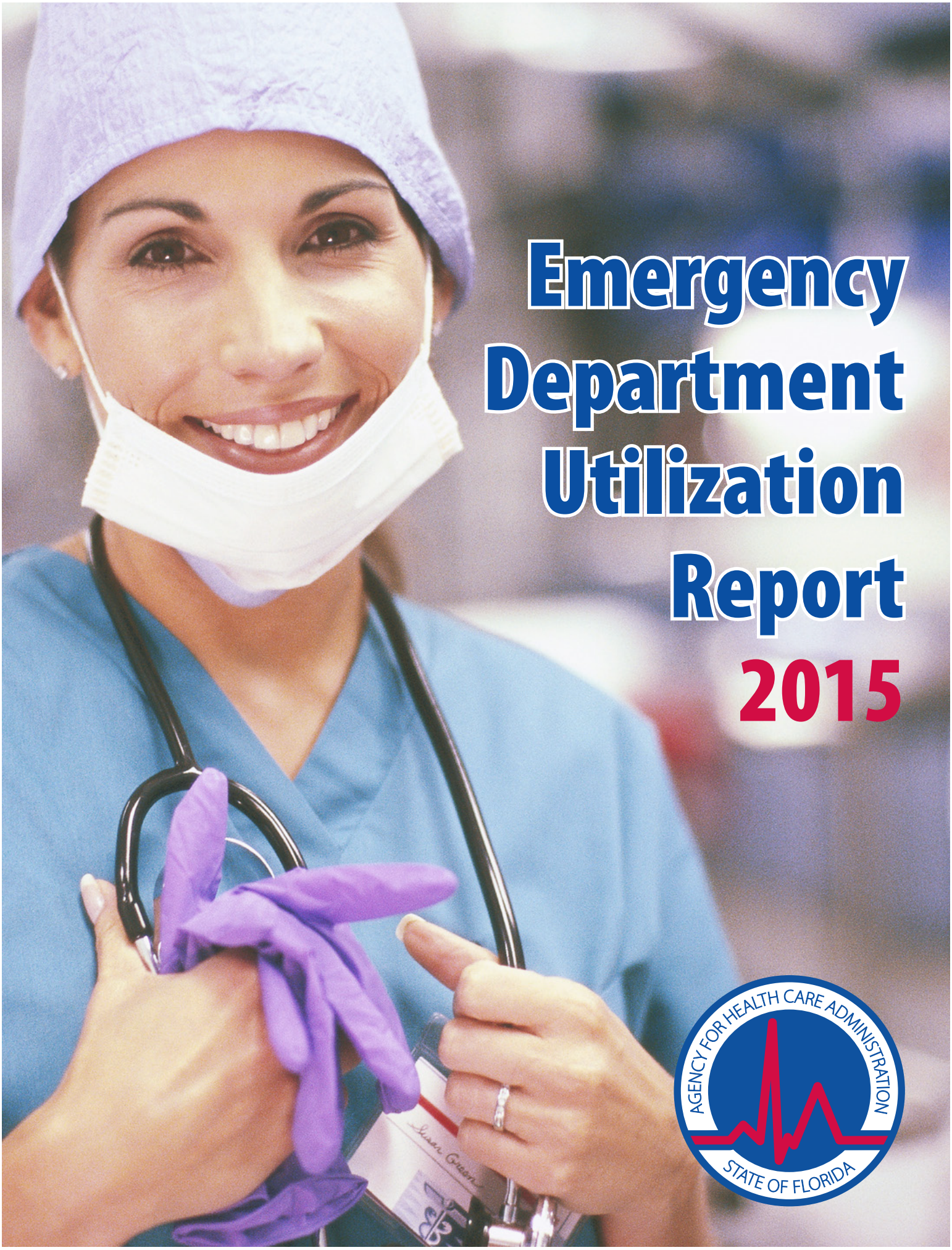

Emergency Department Utilization Report 2015

AGENCY FOR HEALTH CARE ADMINISTRATION
STATE OF FLORIDA

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Introduction

The Florida Agency for Health Care Administration (Agency) initiated collection of patient records for all ambulatory visits to a hospital Emergency Department (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 the ED setting. This report provides information about the acuity level (the severity of the visit) for all patients where the visit did not result in an inpatient admission.

