Emergency Department Utilization Report 2013

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

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Florida Center for Health Information

And Policy Analysis

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Title:

Emergency Department Utilization Report 2013

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 2013 as well as information on visits to the ED that resulted in an inpatient admission.

This analysis of calendar year 2013 data reveals that 68.9 percent of pediatric ED visits were made by children under age 10, and 63.6 percent of adult ED visits were made by persons under age 55. More than 30 percent of pediatric ambulatory ED visits and more than 15 percent of adult ambulatory ED visits were low acuity visits. Visits per capita are more frequent in counties with lower median household incomes.

Relevant Florida Statutes:

Section 408.062(1)(i), F.S., directs the Agency to provide a report to the Legislature each year regarding the use of emergency department services by patient acuity level and the implication of increasing hospital cost by providing nonurgent care in emergency departments.

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www.FloridaHealthFinder.gov

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Introduction

Emergency Departments (EDs) provide a significant source of medical care in the state of Florida, with over 7.5 million total ED visits occurring in 2013. Over 60% of all hospital inpatient admissions in the state of Florida last year originated in an ED facility. Many ED visits are potentially preventable, meaning that access to high-quality health care in a primary care setting can prevent the need for a portion of ED visits.

The Florida Legislature requests an annual study of ED utilization and costs, as well as a breakdown of visits by patient acuity (severity) level. In accordance with this request, the Florida Agency for Health Care Administration uses data from its inpatient and outpatient databases to prepare an annual report.

Legislative Directions and Mandates

Section 408.062, F.S. mandates that;

(1) The agency shall 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. Such research, analyses, and studies shall include, but not be limited to:

(i) 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. 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 with the first report due January 1, 2006.

The Florida Agency for Health Care Administration (Agency) 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. These data provide information about the acuity level (the severity of the visit) for all patients where the visit did not result in an inpatient admission.

Findings

Patient Characteristics

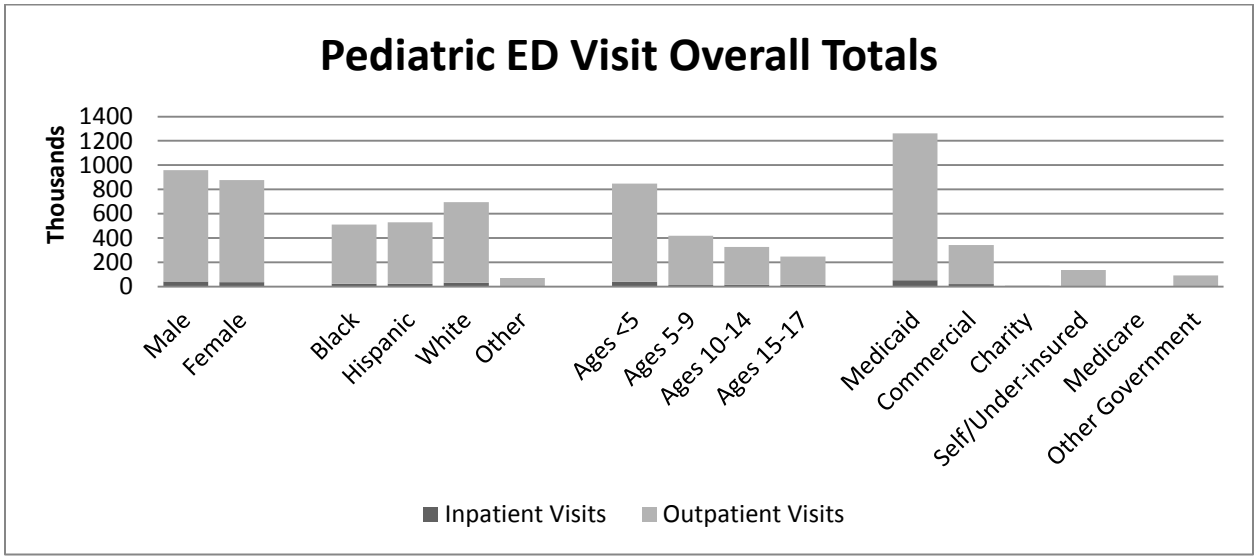
- Nearly half of all pediatric Emergency Department (ED) visits were children under 5 years of age.

46.2% of all pediatric ED visits were small children 4 years old or younger (Appendix Table 1). Children in this age group are more than twice as likely to visit Emergency Departments as other pediatric age groups.

- Medicaid is the principal payer for over 2/3^{rds} of pediatric visits.

Medicaid was the top principal payer for pediatric ED visits by a considerable margin, paying for 68.7% of all pediatric visits. Commercial payers were the second-highest payer at 18.6% (Appendix Table 1).

