9	141,835	41.0%	203,767	59.0%	345,602	100.0%
Ages 10-14	100,693	35.1%	186,379	64.9%	287,072	100.0%
Ages 15-17	67,630	29.5%	161,568	70.5%	229,198	100.0%
Pediatric	652,756	39.8%	985,790	60.2%	1,638,546	100.0%
Ages 18-34 years	495,848	27.4%	1,311,375	72.6%	1,807,223	100.0%
Ages 35-54 years	372,234	23.8%	1,190,466	76.2%	1,562,700	100.0%
Ages 55-64 years	97,847	21.0%	368,589	79.0%	466,436	100.0%
Ages 65-79 years	81,367	17.3%	388,066	82.7%	469,433	100.0%
Ages 80 years and older	37,551	13.4%	241,894	86.6%	279,445	100.0%
Adult	1,084,847	23.7%	3,500,390	76.3%	4,585,237	100.0%
Total	**1,737,603**	**27.9%**	**4,486,180**	**72.1%**	**6,223,783**	**100.0%**

Note: Total excludes visits that cannot be classified by acuity level and unknown age.
Source: AHCA 2009 ED data.

Table 14 shows a breakdown of emergency department (ED) visits by payer group and acuity group. Self Pay/Underinsured was the payer with the highest proportion of low-acuity visits for both pediatric ED visits and adult ED visits. The percent of low-acuity ED visits for children (39.8 percent) is significantly higher than the percent of low-acuity for adults (23.7 percent). For more details on acuity level by payer group, see **Appendix E** which lists frequencies for each of the five acuity levels for each payer group. Additionally, figures for the average charge and sum of charges aggregated by payer group and acuity group are presented in **Appendix G**.

Table 14: Emergency Department Visits by Payer Group and Patient Acuity Level

	Low Acuity Visits		High Acuity Visits		Total	
Payer Group (Pediatric)	**ED Visits**	**Percent**	**ED Visits**	**Percent**	**ED Visits**	**Percent**
Self Pay/Underinsured	88,836	44.3%	111,561	55.7%	200,397	100.0%
Medicaid	369,273	40.4%	544,900	59.6%	914,173	100.0%
Charity	8,098	39.4%	12,446	60.6%	20,544	100.0%
Commercial Insurance	157,767	37.1%	267,413	62.9%	425,180	100.0%
Other Government*	28,779	36.8%	49,470	63.2%	78,249	100.0%
Unknown	3	100.0%	0	0.0%	3	100.0%
Pediatric Total	**652,756**	**39.8%**	**985,790**	**60.2%**	**1,638,546**	**100.0%**
Payer Group (Adult)	**ED Visits**	**Percent**	**ED Visits**	**Percent**	**ED Visits**	**Percent**
Charity	63,275	30.5%	143,864	69.5%	207,139	100.0%
Self Pay/Underinsured	357,942	29.6%	852,175	70.4%	1,210,117	100.0%
Other Government	54,513	25.9%	156,108	74.1%	210,621	100.0%
Medicaid	185,520	24.3%	578,467	75.7%	763,987	100.0%
Commercial Insurance	268,910	21.0%	1,009,540	79.0%	1,278,450	100.0%
Medicare	154,685	16.9%	760,236	83.1%	914,921	100.0%
Unknown	2	100.0%	0	0.0%	2	100.0%
Adult Total	**1,084,847**	**23.7%**	**3,500,390**	**76.3%**	**4,585,235**	**100.0%**

Note: Total excludes visits that cannot be classified by acuity level and visits with unknown prinicpal payer.

* Other Government includes Medicare for pediatric ED visits

Source: AHCA 2009 ED Data.

Emergency Department Ambulatory Visits by Emergency Status

This section of the report analyzes emergency department (ED) utilization from the perspective of primary and preventative care. The New York University (NYU) algorithm of classifying ED visits was used to assign calendar year 2009 ED visits to the following categories: (1) non-emergent, (2) emergent but primary care treatable, (3) emergent - ED needed but preventable/avoidable, (4) emergent - ED needed - not preventable/ avoidable and (5) all other conditions not assigned (1) through (4) above.

The methodology used in this section is as follows:

(1) The unit of analysis is the Florida resident ED visit that did not result in a hospital inpatient admission.

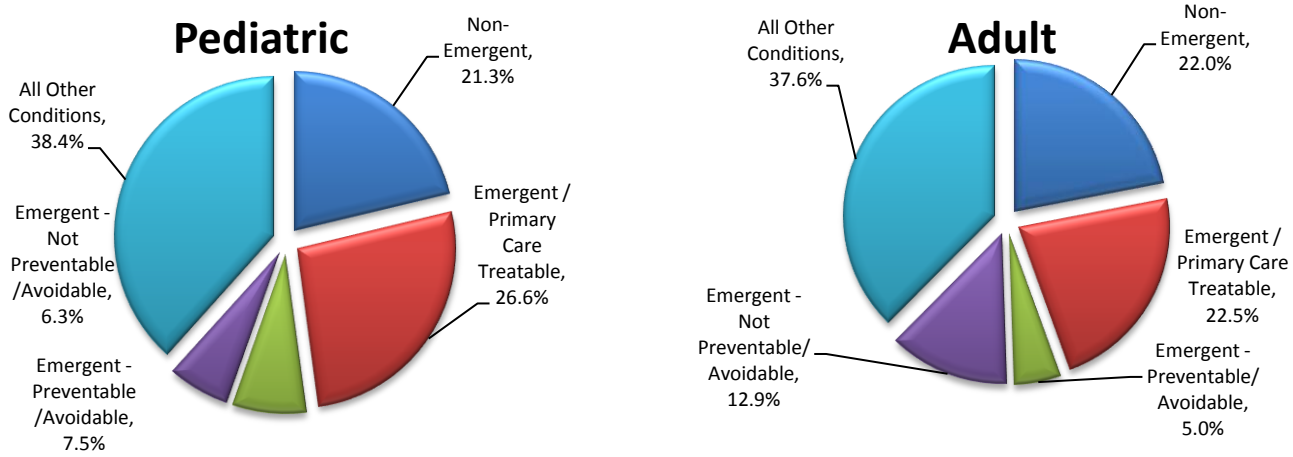
(2) The term "**ED Avoidable,**" defined by NYU algorithm classifications 1-3 above, is used to represent ED visits that were potentially preventable or avoidable through treatment in a primary care setting.

(3) The term "**Emergency Status**," defined by NYU algorithm classifications 1-4 above, is used to represent the cases identified as non-emergent or emergent by the NYU algorithm. The NYU algorithm assigned an emergency status to 3,844,219 ED visits (62 percent) of all 2009 Florida resident ED visits.

(4) Relative rates were calculated to test for statistically significant differences between ED visit rates. A difference in rates is called statistically significant if the difference is unlikely to have occurred due to natural variation. Relative rates significantly greater than or less than 1.0 may indicate disparities.

Figure 6 shows the category distribution of ED visits for Florida residents in 2009. More than 55 percent of pediatric ED visits and 49 percent of adult ED visits were ED Avoidable in 2009.

Figure 6: Percentage of ED Visits by Emergency Status



Source: AHCA 2009 ED Data.

Table 15 shows the overall ED utilization by category for Florida residents in 2009. There were over $1.4 billion and $10.7 billion in outpatient pediatric and adult ED charges incurred in 2009. ED avoidable conditions were associated with 55.4 percent and 49.5 percent of pediatric and adult ED charges respectively. Hence, nearly half of the ED charges for 2009 could potentially be avoided through greater utilization of primary care services.