Emergency Departments (EDs) provide a significant source of medical care in the state of Florida, with over 8.4 million outpatient ED visits occurring in 2015. Over 64% 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.

This report is submitted in accordance with Section 408.062, Florida Statutes, which reads:

(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: …

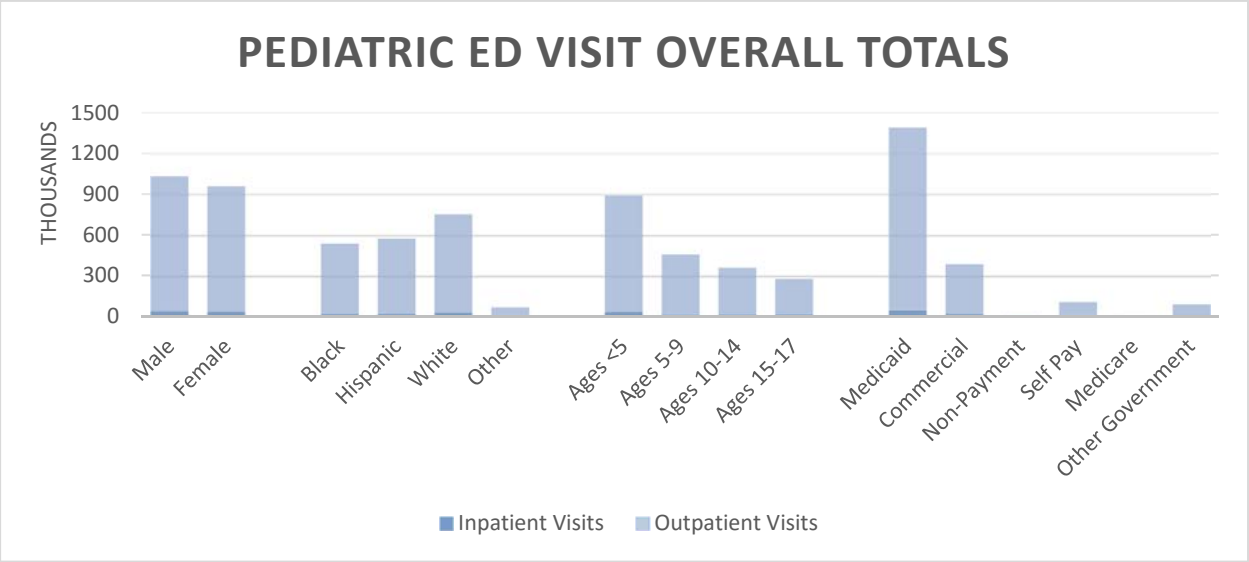
(i) The use of emergency department services by patient acuity level and the implication of increasing hospital cost by providing non-urgent care in emergency departments. The agency shall submit an annual report based on this monitoring and assessment to the Governor, the Speaker of the House of Representatives, the President of the Senate, and the substantive legislative committees with the first report due January 1, 2006.

Patient Characteristics

Children, under four years of age, made nearly half of all pediatric ED visits. Forty-five percent of all pediatric ED visits were small children four years old or younger (see Appendix Table 1). The number of pediatric ED visits declines with each successive age group. Children ages 15 – 17 comprise only 14% of total pediatric visits.