Figure 1. Pediatric ED Visits by Sex, Race/Ethnicity, Age Group, and Payer Group

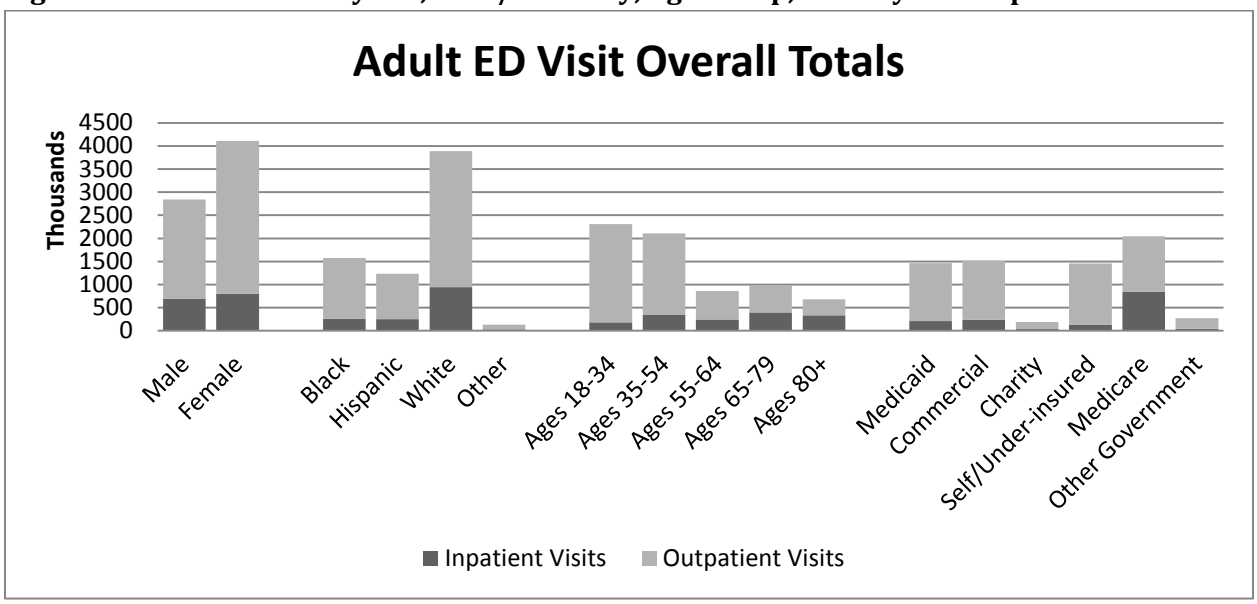


- Women had about a 35% higher rate of ED visits than men did.

Women comprise 52% of Florida's adult population[1], but they comprise 59% of all adult visits to Emergency Departments (Appendix Table 2). Adult women visit EDs at a rate of 537 visits per 1,000 population, while adult men visit EDs at a rate of 398 visits per 1,000 population.

[1] http://edr.state.fl.us/Content/population-demographics/2010-census/data/2010DP_Florida.pdf

Figure 2. Adult ED Visits by Sex, Race/Ethnicity, Age Group, and Payer Group



Inpatient Hospitalization

In 2013, Florida residents made 8,784,085 emergency department visits with 1,577,762 (18.0 percent) of those visits subsequently resulting in a hospital inpatient admission. An inpatient hospitalization resulted from 78,922 pediatric visits and 1,498,840 adult visits. The inpatient hospitalization rate for pediatric visits was 4.3%, while the rate for adult visits was 21.6%.

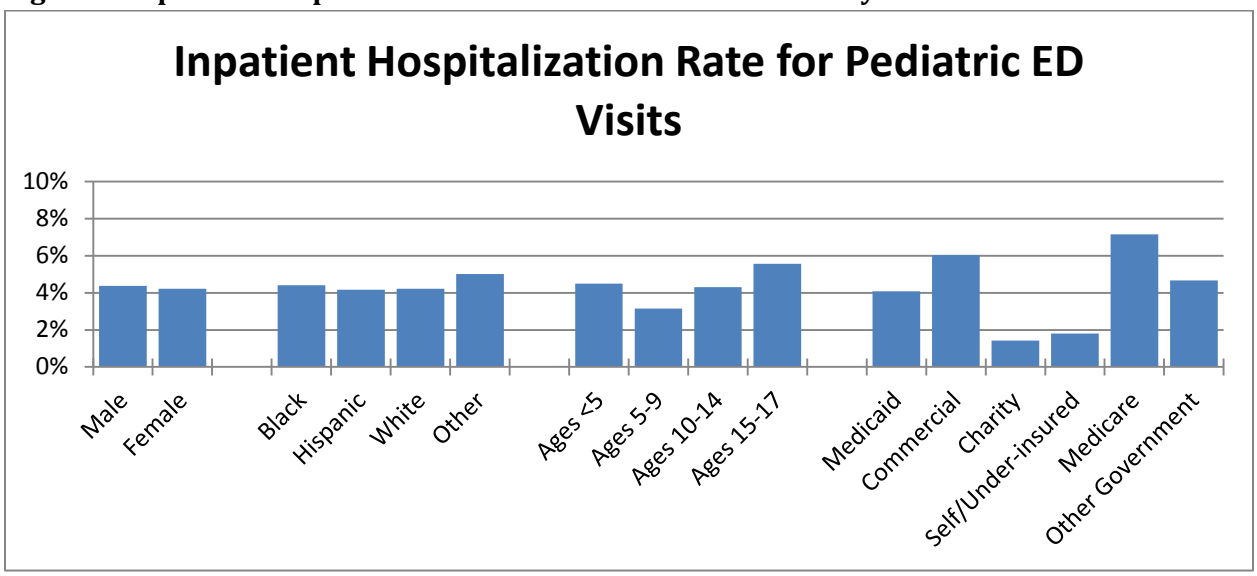
- Pediatric ED visits were less likely to result in inpatient hospitalization than adult visits.

Regardless of patient characteristics, the rate of pediatric ED visits resulting in inpatient hospitalization was much lower than the rate for adult ED visits (Appendix Table 3).

- Charity, self-insured, and under-insured paid visits were less likely to be admitted for inpatient care than Medicaid, Medicare, or commercial payers for pediatric visits.

While 4.5% of visits with Medicaid, Medicare, Other Government, or Commercial principal payers resulted in inpatient hospitalization, only 1.8% of Charity, Self-insured, or Under-insured pediatric visits were admitted for inpatient care. This rate is well below the statewide average of 4.3% pediatric hospitalization (Appendix Table 3).