Table 15: Emergency Department Visits by ED Visit Category

	Pediatric				
ED Visit Category	**Average Charge**	**Number ED Visits**	**Percent of ED Visits**	**Total Charges**	**Percent of Total Charges**
Non-Emergent	$1,167	349,125	21.3%	$407,560,883	17.6%
Emergent / Primary Care Treatable	$1,262	437,097	26.6%	$551,630,608	23.8%
Emergent - Preventable/Avoidable	$1,497	123,002	7.5%	$184,110,109	7.9%
Emergent - Not Preventable/Avoidable	$2,191	103,241	6.3%	$226,231,152	9.7%
All Other Conditions	$1,509	630,159	38.4%	$951,163,099	41.0%
Pediatric Total	**$1,413**	**1,642,625**	**100.0%**	**$2,320,695,850**	**100.0%**

	Adult				
ED Visit Category	**Average Charge**	**Number ED Visits**	**Percent of ED Visits**	**Total Charges**	**Percent of Total Charges**
Non-Emergent	$2,518	996,842	22.0%	$2,510,101,301	16.5%
Emergent / Primary Care Treatable	$3,822	1,020,671	22.5%	$3,900,837,085	25.7%
Emergent - Preventable/Avoidable	$2,977	228,248	5.0%	$679,418,058	4.5%
Emergent - Not Preventable/Avoidable	$5,529	585,993	12.9%	$3,240,246,176	21.3%
All Other Conditions	$2,849	1,706,216	37.6%	$4,860,416,920	32.0%
Adult Total	**$3,348**	**4,537,969**	**100.0%**	**$15,191,019,540**	**100.0%**

Source: AHCA 2009 ED Data.

Table 16 shows ED visits by category and racial/ethnic groups in 2009. ED Avoidable visits per 1000 population for pediatric blacks (308) and adult blacks (283) were more than 40.8 percent and 84.6 percent higher than the rate for the state of Florida (219) and (153) respectively. However, the average ED Avoidable charge for blacks was the lowest for all racial groups. Pediatric and adult rates for other races were 127.7 percent and 125.4 percent higher than the rate for the state of Florida respectively while having the highest average ED Avoidable charge.

Table 16: Emergency Department Visits by Race and ED Visit Category

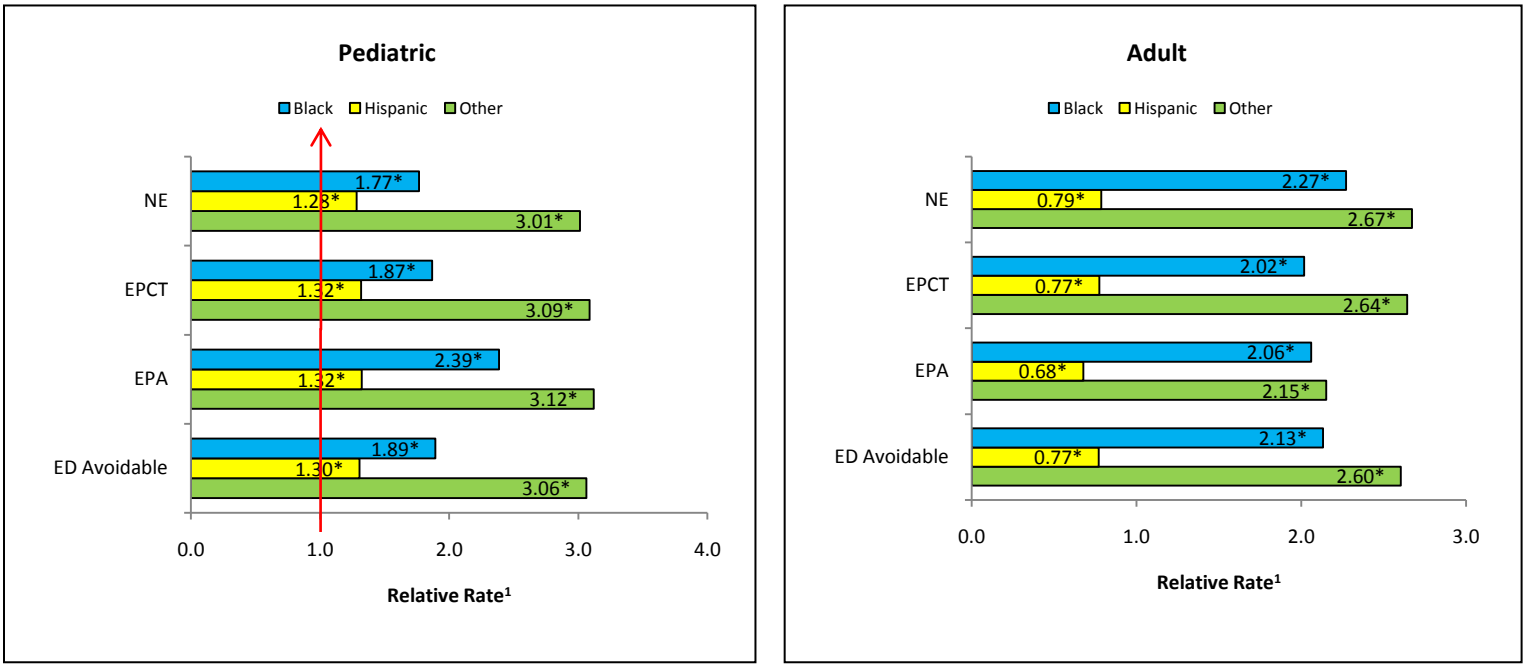
	Pediatric				Adult			
Race / Ethnicity	ED Avoidable Visits	Emergent - Not Preventable / Avoidable	All Other Conditions	Total ED Visits	ED Avoidable Visits	Emergent - Not Preventable / Avoidable	All Other Conditions	Total ED Visits
ED Visits by Emergency Status and Race/Ethnicity								
Black	267,637	26,969	152,161	446,767	582,398	125,934	331,171	1,039,503
Hispanic	228,979	26,273	134,126	389,378	301,567	79,914	197,292	578,773
White	335,955	41,404	294,040	671,399	1,234,518	344,140	1,086,650	2,665,308
Other	71,754	7,964	46,122	125,840	117,624	33,266	82,667	233,557
Unknown	4,899	632	3,710	9,241	9,654	2,738	8,436	20,828
All ED Visits	909,225	103,241	630,159	1,642,625	2,245,760	585,993	1,706,216	4,537,969
Percentage of ED Visits by Emergency Status and Race/Ethnicity								
Black	59.9%	6.0%	34.1%	100.0%	56.0%	12.1%	31.9%	100.0%
Hispanic	58.8%	6.7%	34.4%	100.0%	52.1%	13.8%	34.1%	100.0%
White	50.0%	6.2%	43.8%	100.0%	46.3%	12.9%	40.8%	100.0%
Other	57.0%	6.3%	36.7%	100.0%	50.4%	14.2%	35.4%	100.0%
Unknown	53.0%	6.8%	40.1%	100.0%	46.3%	13.1%	40.5%	100.0%
All ED Visits	55.4%	6.3%	38.4%	100.0%	49.5%	12.9%	37.6%	100.0%
ED Visits by Emergency Status and Race/Ethnicity per 1000 populations								
Black	308	31	175	515	283	61	161	505
Hispanic	213	24	125	362	102	27	67	196
White	163	20	143	326	133	37	117	286
Other	499	55	321	875	345	98	243	685
All ED Visits*	219	25	152	396	153	40	116	309
Average Charge for ED Visits by Emergency Status and Race/Ethnicity								
Black	$1,142	$1,834	$1,373	$1,263	$2,751	$4,652	$2,553	$2,918
Hispanic	$1,160	$1,908	$1,364	$1,281	$3,428	$5,872	$2,960	$3,606
White	$1,306	$2,460	$1,576	$1,495	$3,146	$5,573	$2,844	$3,336
Other	$1,776	$2,962	$1,963	$1,920	$4,605	$7,603	$3,817	$4,753
Unknown	$1,176	$1,888	$1,441	$1,331	$2,958	$5,173	$2,942	$3,243
All ED Visits	$1,257	$2,191	$1,509	$1,413	$3,157	$5,529	$2,849	$3,348

Source: AHCA 2009 ED Data. Population statistics : The Florida Legislature, Office of Economic and Demographic Research.

* Excludes unknown race.

Figure 7 shows potentially avoidable ED visit rates for blacks, Hispanics, and other races relative to whites. Adult Hispanic patients were the only patients at lower risk for a potentially avoidable ED visit as compared with whites. The risk of an ED avoidable ED visit among adult Hispanics was .77 times the rate for adult whites (23 percent lower).

Figure 7: ED Avoidable ED Visit Rates by Race/Ethnicity



Source: AHCA 2009 ED Data.