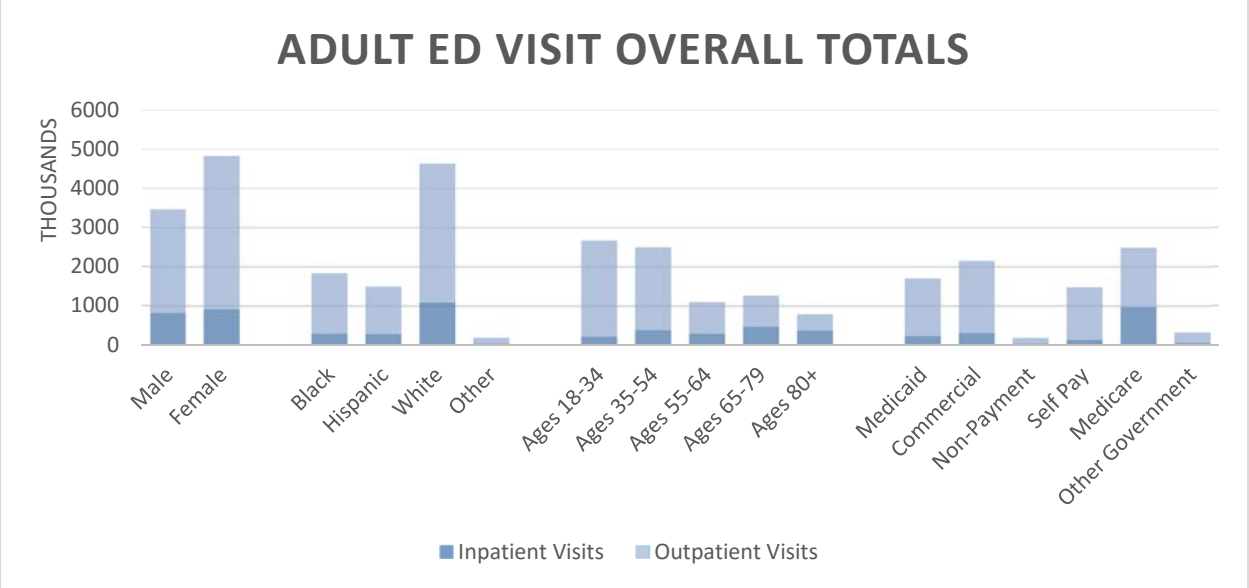
Medicaid was the top principal payer for pediatric ED visits by a considerable margin, paying for 70% of all pediatric visits. Commercial payers were the second-highest payer at 20% (see Appendix Table 1).

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



Women comprise 52% of Florida's adult population[1], but they comprise 58% of all adult visits to Emergency Departments (see Appendix Table 2). Florida's adult women visit EDs at a rate of 609 visits per 1,000 population, while adult men in the state visit EDs at a rate of 466 visits per 1,000 population, making women 31% more likely to visit EDs than men.