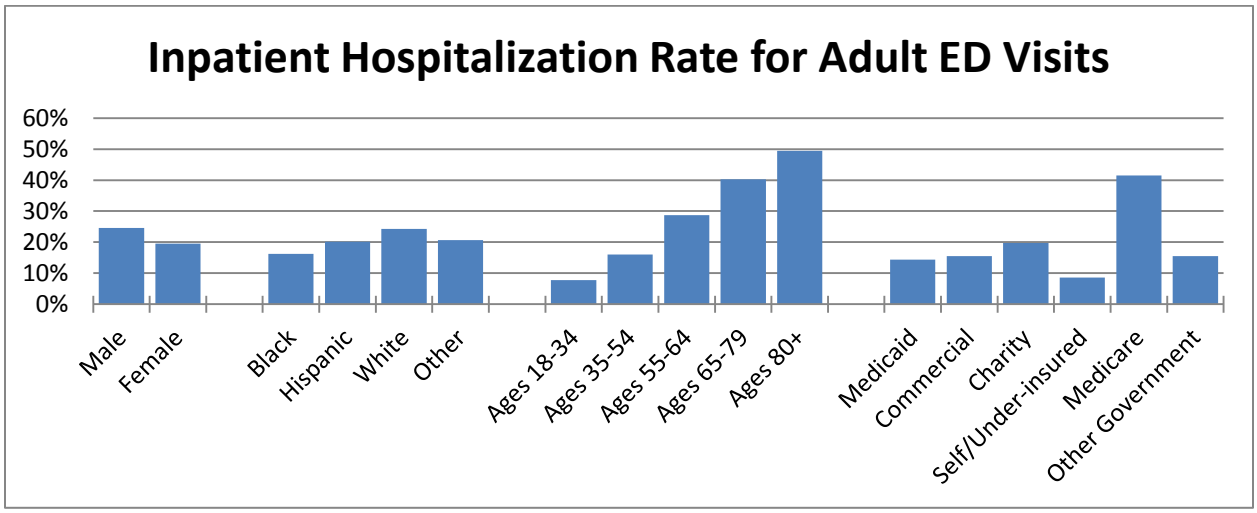
Figure 3. Inpatient Hospitalization Rate for Pediatric ED Visits by Patient Characteristics



- Patient age is strongly correlated with an inpatient hospitalization following an ED visit.

Older patients who visit EDs are considerably more likely to be hospitalized for their conditions. This phenomenon is most likely attributable to the types of conditions that bring patients to Emergency Departments. Among the most common conditions for patients 65 years and older are congestive heart failure, septicemia, pneumonia, and cardiac dysrhythmias, all of which have a high probability of hospitalization (see Figure 12). Visits paid by Medicare are over twice as likely to result in inpatient hospitalization as other payers, most likely due to Medicare's strong positive correlation with age (Appendix Table 3).

Figure 4. Inpatient Hospitalization Rate for Adult ED Visits by Patient Characteristics



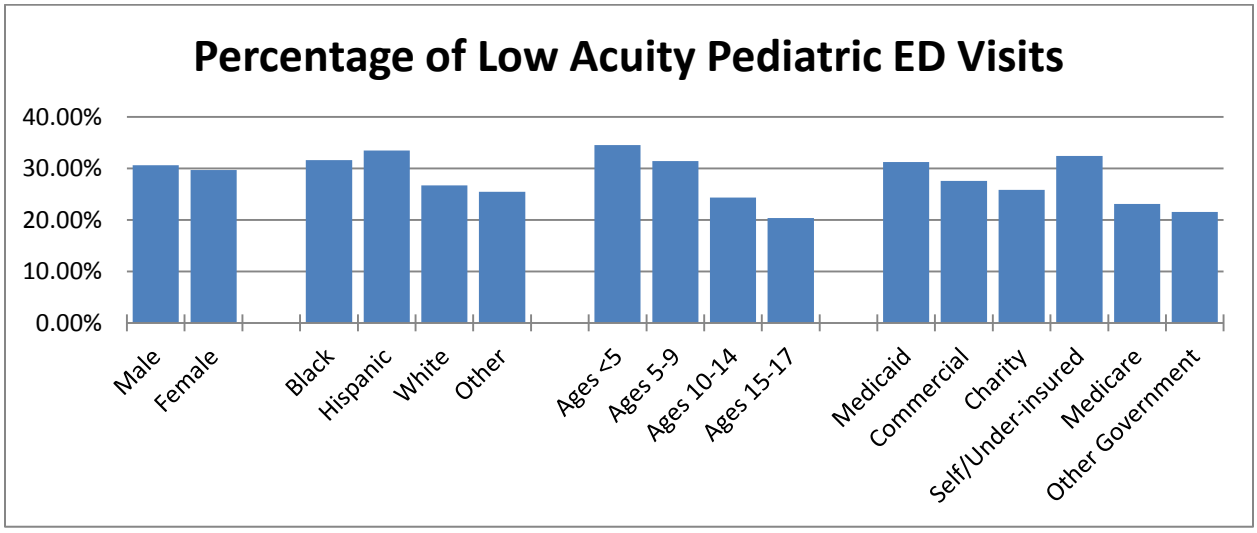
Patient Acuity

The Agency for Health Care Administration's outpatient Emergency Department database includes Current Procedural Terminology, or CPT, Evaluation and Management codes, designed to categorize the acuity (severity) of a patient's diagnosis. The following analysis used these CPT codes to label outpatient visits as either high acuity or low acuity visits.[2]

- Pediatric visits for young children were more likely to be low acuity visits.

The rate of low acuity visits for children below 5 years of age was nearly 70% higher than the low acuity rate for children aged 15-17 (Appendix Table 4). Low acuity rates decrease for every increase in age group for pediatric visits.