* Relative rate differing significantly from 1 at p<.05

[1] Relative rate for white=1.0 (reference group)

NE=Non-emergent conditions; EPCT=Emergent/Primary Care Treatable conditions; EPA=Emergent - ED Care Needed - Preventable/Avoidable

Table 17 shows ED visits by category and gender in 2009. The rate for ED Avoidable visits per 1000 population was nearly equal for boys (217) and girls (221), whereas, the rate for women (191) was nearly 70 percent higher than the rate for men (113). The ED Avoidable population rate for boys was 92.1 percent higher than the rate for men while the rate for girls was only 16 percent higher than the rate for women. Although pediatric ED Avoidable rates were higher than adult rates, the average ED Avoidable charge for adults ED visits was more than twice the charge for pediatric ED visits.

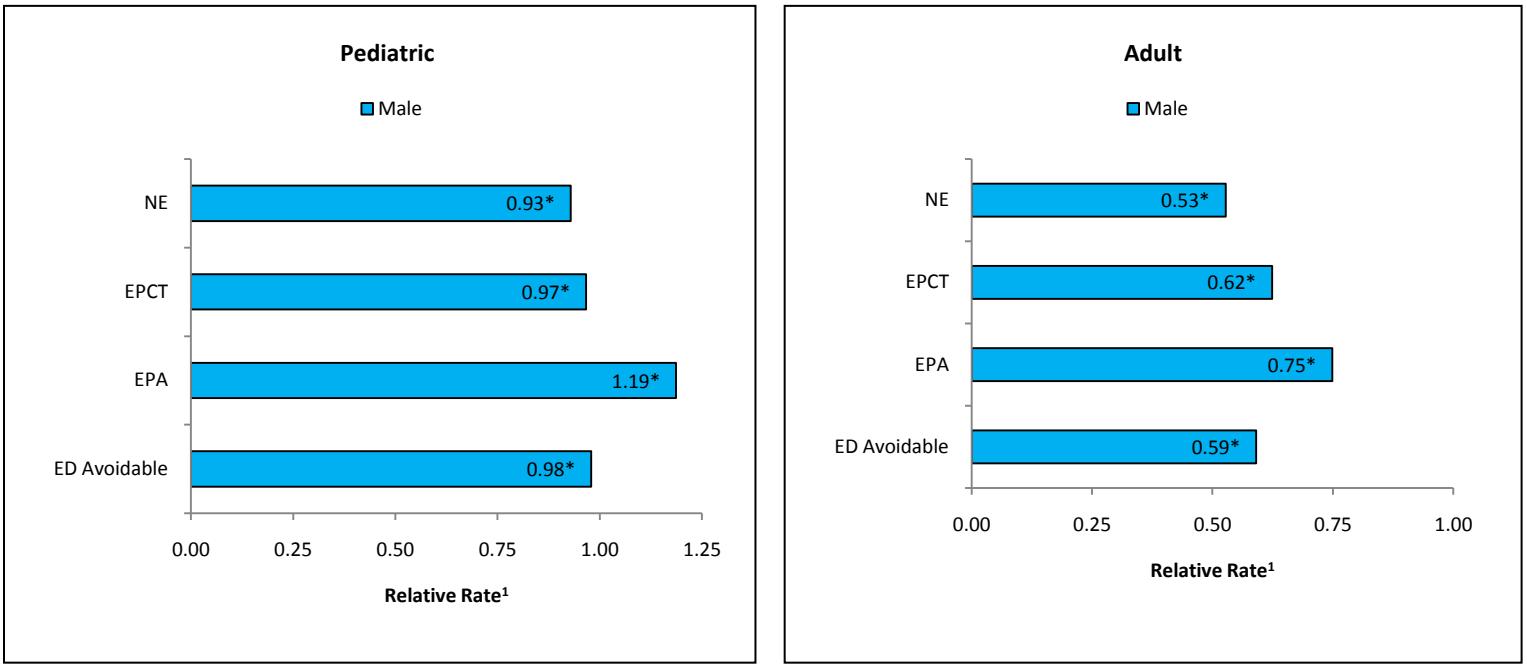
Table 17: Emergency Department Visits by Gender and ED Visit Category

	Pediatric				Adult			
Gender	**ED Avoidable Visits**	**Emergent - Not Preventable / Avoidable**	**All Other Conditions**	**Total ED Visits**	**ED Avoidable Visits**	**Emergent - Not Preventable / Avoidable**	**All Other Conditions**	**Total ED Visits**
ED Visits by Emergency Status and Gender								
Male	459,273	49,043	357,806	866,122	801,906	226,389	801,930	1,830,225
Female	449,952	54,198	272,353	776,503	1,443,854	359,604	904,286	2,707,744
All ED Visits	909,225	103,241	630,159	1,642,625	2,245,760	585,993	1,706,216	4,537,969
Percentage of ED Visits by Emergency Status and Gender								
Male	53.0%	5.7%	41.3%	100.0%	43.8%	12.4%	43.8%	100.0%
Female	57.9%	7.0%	35.1%	100.0%	53.3%	13.3%	33.4%	100.0%
All ED Visits	55.4%	6.3%	38.4%	100.0%	49.5%	12.9%	37.6%	100.0%
ED Visits by Emergency Status and Gender per 1000 populations								
Male	217	23	169	409	113	32	113	258
Female	221	27	134	382	191	48	120	358
All ED Visits	219	25	152	396	153	40	116	309
Average Charge for ED Visits by Emergency Status and Gender								
Male	$1,208	$2,090	$1,522	$1,387	$3,050	$5,828	$2,832	$3,298
Female	$1,308	$2,283	$1,493	$1,441	$3,217	$5,342	$2,864	$3,381
All ED Visits	$1,257	$2,191	$1,509	$1,413	$3,157	$5,529	$2,849	$3,348

Source: AHCA 2009 ED Data. Population statistics : The Florida Legislature, Office of Economic and Demographic Research.

Figure 8 shows potentially avoidable ED visit rates for males relative to females. ED Avoidable ED visit rates for pediatric and adult males were lower than the rates for pediatric and adult females. Pediatric and adult male ED Avoidable ED visit rates were respectively 2 percent and 41 percent lower than the rates for pediatric and adult females.

Figure 8: ED Avoidable ED Visit Rates by Gender



Source: AHCA 2009 ED Data.

[*] Relative rate differing significantly from 1 at p<.05

[1] Relative rate for female=1.0 (reference group)

NE=Non-emergent conditions; EPCT=Emergent/Primary Care Treatable conditions; EPA=Emergent - ED Care Needed - Preventable/Avoidable

Table 18 shows ED visits by category and age in 2009. ED Avoidable utilization rates decreased with age for both pediatric ED visits and adult ED visits, while ED utilization rates for emergent – not preventable/avoidable conditions increased with age. Contrary to the trend in ED Avoidable utilization rates, charges for ED Avoidable visits increase significantly with age.