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



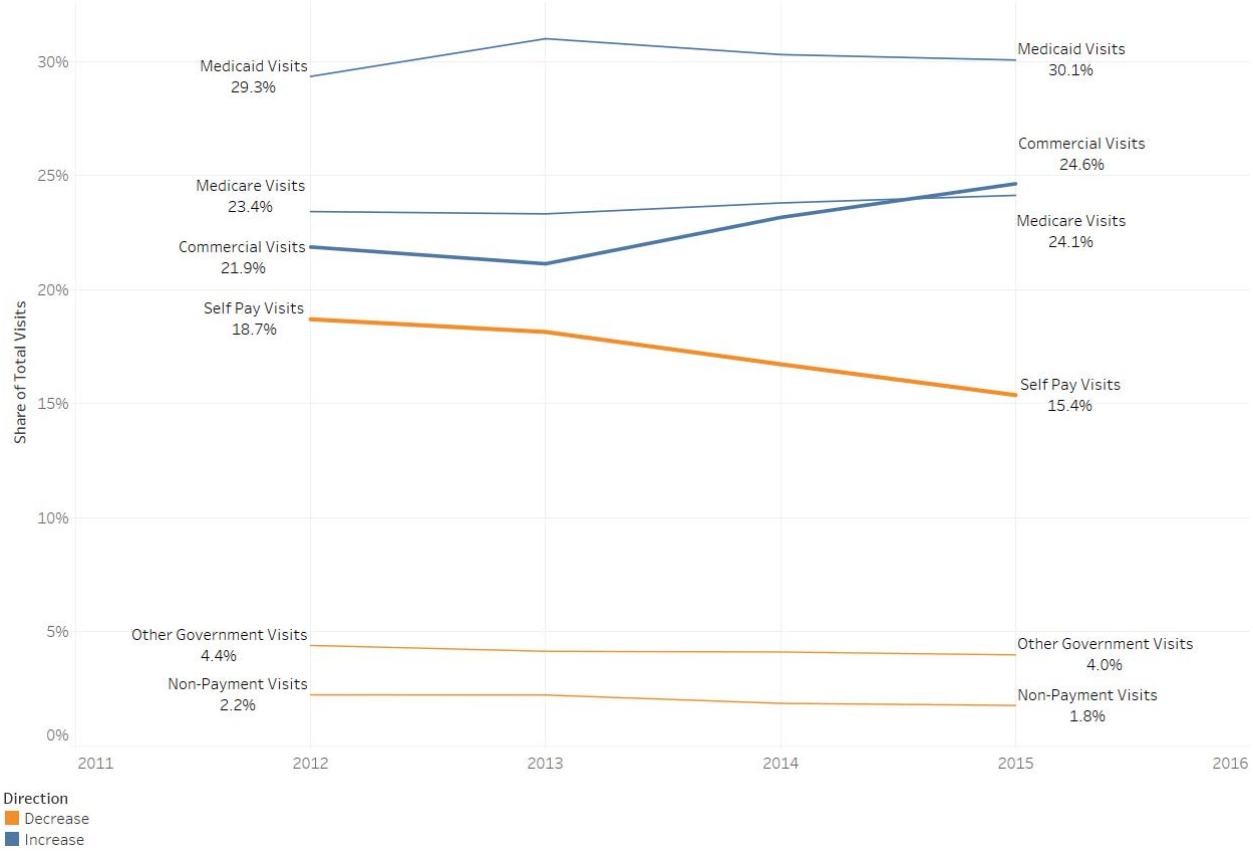
[1] Source: U.S. Census Bureau, 2010-2014 5-Year American Community Survey

Volume Trends over Time

Due largely to population growth, the volume of ED visits for all payers has historically increased every year. One of the more interesting developments over the past several years has been slowing growth in the number of visits made by patients who are self-paid. While total ED visits grew by 4.9% from 2014 to 2015, self-pay visits actually declined by 3.6%.

Figure 3 shows the relative share of ED visits for each payer over the past four years. Blue lines indicate an increase in visit share, while orange lines indicate a decrease in visit share. Line width indicates the magnitude of change in visit share from 2012-15.