Figure 5. Low Acuity Rate for Pediatric ED Visits by Patient Characteristics

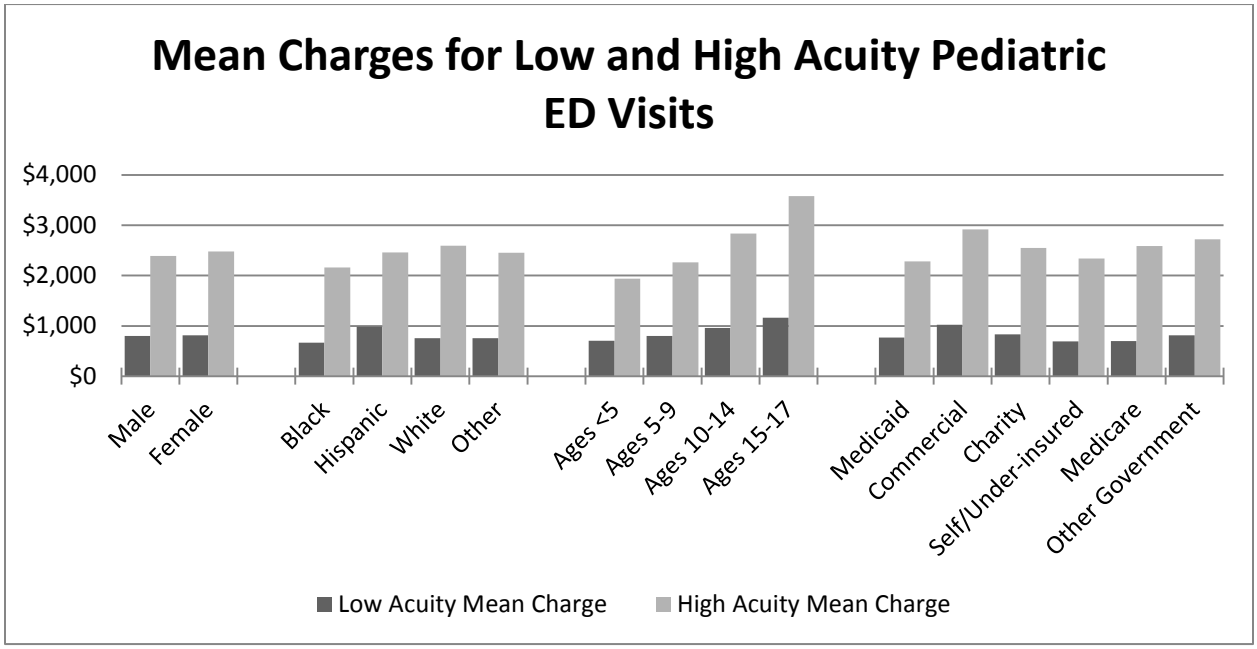


- Average charges for pediatric visits increase with age**.**

For both low and high acuity visits, the average charge for a pediatric visit was much higher for the older age groups. Low acuity visits for ages 15-17 were 44% higher than the statewide pediatric ED visit average of $804.46. High acuity visits were 47% higher than the statewide average of $2,432.37 (Appendix Table 4).

[2] For a full definition of patient acuity, see Appendix page 17 "Definition of Patient Acuity."

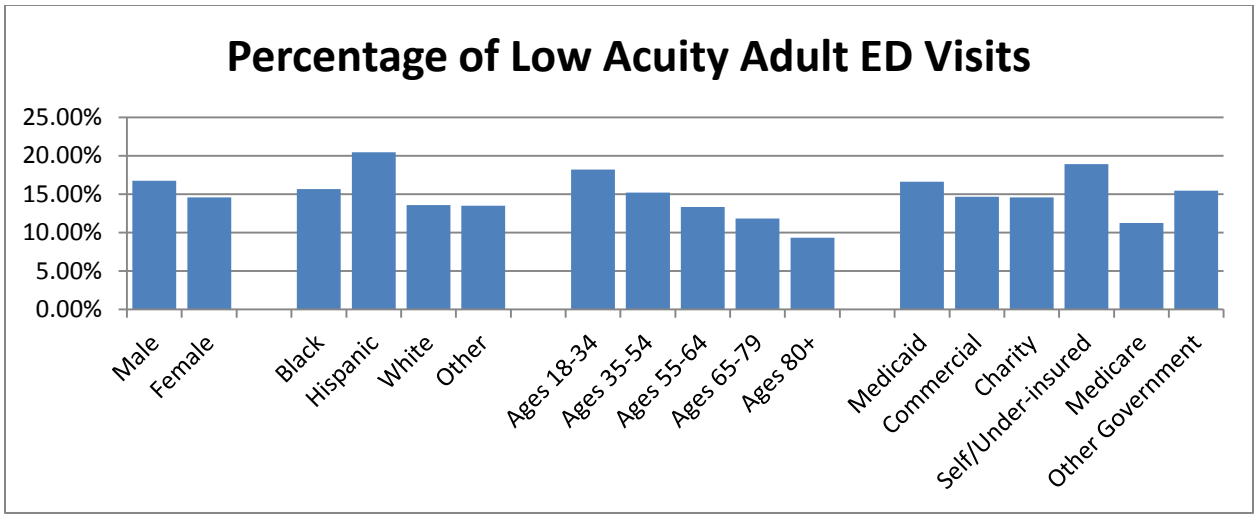
Figure 6. Mean Charges for Pediatric ED Visits by Acuity and Patient Characteristics



- ED visits by adult Hispanic patients were substantially more likely to be low acuity visits, and these visits were significantly more costly than the average visit.

The low acuity rate for Hispanic adult patients (20.4%) was 33% higher than the statewide average. The mean charge for low acuity ED visits by Hispanic adults ($2,504) was 72% higher than the statewide average for all low acuity adult ED visits ($1,455) (Appendix Table 5). This disparity in acuity and cost is partially attributable to the fact that Hispanic patients were younger than non-Hispanic patients. The median age for an outpatient visit by a Hispanic resident was 28, while the median age for non-Hispanic patients was 33.

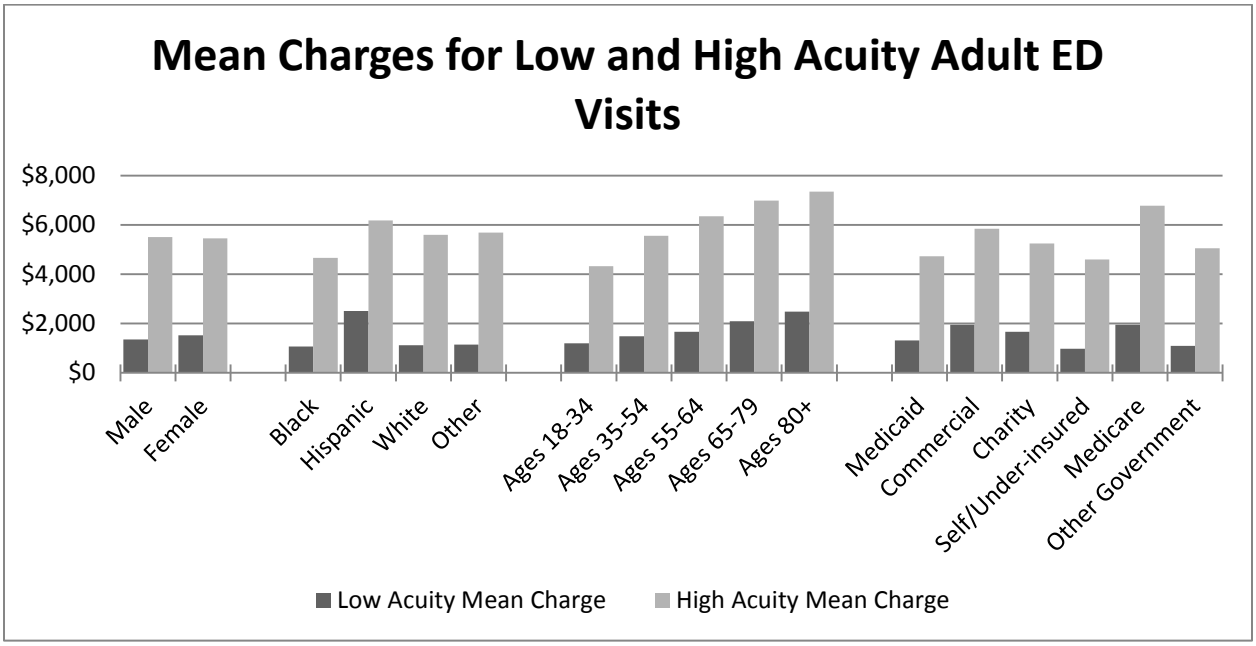
Figure 7. Low Acuity Rate for Adult ED Visits by Patient Characteristics