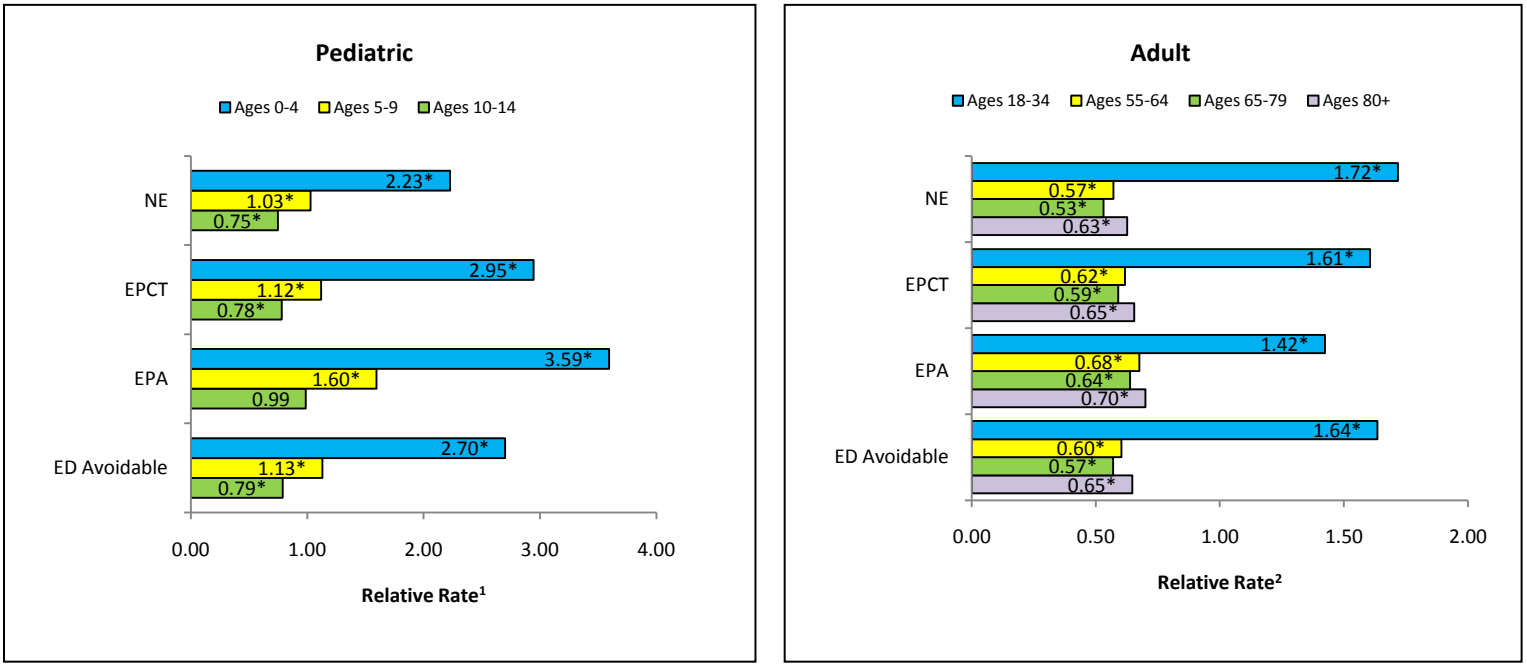
Table 18: Emergency Department Visits by Age and ED Visit Category

Age	ED Avoidable Visits	Emergent - Not Preventable / Avoidable	All Other Conditions	Total ED Visits
ED Visits by Emergency Status and Age				
Ages 0-4	466,182	41,721	265,313	773,216
Ages 5-9	195,093	20,553	130,994	346,640
Ages 10-14	137,428	19,940	132,509	289,877
Ages 15-17	110,521	21,028	101,343	232,892
Ages 18-34	975,357	205,083	654,403	1,834,843
Ages 35-54	768,257	206,811	568,289	1,543,357
Ages 55-64	207,190	66,371	174,104	447,665
Ages 65-79	192,808	68,315	179,328	440,451
Ages 80+	102,148	39,413	130,092	271,653
All ED Visits	3,154,985	689,234	2,336,375	6,180,594
Percentage of ED Visits by Emergency Status and Age				
Ages 0-4	60.3%	5.4%	34.3%	100.0%
Ages 5-9	56.3%	5.9%	37.8%	100.0%
Ages 10-14	47.4%	6.9%	45.7%	100.0%
Ages 15-17	47.5%	9.0%	43.5%	100.0%
Ages 18-34	53.2%	11.2%	35.7%	100.0%
Ages 35-54	49.8%	13.4%	36.8%	100.0%
Ages 55-64	46.3%	14.8%	38.9%	100.0%
Ages 65-79	43.8%	15.5%	40.7%	100.0%
Ages 80+	37.6%	14.5%	47.9%	100.0%
All ED Visits	51.0%	11.2%	37.8%	100.0%
ED Visits by Emergency Status and Age per 1000 populations				
Ages 0-4	410	37	233	680
Ages 5-9	172	18	115	305
Ages 10-14	120	17	115	252
Ages 15-17	152	29	139	320
Ages 18-34	246	52	165	462
Ages 35-54	150	40	111	302
Ages 55-64	91	29	76	196
Ages 65-79	86	30	80	196
Ages 80+	97	38	124	259
All ED Visits	168	37	124	328
Average Charge for ED Visits by Emergency Status and Age				
Ages 0-4	$1,042	$1,381	$1,222	$1,122
Ages 5-9	$1,174	$1,913	$1,403	$1,304
Ages 10-14	$1,516	$2,820	$1,695	$1,687
Ages 15-17	$1,994	$3,474	$2,156	$2,198
Ages 18-34	$2,446	$4,223	$2,426	$2,638
Ages 35-54	$3,306	$5,887	$2,755	$3,449
Ages 55-64	$3,961	$6,628	$3,085	$4,016
Ages 65-79	$4,496	$6,744	$3,526	$4,450
Ages 80+	$4,672	$6,496	$4,134	$4,679
All ED Visits	$2,610	$5,029	$2,487	$2,833

Source: AHCA 2009 ED Data.

Figure 9 shows pediatric and adult potentially avoidable ED visit rates for age groups relative to ages 15-17 years and ages 35-54 years respectively. ED avoidable ED visit relative rates declined with age for both pediatric and adults.

Figure 9: ED Avoidable ED Visit Rates by Age



Source: AHCA 2009 ED Data.

* Relative rate differing significantly from 1 at p<.05

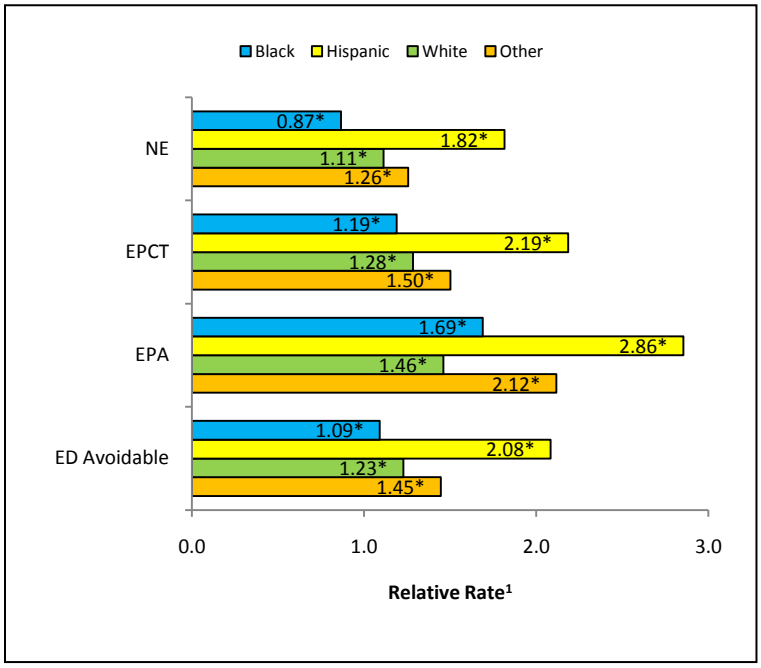
[1] Relative rate for age 15-17=1.0 (pediatric reference group)

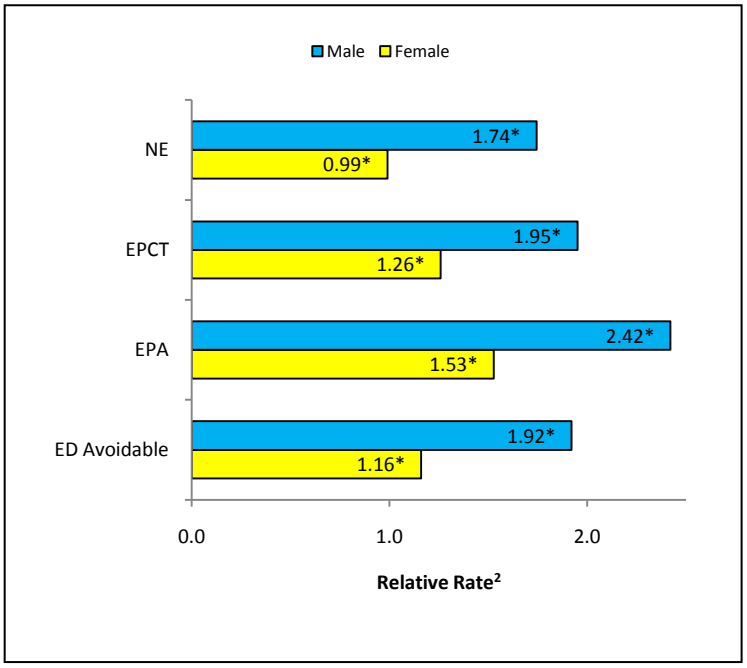
[2] Relative rate for age 35-54=1.0 (adult reference group)

NE=Non-emergent conditions; EPCT=Emergent/Primary Care Treatable conditions; EPA=Emergent - ED Care Needed - Preventable/Avoidable

Figure 10 shows pediatric potentially avoidable ED visit rates for race/ethnicity and gender relative to adult race/ethnicity and gender respectively. Pediatric ED Avoidable rates were significantly higher than adult rates for both race/ethnicity and gender. For example, the ED Avoidable rates for pediatric Hispanics and pediatric males were 2.08 and 1.92 times the rates for adult Hispanics and adult males.