Figure 3. Total Visits by Payer 2012-2015



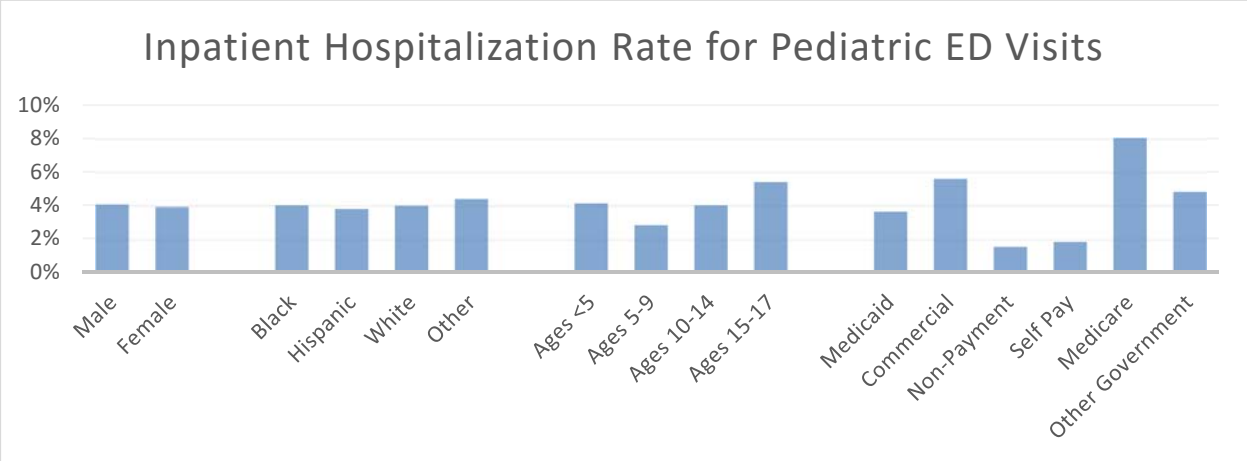
Inpatient Hospitalization

In 2015, Florida emergency departments saw 10,271,235 ED visits with 1,805,578 (17.6 percent) of those visits subsequently resulting in a hospital inpatient admission. An inpatient hospitalization resulted from 79,391 pediatric visits and 1,726,187 adult visits. The inpatient hospitalization rate for pediatric visits was 4.0%, while the rate for adult visits was 20.8%.

Pediatric ED visits are 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 (see Appendix Table 3).

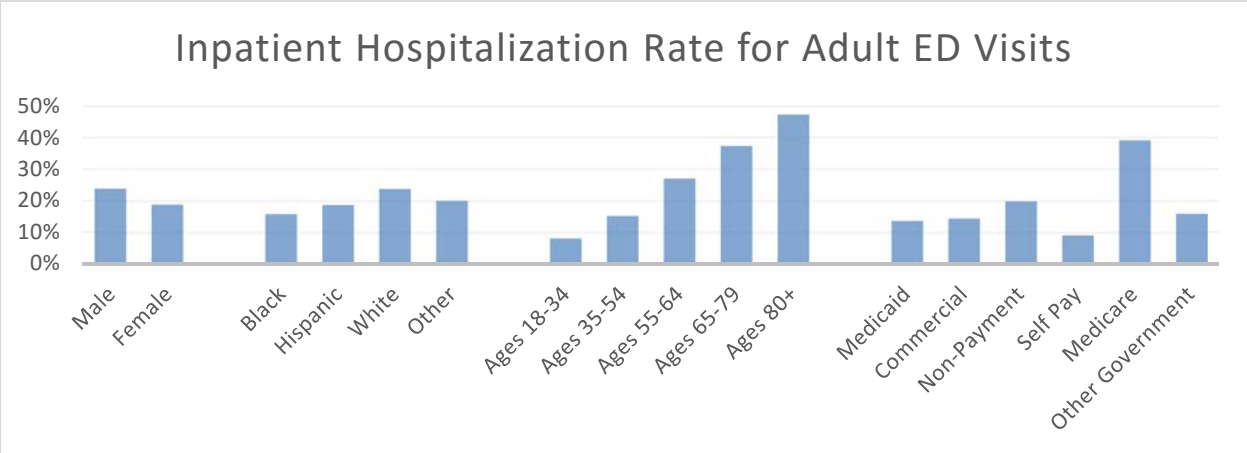
Non-payment and self-paid visits were less likely to be admitted for inpatient care than Medicaid, Medicare, or commercial payers for pediatric visits. While 4.1% of visits with Medicaid, Medicare, Other Government, or Commercial principal payers resulted in inpatient hospitalization, only 1.8% of Non-Payment or Self Pay pediatric visits were admitted for inpatient care. This rate is well below the statewide average of 4.0% pediatric hospitalization (see Appendix Table 3). While Medicare visits demonstrate a comparatively high inpatient hospitalization rate compared to other payers, these visits comprise only 0.1% of pediatric visits. In addition, most children covered by Medicare have end-stage renal disease, Lou Gehrig's Disease, or need a kidney transplant.