- Average charges for adult visits also increased with age.

For both low and high acuity visits, the average charge increased with every increase in age. Low acuity visits for patients above 80 years of age were over twice as costly as low acuity visits for the youngest adults. High acuity visits for patients over 80 years of age cost 70% more than high acuity visits for patients aged 18-34 (Appendix Table 5).

Figure 8. Mean Charges for Adult ED Visits by Acuity and Patient Characteristics



Acuity Trends over Time

The number of ED visits per capita in Florida has increased markedly in the past decade. ED visits per 1,000 population have risen 47.3% since 2005. Meanwhile, the portion of those visits that are considered low acuity has been reduced by nearly 60% in that same timeframe. Although EDs are seeing more patients, the vast majority of visits are those considered high acuity.

As seen in Figure 10 below, the low acuity rate for ED visits has decreased steadily since 2005, while the percentage of Floridians who lack health insurance has remained relatively unchanged. These two trends are not necessarily correlated, although uninsured patients are more likely to make low acuity visits to Emergency Departments than other types of patients (see Figure 7).

Figure 9. Number of ED Visits Per Capita over Time by Acuity Level

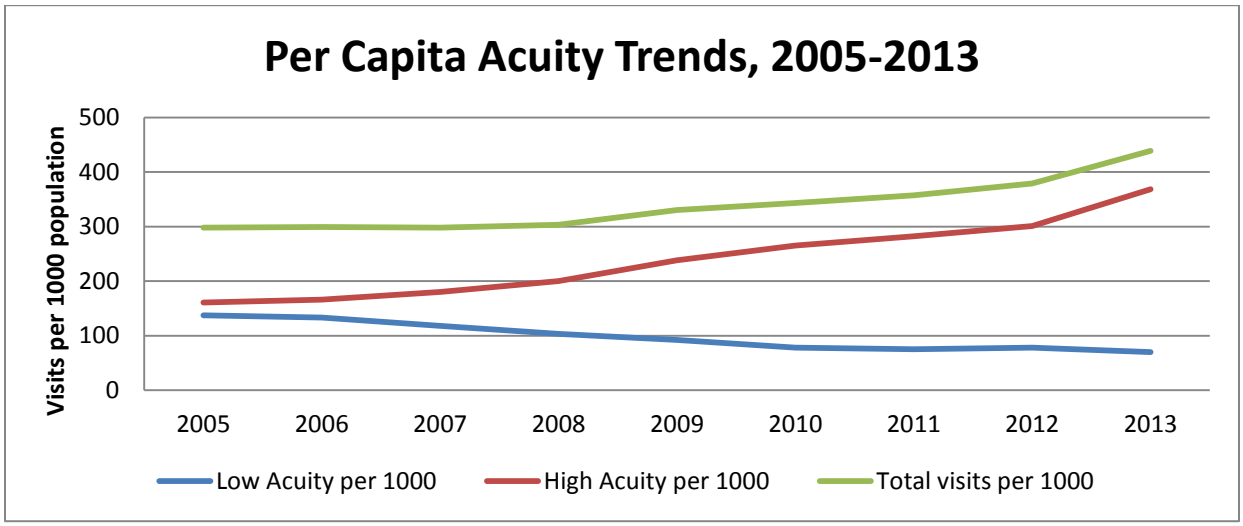
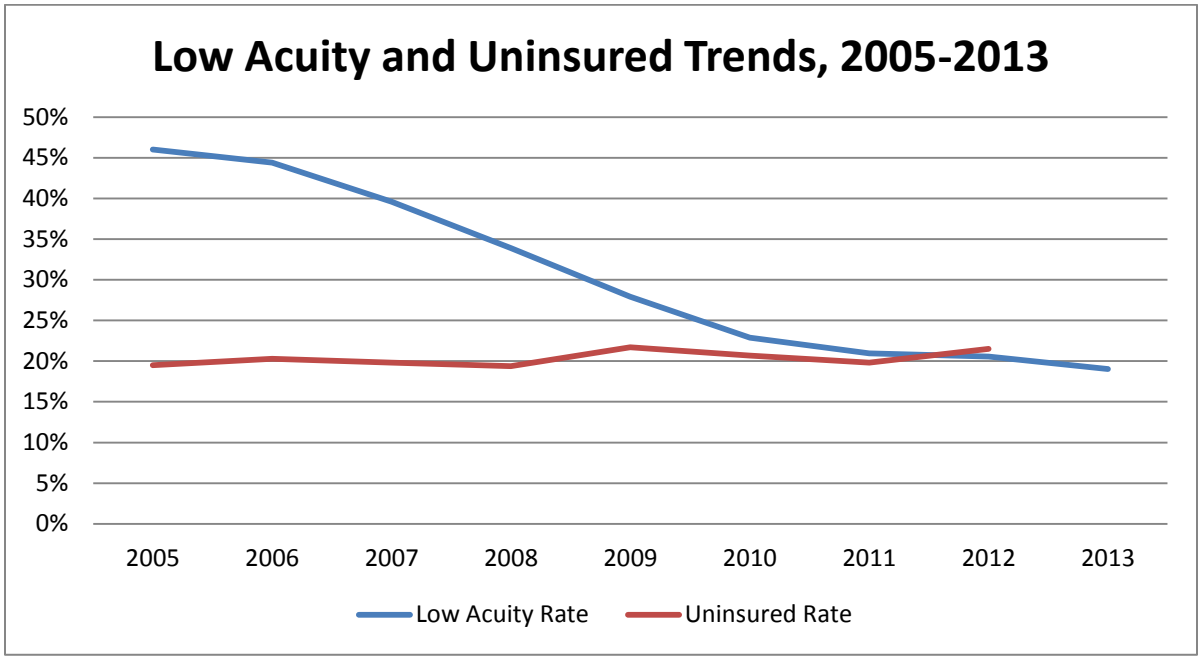