Figure 10 Pediatric ED Avoidable ED Rates Relative to Adults by Race/Ethnicity and Gender





Source: AHCA 2009 ED Data.

* Relative rate differing significantly from 1 at p<.05

[1] The reference group is the respective adult race or ethnicity with relative rate=1.0.

[2] The reference group is the respective adult gender with relative rate=1.0.

NE=Non-emergent conditions; EPCT=Emergent/Primary Care Treatable conditions; EPA=Emergent - ED Care Needed - Preventable/Avoidable

Table 19 shows ED visits by category and payer in 2009. ED Avoidable utilization is highest for Medicaid, charity, and self-pay/underinsured patients

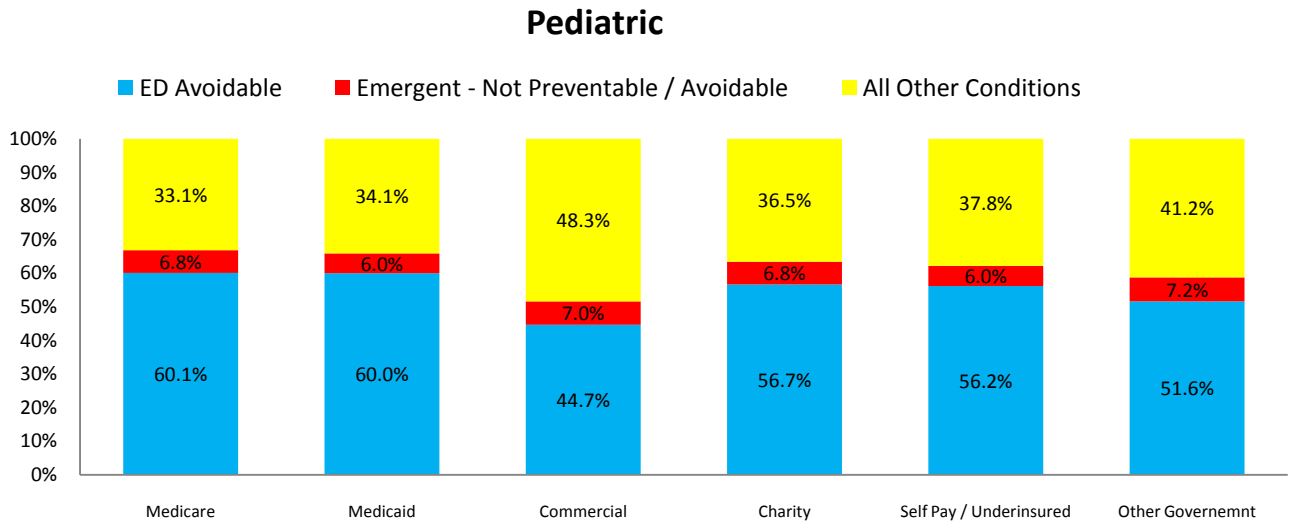
Table 19: Emergency Department Visits by Payer and ED Visit Category

	Pediatric				Adult			
Payer	**ED Avoidable Visits**	**Emergent - Not Preventable / Avoidable**	**All Other Conditions**	**Total ED Visits**	**ED Avoidable Visits**	**Emergent - Not Preventable / Avoidable**	**All Other Conditions**	**Total ED Visits**
ED Visits by Emergency Status and Payer								
Medicare	3,536	398	1,949	5,883	390,396	130,163	364,444	885,003
Medicaid	564,016	56,040	320,223	940,279	451,339	98,146	249,640	799,125
Commercial	180,120	28,218	194,972	403,310	586,021	182,638	461,385	1,230,044
Charity	11,983	1,435	7,720	21,138	112,813	26,915	71,273	211,001
Self Pay / Underinsured	112,162	11,932	75,429	199,523	628,543	127,325	445,702	1,201,570
Other Governemnt	37,406	5,218	29,865	72,489	76,648	20,805	113,771	211,224
All ED Visits	909,225	103,241	630,159	1,642,622	2,245,760	585,993	1,706,216	4,537,969
Percentage of ED Visits by Emergency Status and Payer								
Medicare	60.1%	6.8%	33.1%	100.0%	44.1%	14.7%	41.2%	100.0%
Medicaid	60.0%	6.0%	34.1%	100.0%	56.5%	12.3%	31.2%	100.0%
Commercial	44.7%	7.0%	48.3%	100.0%	47.6%	14.8%	37.5%	100.0%
Charity	56.7%	6.8%	36.5%	100.0%	53.5%	12.8%	33.8%	100.0%
Self Pay / Underinsured	56.2%	6.0%	37.8%	100.0%	52.3%	10.6%	37.1%	100.0%
Other Governemnt	51.6%	7.2%	41.2%	100.0%	36.3%	9.8%	53.9%	100.0%
All ED Visits	55.4%	6.3%	38.4%	100.0%	49.5%	12.9%	37.6%	100.0%
Total ED Charges by Emergency Status and Payer (in millions)								
Medicare	$4	$1	$3	$8	$1,641	$829	$1,300	$3,769
Medicaid	$658	$109	$450	$1,217	$1,227	$450	$621	$2,298
Commercial	$282	$76	$332	$690	$2,155	$1,126	$1,391	$4,673
Charity	$15	$3	$11	$29	$315	$138	$181	$634
Self Pay / Underinsured	$127	$24	$105	$255	$1,510	$585	$1,092	$3,187
Other Governemnt	$57	$14	$50	$120	$242	$113	$276	$631
All ED Visits	$1,143	$226	$951	$2,321	$7,090	$3,240	$4,860	$15,191
Percentage of ED Charges by Emergency Status and Payer								
Medicare	52.5%	10.1%	37.5%	100.0%	43.5%	22.0%	34.5%	100.0%
Medicaid	54.1%	8.9%	37.0%	100.0%	53.4%	19.6%	27.0%	100.0%
Commercial	40.9%	10.9%	48.1%	100.0%	46.1%	24.1%	29.8%	100.0%
Charity	50.9%	10.4%	38.6%	100.0%	49.7%	21.8%	28.6%	100.0%
Self Pay / Underinsured	49.6%	9.4%	41.0%	100.0%	47.4%	18.3%	34.3%	100.0%
Other Governemnt	47.1%	11.6%	41.2%	100.0%	38.4%	17.9%	43.7%	100.0%
All ED Visits	49.3%	9.7%	41.0%	100.0%	46.7%	21.3%	32.0%	100.0%