Figure 4. 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 the Emergency Departments. Eight of the top ten most common medical conditions for overall inpatient hospitalization are also among the ten most common conditions for patients over 65 (see Figure 13). Visits paid by Medicare are approximately three times as likely to result in inpatient hospitalization as other payers, most likely due to Medicare's strong positive correlation with age (see Appendix Table 3).

Figure 5. **Inpatient Hospitalization Rate for Adult ED Visits by Patient Characteristics**

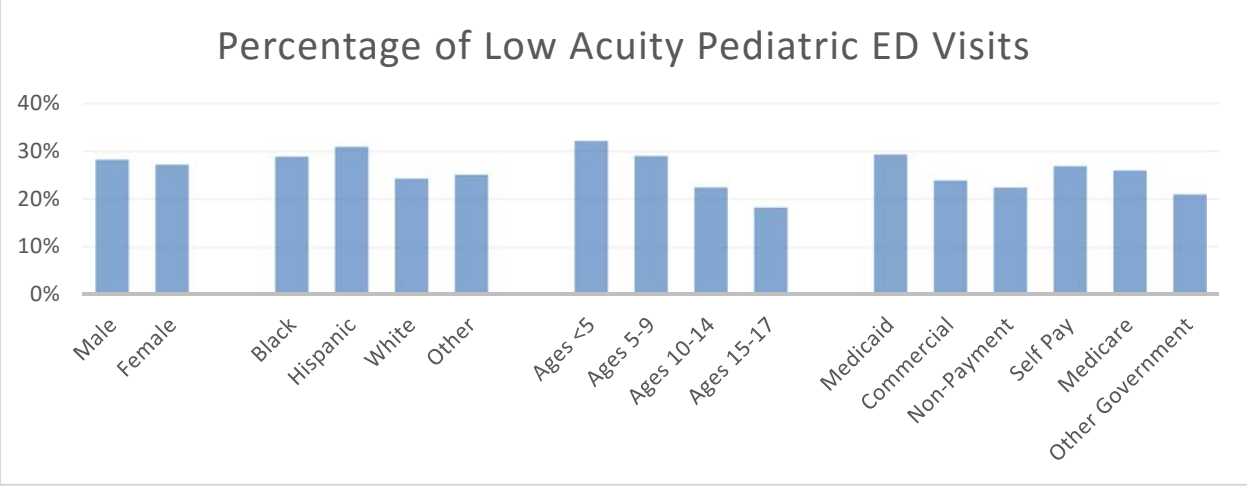


Patient Acuity

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 five years of age was 77% higher than the low acuity rate for children aged 15-17 (see Appendix Table 4). Low acuity rates decrease for every increase in age group for pediatric visits.