Figure 10. Percentage of Visits Considered Low Acuity Compared to Uninsured Rate



Top Medical Conditions

The following tables show the most commonly diagnosed medical conditions for both outpatient Emergency Department visits (Figure 11) and ED visits requiring inpatient hospitalization (Figure 12). The tables also show the average charge for each condition.

Figure 11. Top Ten Most Common Medical Conditions for Outpatient ED Visits

Outpatient Diagnosis	Percentage of ED Visits	Mean Charges
Other upper respiratory infections	5.7	$1,651
Sprains and strains	5.0	$3,058
Abdominal pain	4.8	$7,482
Superficial injury; contusion	4.7	$3,340
Nonspecific chest pain	3.5	$10,880
Spondylosis; intervertebral disc disorders; other back problems	3.3	$3,592
Skin and subcutaneous tissue infections	2.9	$2,024
Urinary tract infections	2.7	$4,857
Other injuries and conditions due to external causes	2.6	$4,337
Headache; including migraine	2.5	$4,809

Figure 12. Top Ten Most Common Medical Conditions for Inpatient Hospitalizations

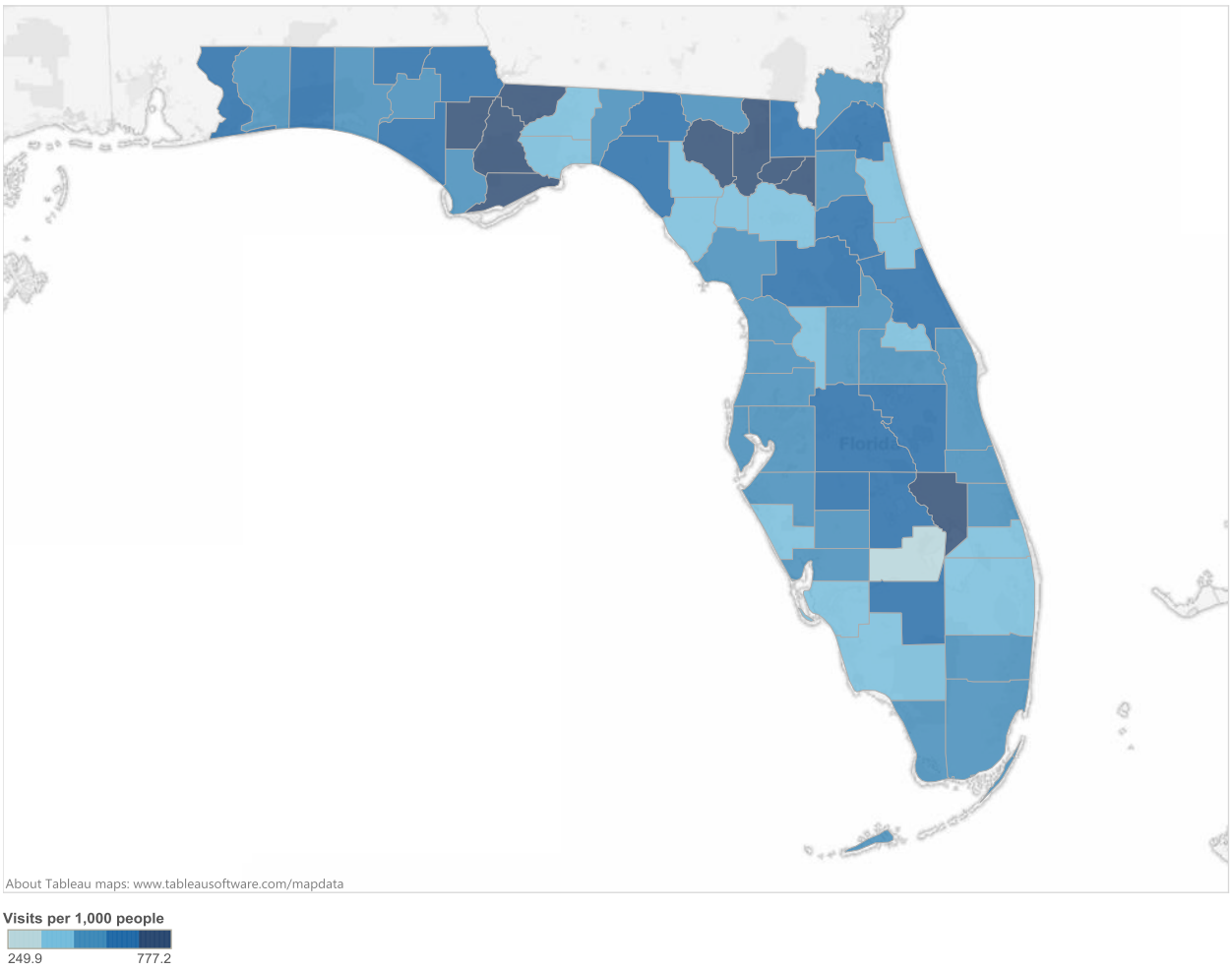
Inpatient Diagnosis	Percentage of Hospitalizations	Mean Charges
Septicemia (except in labor)	4.1	$93,536
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	3.6	$46,409
Congestive heart failure; nonhypertensive	3.5	$48,923
Chronic obstructive pulmonary disease and bronchiectasis	3.3	$37,990
Cardiac dysrhythmias	3.1	$42,354
Urinary tract infections	2.7	$32,170
Skin and subcutaneous tissue infections	2.6	$31,559
Nonspecific chest pain	2.5	$29,171
Mood disorders	2.4	$18,048
Acute myocardial infarction	2.3	$95,329

Geographic Variation in ED Use

Figure 13 shows the number of Emergency Department visits per 1,000 people in each county (see Appendix Tables 6-7 for details). Visits are classified by the county of residence for each patient, not the county in which the facility is located. If a patient lives in Wakulla County but visits an Emergency Department in neighboring Leon County, for example, the visit is classified as a Wakulla County visit.