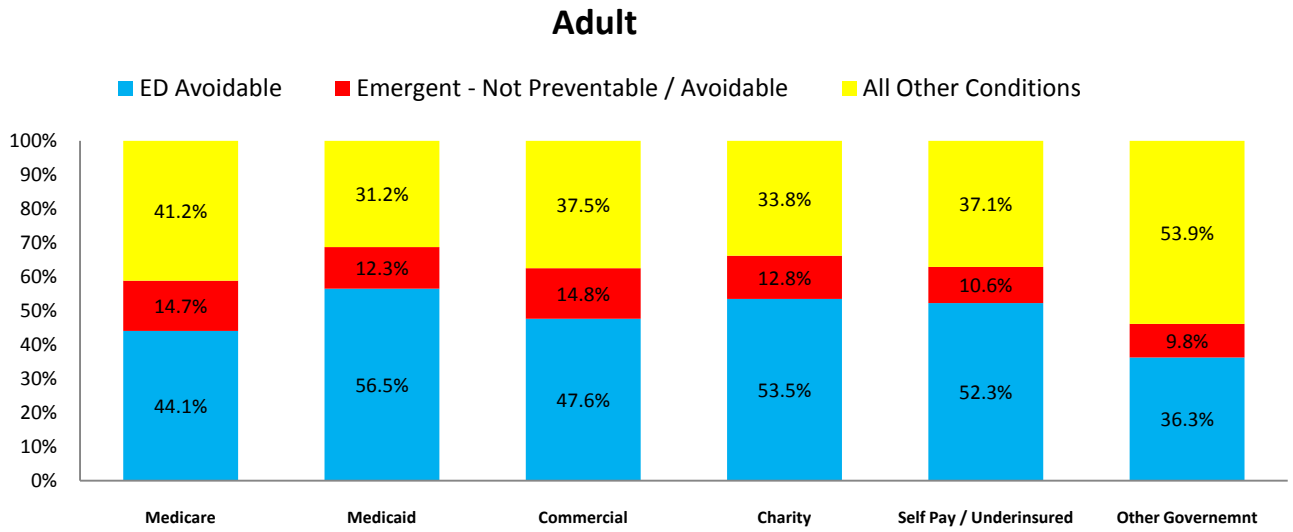
Source: AHCA 2009 ED Data. Population statistics : The Florida Legislature, Office of Economic and Demographic Research.

Figure 11 shows the percentage of ED visits by emergency status for payer groups in 2009. The graph shows that ED Avoidable utilization rates were highest for Medicaid.

Figure 11: Percentage of ED Visits by Payer and Emergency Status



Source: AHCA 2009 ED Data.



Source: AHCA 2009 ED Data.

Trends in Emergency Department Ambulatory Visits

Table 20 shows the trend in ED ambulatory visits by acuity level from 2005 to 2009. The number of low acuity visits declined each year with an overall reduction in low acuity visits of 29.7 percent from 2005 to 2009, while total ambulatory ED visits increased by 15.9 percent. Low acuity ED visits constituted nearly 50 percent of all ambulatory ED visits in 2005 but was reduced to just 27.9 percent of ED ambulatory visits in 2009. There was a 32.8 percent reduction in low acuity ambulatory ED visits per 1000 population between 2005 and 2009.

Table 20: ED Visits by Acuity Level, 2005-2009

ED Visits by Acuity Level	CY2005	CY2006	CY2007	CY2008	CY2009
Low Acuity	2,471,142	2,444,083	2,206,871	1,934,525	1,737,603
High Acuity	2,900,740	3,062,819	3,366,455	3,767,974	4,486,180
All ED Visits	5,371,882	5,506,902	5,573,326	5,702,499	6,223,783
Percent of ED Visits by Acuity Level					
Low Acuity	46.0%	44.4%	39.6%	33.9%	27.9%
High Acuity	54.0%	55.6%	60.4%	66.1%	72.1%
All ED Visits	100.0%	100.0%	100.0%	100.0%	100.0%
ED Visits Per 1000 Population by Acuity Level					
Low Acuity	137	133	118	103	92
High Acuity	161	166	180	200	238
Total	298	299	298	303	331

Note: Total excludes visits that cannot be classified by acuity level and unknown age.

Source: AHCA 2009 ED data.

Table 21 shows the trend in charges for ED ambulatory visits by acuity level from 2005 to 2009. Low acuity ED visit charges decreased by 32.6 percent from 2005 to 2009. However, charges for all ambulatory ED visits and high acuity ED visit increased 116 and 163 percent between 2005 and 2009. Low acuity ED charges constituted 24.3 percent of all ambulatory ED charges in 2005 but were reduced to 7.6 percent of ambulatory ED charges in 2009. Average charges for low acuity ambulatory ED visits decreased by 4.1 percent between 2005 and 2009. Average charges for high acuity ambulatory ED visits increased by 70.6 percent during the same time period.

Table 21: ED Charges by Acuity Level, 2005-2009

ED Charges by Acuity Level	CY2005	CY2006	CY2007	CY2008	CY2009
Low Acuity	$2,001,900,616	$2,330,836,091	$2,313,733,937	$2,122,457,538	$1,350,241,482
High Acuity	$6,253,024,871	$7,579,069,652	$9,762,124,094	$12,613,480,756	$16,498,342,762
All ED Visits	$8,254,925,487	$9,909,905,743	$12,075,858,031	$14,735,938,294	$17,848,584,244
Percent of ED Charges by Acuity Level					
Low Acuity	24.3%	23.5%	19.2%	14.4%	7.6%
High Acuity	75.7%	76.5%	80.8%	85.6%	92.4%
All ED Visits	100.0%	100.0%	100.0%	100.0%	100.0%
Mean ED Charge by Acuity Level					
Low Acuity	$810	$954	$1,048	$1,097	$777
High Acuity	$2,156	$2,475	$2,900	$3,348	$3,678
Total	$1,537	$1,800	$2,167	$2,584	$2,868

Note: Total excludes visits that cannot be classified by acuity level.

Source: AHCA 2009 ED data.

Summary and Conclusions

An analysis of the data reveals that the majority of ED visits were from people who are non-Hispanic white, and between the ages of 18 and 54 years of age. Medicaid was the top payer groups for pediatric ED visits. The top payer groups for adult ED visits were commercial insurance and Medicare. The likelihood of an inpatient admission increased with age.

The majority of ambulatory visits were for acuity severity level of low to moderate. Medicaid was the payer for the largest proportion of pediatric low-acuity visits. The most frequently reported principal diagnoses were injury and poisoning and diseases of the respiratory system.

Patients with chronic conditions that should be better managed in a physician's office made up a significant proportion of ED visits, 11 percent of ambulatory visits and 41 percent of visits that result in an inpatient hospitalization. This finding raises questions about access to appropriate primary care for patients with chronic conditions.

Racial, ethnic, and gender disparities existed in the rates of potentially preventable or avoidable (ED Avoidable) ED visits. With the exception of adult Hispanics, non-whites were more likely to have ED Avoidable ED visits, with blacks and other races at much greater risk than whites. Males were less likely to have ED Avoidable ED visits than females, with adult males 40 percent less likely than adult females.

Racial, ethnic, and gender disparities in ED Avoidable rates also existed between adult and pediatric patients, with pediatric rates being significantly higher than adult rates. For example, the pediatric Hispanic ED Avoidable rate was more than twice the adult Hispanic rate and pediatric male rate was 1.87 times higher than the rate for adult males.

Over 55 percent of pediatric ambulatory ED visits and 49.5 percent of adult ambulatory ED visits in 2009 were potentially avoidable through greater utilization of primary care services.

Recommendations

This report illustrates a continuing pattern of high utilization of emergency departments for the delivery of primary care services to Florida residents who are enrolled in Medicaid, uninsured or are underinsured. The following recommendations are related to further research that will aid policy makers in decision making.

- An analysis of emergency department data should be completed to identify areas of the state with disproportionate patterns of utilization for potentially avoidable medical conditions.

- A study of migration patterns in emergency department utilization should be completed to identify areas of the state lacking medical specialists that would benefit from an expansion of health information technology.

- An analysis of Medicaid frequent ED users should be completed looking at patterns in low acuity and potential avoidable visits.

References

1. Pitts SR, Niska RW, Xu J, Burt CW. National Hospital Ambulatory Medical Care Survey: 2006 Emergency Department Summary. National Health Statistics Reports; No 7. Hyattsville, MD: National Center for Health Statistics. 2008.

2. O'Malley, Gerland, Pham and Berenson (November 2006). Rising Pressure: Hospital Emergency Departments as Barometers of the Health Care System. Center for Studying Health System Change. Issue Brief, No. 101.

3. FHA Task Force on "Addressing the Crisis in Emergency Care" December 2006.

4. 2006 Annual Report to the Florida Legislature, Family Practice Physician Retention and Advisory Committee, October 2006.

5. DeNavas-Walt, Carmen, Bernadette D. Proctor, and Jessica Smith, U.S. Census Bureau, Current Population Reports, P60-235,*Income, Poverty, and Health Insurance Coverage in the United States: 2007*, U.S. Government Printing Office, Washington, DC, 2008.