Frequency of visit is inversely correlated with a county's median household income (R^2=0.44). Residents of lower-income counties (10^{th} percentile of median income or below) average 611 visits per 1,000 population, while residents of higher-income counties (90^{th} percentile of median income or above) average 452 visits per 1,000 population.

Figure 13. ED Visits per 1,000 People by County



Appendix

Table 1. Pediatric ED Visits by Patient Characteristics

Sex	**Pediatric Inpatient Visits**	**Pediatric Outpatient Visits**	**Pediatric Total Visits**	**Pediatric %**
Male	41,991	917,293	959,284	52.2%
Female	36,931	840,541	877,472	47.8%
Race	**Pediatric Inpatient Visits**	**Pediatric Outpatient Visits**	**Pediatric Total Visits**	**Pediatric %**
Black	22,508	487,529	510,037	28.3%
Hispanic	22,003	505,970	527,973	29.3%
White	29,347	666,086	695,433	38.6%
Other	3,458	65,607	69,065	3.8%
Age Group	**Pediatric Inpatient Visits**	**Pediatric Outpatient Visits**	**Pediatric Total Visits**	**Pediatric %**
Ages <5	38,114	810,266	848,380	46.2%
Ages 5-9	13,099	403,877	416,976	22.7%
Ages 10-14	14,000	310,725	324,725	17.7%
Ages 15-17	13,709	232,967	246,676	13.4%
Payer Group	**Pediatric Inpatient Visits**	**Pediatric Outpatient Visits**	**Pediatric Total Visits**	**Pediatric %**
Medicaid	51,409	1,209,495	1,260,904	68.7%
Commercial	20,649	321,722	342,371	18.6%
Charity	87	6,041	6,128	0.3%
Self/Under-insured	2,445	132,607	135,052	7.4%
Medicare	111	1,440	1,551	0.1%
Other Government	4,221	86,160	90,381	4.9%

Table 2. Adult ED Visits by Patient Characteristics

Sex	**Adult Inpatient Visits**	**Adult Outpatient Visits**	**Adult Total Visits**	**Adult %**
Male	697,012	2,141,869	2,838,881	40.9%
Female	801,828	3,306,612	4,108,440	59.1%
Race	**Adult Inpatient Visits**	**Adult Outpatient Visits**	**Adult Total Visits**	**Adult %**
Black	254,805	1,316,273	1,571,078	23.0%
Hispanic	249,597	988,106	1,237,703	18.1%
White	943,867	2,946,896	3,890,763	57.0%
Other	27,247	104,340	131,587	1.9%
Age Group	**Adult Inpatient Visits**	**Adult Outpatient Visits**	**Adult Total Visits**	**Adult %**
Ages 18-34	179,231	2,131,562	2,310,793	33.3%
Ages 35-54	338,306	1,769,090	2,107,396	30.3%
Ages 55-64	246,926	612,344	859,270	12.4%
Ages 65-79	397,260	590,375	987,635	14.2%
Ages 80+	337,117	345,117	682,234	9.8%
Payer Group	**Adult Inpatient Visits**	**Adult Outpatient Visits**	**Adult Total Visits**	**Adult %**
Medicaid	209,892	1,251,310	1,461,202	21.0%
Commercial	234,926	1,278,527	1,513,453	21.8%
Charity	37,410	152,621	190,031	2.7%
Self/Under-insured	125,497	1,333,022	1,458,519	21.0%
Medicare	848,620	1,197,758	2,046,378	29.5%
Other Government	42,495	231,675	274,170	3.9%

Table 3. Inpatient Hospitalization Rate by Patient Characteristics

Sex	**Pediatric %**		**Adult %**
Male	4.4%		24.6%
Female	4.2%		19.5%
Race	**Pediatric %**		**Adult %**
Black	4.4%		16.2%
Hispanic	4.2%		20.2%
White	4.2%		24.3%
Other	5.0%		20.7%
Age Group	**Pediatric %**		**Adult %**
Ages <5	4.5%	Ages 18-34	7.8%
Ages 5-9	3.1%	Ages 35-54	16.1%
Ages 10-14	4.3%	Ages 55-64	28.7%
Ages 15-17	5.6%	Ages 65-79	40.2%
		Ages 80+	49.4%
Payer Group	**Pediatric %**		**Adult %**
Medicaid	4.1%		14.4%
Commercial	6.0%		15.5%
Charity	1.4%		19.7%
Self/Under-insured	1.8%		8.6%
Medicare	7.2%		41.5%
Other Government	4.7%		15.5%
All ED Visits	4.3%		21.6%

Table 4. Pediatric Acuity Rates and Mean Charges

Sex	**Pediatric Low Acuity**	**Pediatric Outpatient Visits**	**Acuity Rate**		**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Male	280,618	917,293	30.59%		$798	$2,388
Female	249,118	840,541	29.64%		$812	$2,480
Race	**Pediatric Low Acuity**	**Pediatric Outpatient Visits**	**Acuity Rate**		**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Black	154,157	487,529	31.62%		$667	$2,159
Hispanic	169,405	505,970	33.48%		$986	$2,460
White	177,783	666,086	26.69%		$752	$2,596
Other	16,698	65,607	25.45%		$758	$2,453
Age Group	**Pediatric Low Acuity**	**Pediatric Outpatient Visits**	**Acuity Rate**		**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Ages <5	279,875	810,266	34.54%		$705	$1,938
Ages 5-9	126,826	403,877	31.40%		$801	$2,263
Ages 10-14	75,596	310,725	24.33%		$957	$2,837
Ages 15-17	47,440	232,967	20.36%		$1,160	$3,581
Payer Group	**Pediatric Low Acuity**	**Pediatric Outpatient Visits**	**Acuity Rate**		**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Medicaid	377,652	1,209,495	31.22%		$766	$2,282
Commercial	88,575	321,722	27.53%		$1,022	$2,917
Charity	1,558	6,041	25.79%		$832	$2,546
Self/Under-insured	42,929	132,607	32.37%		$694	$2,337
Medicare	332	1,440	23.06%		$696	$2,586
Other Government	18,540	86,160	21.52%		$812	$2,722
All Pediatric Visits	529,586	1,757,465	30.13%			