6. American College of Emergency Physicians “National Report Card on the State of Emergency Medicine” 2006.

Appendices

A. CPT Evaluation and Management Codes Used to Classify Acuity Level
B. Definition of Racial Categories
C. Definition of Principal Payer Categories
D. Emergency Department Visits by Payer
E. Emergency Department Visits by Payer and Patient Acuity Level
F. ED Visits, Average and Sum of Charges by Age Group and Patient Acuity Level
G. ED Visits, Average and Sum of Charges by Payer Group and Patient Acuity Level
H. ICD-9-CM Major Diagnostic Category

Appendix A: CPT Evaluation and Management Codes Used to Classify Acuity Level

The following codes are used to report evaluation and management services provided in the emergency department. No distinction is made between new and established patients in the emergency department.

An emergency department is defined as an organized hospital-based facility for the provision of unscheduled episodic services to patients who present for immediate medical attention. The facility must be available 24 hours a day.

Low Acuity:

99281 - Emergency department visit for the evaluation and management of a patient, which requires these three key components:

- a problem focused history;
- a problem focused examination;
- straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problems(s) are self limited or minor.

99282 - Emergency department visit for the evaluation and management of a patient, which requires these three key components:

- an expanded problem focused history;
- an expanded problem focused examination;
- medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

Appendix A (continued)

CPT Evaluation and Management Codes Used to Classify Acuity Level

High Acuity:

99283 - Emergency department visit for the evaluation and management of a patient, which requires these three key components:

- an expanded problem focused history;
- an expanded problem focused examination;
- medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity.

99284 - Emergency department visit for the evaluation and management of a patient, which requires these three key components:

- a detailed history;
- a detailed examination;
- medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.

99285 - Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status:

- a comprehensive history;
- a comprehensive examination;
- medical decision-making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems(s) are of high severity and pose an immediate threat to life or physiologic function.

Appendix B: Definition of Racial Categories

Racial Group	Race/Ethnic Description
Hispanic	Black Hispanic White Hispanic
Black	Black / African-American only, non-Hispanic
White	White only, non-Hispanic
Other	Asian/Pacific American Indian Other
Non-White	Hispanic Black Other
No Response	No Response

Appendix C: Definition of Principal Payer Categories

Payer Category	Payer Description
Medicare	Medicare
	Medicare HMO
Medicaid	Medicaid
	Medicaid HMO
Commercial Insurance	Commercial Insurance
	Commercial HMO
	Commercial PPO
Other Government	CHAMPUS/TRICARE
	Veteran Administration
	Workers' Compensation
	Other Government
	Other
	KidCare
Charity/Self-Pay / Underinsured	Charity Self Pay / Under-insured

Source: AHCA

***** Principal payer is the primary source of expected reimbursement to the hospital for service

Appendix D: Emergency Department Visits by Payer

	Pediatric				Adult			
Payer	**ED Visits**	**Percent**	**Mean Charge**	**Total Charges**	**ED Visits**	**Percent**	**Mean Charge**	**Total Charges**
Medicare	4,836	0.3%	$1,295	$6,264,169	703,507	14.7%	$4,060	$2,856,407,765
Medicare HMO	1,116	0.1%	$1,539	$1,717,152	235,874	4.9%	$4,665	$1,100,432,851
Medicaid	457,373	26.9%	$1,279	$585,163,476	502,626	10.5%	$2,808	$1,411,581,714
Medicaid HMO	492,130	29.0%	$1,307	$643,101,775	308,033	6.4%	$2,975	$916,246,411
Commercial HMO	76,855	4.5%	$1,668	$128,169,997	296,437	6.2%	$3,478	$1,031,013,418
Commercial Insurance	185,351	10.9%	$1,705	$316,088,969	498,204	10.4%	$3,965	$1,975,296,728
Commercial PPO	173,706	10.2%	$1,695	$294,419,360	526,820	11.0%	$3,687	$1,942,485,815
Workers Compensation	424	0.0%	$1,517	$643,318	79,775	1.7%	$2,069	$165,063,773
CHAMPUS/TRICARE	31,495	1.9%	$1,529	$48,144,822	64,277	1.3%	$3,244	$208,490,222
Veteran Administration	119	0.0%	$2,465	$293,391	13,767	0.3%	$4,224	$58,157,082
Other Government	6,983	0.4%	$1,755	$12,255,636	46,122	1.0%	$3,797	$175,144,392
Self Pay/Underinsured	210,764	12.4%	$1,277	$269,112,695	1,272,951	26.6%	$2,651	$3,374,642,696
Other	3,064	0.2%	$1,496	$4,583,953	13,314	0.3%	$2,964	$39,467,117
Charity	21,729	1.3%	$1,390	$30,208,409	220,117	4.6%	$3,007	$661,937,997
KidCare	33,871	2.0%	$1,732	$58,663,712	3,988	0.1%	$2,478	$9,883,743
Unknown Payer	3	0.0%	$94	$282	2	0.0%	$64	$127
Total ED Visits	**1,699,819**	**100.0%**	**$1,411**	**$2,398,831,116**	**4,785,814**	**100.0%**	**$3,328**	**$15,926,251,851**
Payer (Inpatient Hospitalization)	**Inpatient**	**Percent**	**Mean Charge**	**Total Charges**	**Inpatient**	**Percent**	**Mean Charge**	**Total Charges**
Medicare	259	0.3%	$25,226	$6,533,590	576,281	40.1%	$41,742	$24,055,338,030
Medicare HMO	22	0.0%	$17,175	$377,856	197,567	13.8%	$42,942	$8,483,832,185
Medicaid	29,564	35.7%	$23,851	$705,143,531	118,849	8.3%	$41,089	$4,883,332,192
Medicaid HMO	18,289	22.1%	$18,429	$337,048,644	53,826	3.7%	$36,409	$1,959,768,654
Commercial HMO	3,581	4.3%	$30,695	$109,919,816	50,302	3.5%	$43,577	$2,192,026,233
Commercial Insurance	12,314	14.9%	$24,429	$300,812,709	115,226	8.0%	$37,953	$4,373,174,828
Commercial PPO	10,803	13.1%	$21,759	$235,064,876	116,449	8.1%	$37,853	$4,407,886,970
Workers Compensation	6	0.0%	$49,534	$297,204	4,456	0.3%	$46,554	$207,444,354
CHAMPUS/TRICARE	1,381	1.7%	$17,378	$23,998,784	11,429	0.8%	$34,958	$399,539,782
Veteran Administration	30	0.0%	$13,793	$413,792	9,279	0.6%	$37,287	$345,985,222
Other Government	562	0.7%	$21,791	$12,246,336	17,640	1.2%	$40,369	$712,103,966
Self Pay/Underinsured	3,749	4.5%	$18,036	$67,618,016	114,695	8.0%	$32,186	$3,691,532,429
Other	97	0.1%	$29,546	$2,865,916	3,412	0.2%	$35,719	$121,872,479
Charity	686	0.8%	$17,381	$11,923,533	46,200	3.2%	$33,027	$1,525,838,477
KidCare	1,397	1.7%	$29,084	$40,630,813	346	0.0%	$31,066	$10,748,998
Total Inpatient Hospitalizations	**82,740**	**100.0%**	**$22,418**	**$1,854,895,416**	**1,435,957**	**100.0%**	**$39,953**	**$57,370,424,799**

Source: AHCA 2009 ED Data and Hospital Inpatient Data

Appendix E: Emergency Department Visits by Payer and Patient Severity Level

	Low Acuity				High Acuity							
Pediatric	**99281**		**99282**		**99283**		**99284**		**99285**		**Total**	
Payer	**ED Visits**	**Pct**	**ED Visits**	**Pct**	**ED Visits**	**Pct**	**ED Visits**	**Pct**	**ED Visits**	**Pct**	**ED Visits**	**Pct**
Medicare	790	0.4%	3,428	0.8%	1,225	0.2%	408	0.2%	90	0.2%	5,941	0.4%
Medicaid	108,858	53.8%	260,415	57.8%	401,401	56.7%	117,412	51.4%	26,087	52.0%	914,173	55.8%
Commercial Insurance	50,133	24.8%	107,634	23.9%	181,557	25.7%	70,646	30.9%	15,210	30.3%	425,180	25.9%
Charity	3,663	1.8%	4,435	1.0%	8,541	1.2%	2,911	1.3%	994	2.0%	20,544	1.3%
Self-Pay /Underinsured	33,424	16.5%	55,412	12.3%	81,574	11.5%	24,822	10.9%	5,165	10.3%	200,397	12.2%
Other Government	5,654	2.8%	18,907	4.2%	33,086	4.7%	12,066	5.3%	2,595	5.2%	72,308	4.4%
Unknown	2	0.0%	1	0.0%							3	0.0%
Total	**202,524**	**100.0%**	**450,232**	**100.0%**	**707,384**	**100.0%**	**228,265**	**100.0%**	**50,141**	**100.0%**	**1,638,546**	**100.0%**

	Low Acuity				High Acuity							
Adult	**99281**		**99282**		**99283**		**99284**		**99285**		**Total**	
Payer	**ED Visits**	**Pct**	**ED Visits**	**Pct**	**ED Visits**	**Pct**	**ED Visits**	**Pct**	**ED Visits**	**Pct**	**ED Visits**	**Pct**
Medicare	46,078	12.8%	108,607	15.0%	304,468	18.3%	305,538	22.5%	150,230	31.0%	914,921	20.0%
Medicaid	55,236	15.3%	130,284	18.0%	285,804	17.2%	226,961	16.7%	65,702	13.6%	763,987	16.7%
Commercial Insurance	82,907	23.0%	186,003	25.7%	473,332	28.5%	403,307	29.7%	132,901	27.4%	1,278,450	27.9%
Charity	24,777	6.9%	38,498	5.3%	69,055	4.2%	51,205	3.8%	23,604	4.9%	207,139	4.5%
Self-Pay /Underinsured	136,383	37.8%	221,559	30.6%	445,421	26.8%	313,095	23.1%	93,659	19.3%	1,210,117	26.4%
Other Government	15,306	4.2%	39,207	5.4%	81,159	4.9%	56,577	4.2%	18,372	3.8%	210,621	4.6%
Unknown	2	0.0%									2	0.0%
Total	**360,689**	**100.0%**	**724,158**	**100.0%**	**1,659,239**	**100.0%**	**1,356,683**	**100.0%**	**484,468**	**100.0%**	**4,585,237**	**100.0%**

Note: Total excludes visits that cannot be grouped by acuity level.

Source: AHCA 2009 ED Data

Appendix F: Emergency Department Visits Average and Sum of Charges by Age Group and Patient Acuity Level

	Low Acuity Visits			High Acuity Visits			Total		
Pediatric	**Visits**	**Mean**	**Sum**	**Visits**	**Mean**	**Sum**	**Visits**	**Mean**	**Sum**
Ages 0-4 years	342,598	$529	$181.3	434,076	$1,586	$688.3	776,674	$1,120	$869.7
Ages 5-9 years	141,835	$598	$84.8	203,767	$1,806	$368.0	345,602	$1,310	$452.8
Ages 10-14 years	100,693	$712	$71.7	186,379	$2,225	$414.7	287,072	$1,694	$486.4
Ages 15-17 years	67,630	$797	$53.9	161,568	$2,806	$453.4	229,198	$2,213	$507.3
Total	**652,756**	**$600**	**$391.7**	**985,790**	**$1,952**	**$1,924.4**	**1,638,546**	**$1,414**	**$2,316.1**

	Low Acuity Visits			High Acuity Visits			Total		
Adult	**Visits**	**Mean**	**Sum**	**Visits**	**Mean**	**Sum**	**Visits**	**Mean**	**Sum**
Ages 18-34 years	495,848	$781	$387.3	1,311,375	$3,411	$4,472.9	1,807,223	$2,689	$4,860.2
Ages 35-54 years	372,234	$883	$328.9	1,190,466	$4,300	$5,119.0	1,562,700	$3,486	$5,447.9
Ages 55-64 years	97,847	$1,007	$98.5	368,589	$4,799	$1,769.0	466,436	$4,004	$1,867.5
Ages 65-79 years	81,367	$1,161	$94.4	388,066	$5,065	$1,965.5	469,433	$4,388	$2,060.0
Ages 80+ years	37,551	$1,316	$49.4	241,894	$5,157	$1,247.5	279,445	$4,641	$1,296.9
Total	**1,084,847**	**$884**	**$958.5**	**3,500,390**	**$4,164**	**$14,574.0**	**4,585,237**	**$3,387**	**$15,532.5**

Notes: Total excludes visits that cannot be classified by acuity level and patient records with invalid or unknown ages.

Value of Sum is in millions.

Source: AHCA 2009 ED Data

Appendix G: Emergency Department Visits Average and Sum of Charges by Payer Group and Patient Acuity Level

Pediatric Payer Group	Low Acuity Visits			High Acuity Visits			Total		
	Visits	Mean	Sum	Visits	Mean	Sum	Visits	Mean	Sum
Medicare	4,218	$808	$3.4	1,723	$2,635	$4.5	5,941	$1,338	$7.9
Medicaid	369,273	$555	$205.0	544,900	$1,793	$977.0	914,173	$1,293	$1,181.9
Commercial Insurance	157,767	$723	$114.1	267,413	$2,264	$605.3	425,180	$1,692	$719.5
Charity	8,098	$613	$5.0	12,446	$1,965	$24.5	20,544	$1,432	$29.4
Self Pay/Underinsured	88,836	$535	$47.6	111,561	$1,885	$210.3	200,397	$1,287	$257.9
Other Governemnt	24,561	$679	$16.7	47,747	$2,152	$102.8	72,308	$1,652	$119.4
Unknown Payer	3	$94	$0.0	0	$0	$0.0	3	$94	$0.0
Total	**652,756**	**$600**	**$391.7**	**985,790**	**$1,952**	**$1,924.4**	**1,638,546**	**$1,414**	**$2,316.1**

Adult Payer Group	Low Acuity Visits			High Acuity Visits			Total		
	Visits	Mean	Sum	Visits	Mean	Sum	Visits	Mean	Sum
Medicare	154,685	$1,079	$166.9	760,236	$4,884	$3,713.0	914,921	$4,241	$3,879.8
Medicaid	185,520	$784	$145.4	578,467	$3,628	$2,098.6	763,987	$2,937	$2,244.0
Commercial Insurance	268,910	$1,083	$291.2	1,009,540	$4,508	$4,551.4	1,278,450	$3,788	$4,842.6
Charity	63,275	$992	$62.7	143,864	$4,097	$589.3	207,139	$3,148	$652.1
Self Pay/Underinsured	357,942	$686	$245.7	852,175	$3,558	$3,031.8	1,210,117	$2,708	$3,277.5
Other Governemnt	54,513	$855	$46.6	156,108	$3,779	$589.9	210,621	$0	$0.0
Unknown Payer	2	$64	$127[1]	0	$0	$0.0	2	$64	$0.0
Total	**1,084,847**	**$884**	**$958.5**	**3,500,390**	**$4,164**	**$14,574.0**	**4,585,237**	**$3,249**	**$14,896.0**

Notes: Total excludes visits that cannot be classified by acuity level.

Value of Sum is in millions. Source: AHCA 2009 ED Data

[1] Amount in dollars

Appendix H: Major Diagnostic Category

Table 1 - ICD-9-CM Major Diagnostic Category	
Category	ICD-9-CM Major Diagnosis Category Description
1	Infectious and parasitic diseases
2	Neoplasms
3	Endocrine; nutritional; and metabolic diseases and immunity disorders
4	Diseases of the blood and blood-forming organs
5	Mental disorders
6	Diseases of the nervous system and sense organs
7	Diseases of the circulatory system
8	Diseases of the respiratory system
9	Diseases of the digestive system
10	Diseases of the genitourinary system
11	Complications of pregnancy; childbirth; and the puerperium
12	Diseases of the skin and subcutaneous tissue
13	Diseases of the musculoskeletal system and connective tissue
14	Congenital anomalies
15	Certain conditions originating in the perinatal period
16	Injury and poisoning
17	Symptoms; signs; and ill-defined conditions and factors influencing health status

This page is intentionally left blank.

www.FloridaHealthFinder.gov

Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, FL 32308