Table 5. Adult Acuity Rates and Mean Charges

Sex	Adult Low Acuity	Adult Outpatient Visits	Acuity Rate		Low Acuity Mean Charge	High Acuity Mean Charge
Male	358,953	2,141,869	16.76%		$1,359	$5,512
Female	481,415	3,306,612	14.56%		$1,526	$5,448
TOTAL	840,368	5,448,481	15.42%			
Race	**Adult Low Acuity**	**Adult Outpatient Visits**	**Acuity Rate**		**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Black	206,241	1,316,273	15.67%		$1,066	$4,657
Hispanic	201,908	988,106	20.43%		$2,504	$6,183
White	399,905	2,946,896	13.57%		$1,124	$5,598
Other	14,083	104,340	13.50%		$1,143	$5,689
TOTAL	822,137	5,355,615	15.35%			
Age Group	**Adult Low Acuity**	**Adult Outpatient Visits**	**Acuity Rate**		**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Ages 18-34	388,093	2,131,562	18.21%		$1,194	$4,329
Ages 35-54	268,904	1,769,090	15.20%		$1,479	$5,563
Ages 55-64	81,481	612,344	13.31%		$1,666	$6,347
Ages 65-79	69,703	590,375	11.81%		$2,092	$6,987
Ages 80+	32,188	345,117	9.33%		$2,481	$7,348
TOTAL	840,369	5,448,488	15.42%			
Payer	**Adult Low Acuity**	**Adult Outpatient Visits**	**Acuity Rate**		**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Medicaid	207,803	1,251,310	16.61%		$1,320	$4,733
Commercial	187,250	1,278,527	14.65%		$1,947	$5,849
Charity	22,247	152,621	14.58%		$1,667	$5,243
Self/Under-insured	251,822	1,333,022	18.89%		$973	$4,598
Medicare	134,424	1,197,758	11.22%		$1,946	$6,784
Other Government	35,767	231,675	15.44%		$1,098	$5,051
TOTAL	839,313	5,444,913	15.41%			
All Adult Visits	422,232	2,408,719	17.53%			

Table 6. ED Visits per 1,000 Population by County

County Name	Visits per 1,000	County Name	Visits per 1,000
Alachua	452.9	Lee	437.0
Baker	648.0	Leon	420.2
Bay	636.9	Levy	526.6
Bradford	717.3	Liberty	685.6
Brevard	506.5	Madison	638.6
Broward	510.5	Manatee	469.8
Calhoun	750.5	Marion	588.7
Charlotte	491.6	Martin	395.8
Citrus	522.9	Miami-Dade	482.1
Clay	499.0	Monroe	540.3
Collier	379.5	Nassau	494.9
Columbia	759.9	Okaloosa	596.2
DeSoto	534.4	Okeechobee	777.2
Dixie	410.0	Orange	501.5
Duval	601.1	Osceola	633.9
Escambia	615.3	Palm Beach	434.6
Flagler	457.4	Pasco	506.5
Franklin	758.5	Pinellas	490.6
Gadsden	728.2	Polk	659.8
Gilchrist	388.7	Putnam	634.2
Glades	249.9	Santa Rosa	551.3
Gulf	565.1	Sarasota	426.5
Hamilton	561.6	Seminole	386.8
Hardee	653.2	St. Johns	400.1
Hendry	606.4	St. Lucie	545.1
Hernando	538.1	Sumter	390.2
Highlands	571.0	Suwannee	716.9
Hillsborough	479.7	Taylor	601.8
Holmes	574.0	Union	714.0
Indian River	498.8	Volusia	609.4
Jackson	644.4	Wakulla	433.4
Jefferson	488.8	Walton	546.4
Lafayette	355.8	Washington	527.4
Lake	561.7	**Statewide Avg**	**530.7**

Table 7. ED Visits per 1,000 Population by Visits

County Name	Visits per 1,000	County Name	Visits per 1,000
Okeechobee	777.2	DeSoto	534.4
Columbia	759.9	Washington	527.4
Franklin	758.5	Levy	526.6
Calhoun	750.5	Citrus	522.9
Gadsden	728.2	Broward	510.5
Bradford	717.3	Pasco	506.5
Suwannee	716.9	Brevard	506.5
Union	714.0	Orange	501.5
Liberty	685.6	Clay	499.0
Polk	659.8	Indian River	498.8
Hardee	653.2	Nassau	494.9
Baker	648.0	Charlotte	491.6
Jackson	644.4	Pinellas	490.6
Madison	638.6	Jefferson	488.8
Bay	636.9	Miami-Dade	482.1
Putnam	634.2	Hillsborough	479.7
Osceola	633.9	Manatee	469.8
Escambia	615.3	Flagler	457.4
Volusia	609.4	Alachua	452.9
Hendry	606.4	Lee	437.0
Taylor	601.8	Palm Beach	434.6
Duval	601.1	Wakulla	433.4
Okaloosa	596.2	Sarasota	426.5
Marion	588.7	Leon	420.2
Holmes	574.0	Dixie	410.0
Highlands	571.0	St. Johns	400.1
Gulf	565.1	Martin	395.8
Lake	561.7	Sumter	390.2
Hamilton	561.6	Gilchrist	388.7
Santa Rosa	551.3	Seminole	386.8
Walton	546.4	Collier	379.5
St. Lucie	545.1	Lafayette	355.8
Monroe	540.3	Glades	249.9
Hernando	538.1	**TOTAL**	**530.7**

Definition of Patient Acuity

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.

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; a 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.

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.