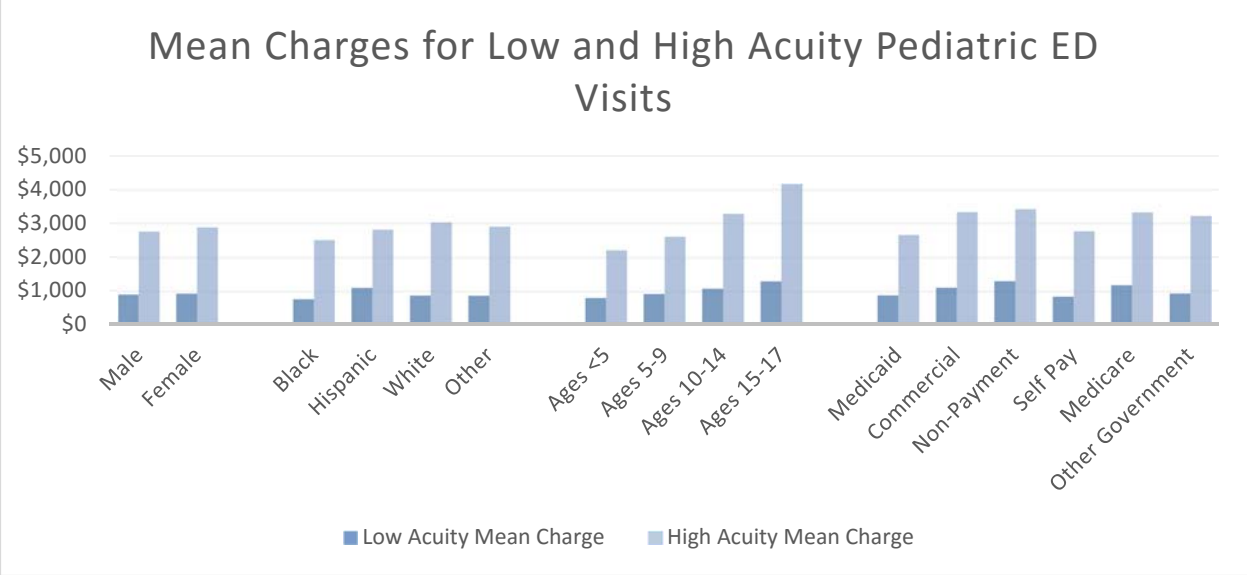
Figure 6. **Low Acuity Rate for Pediatric ED Visits by Patient Characteristics**



[2] For a full definition of patient acuity, see Appendix page 19, "Definition of Patient Acuity."

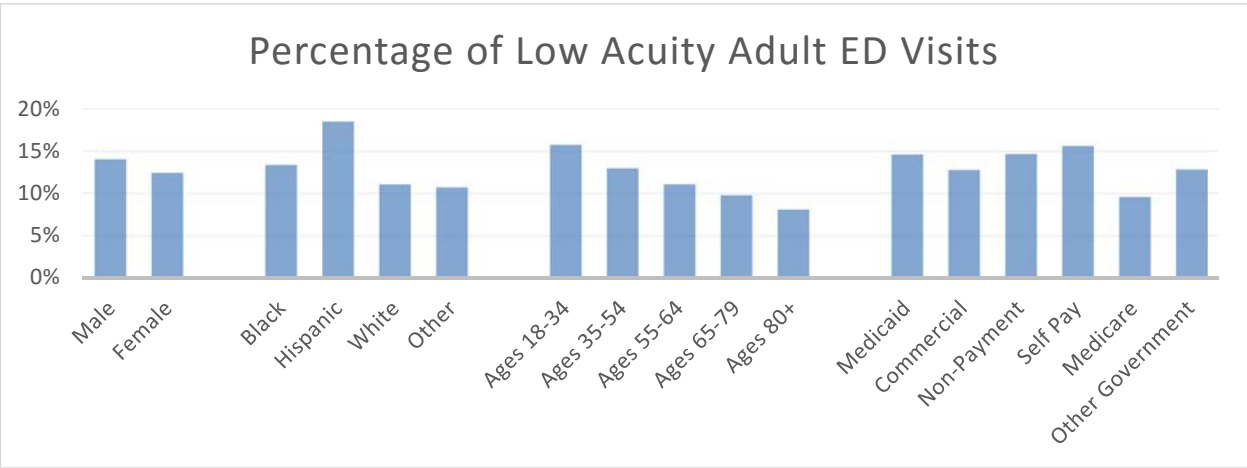
The average charges for pediatric visits increase with age. For both low and high acuity visits, the average charge for a pediatric visit was much higher for the older age groups. The average low acuity charge for ages 15-17 was 42% higher than the statewide pediatric ED visit average of $909. The average high acuity charge was 48% higher than the statewide average of $2,812 (Appendix Table 4).

Figure 7. Mean Charges for Pediatric ED Visits by Acuity and Patient Characteristics



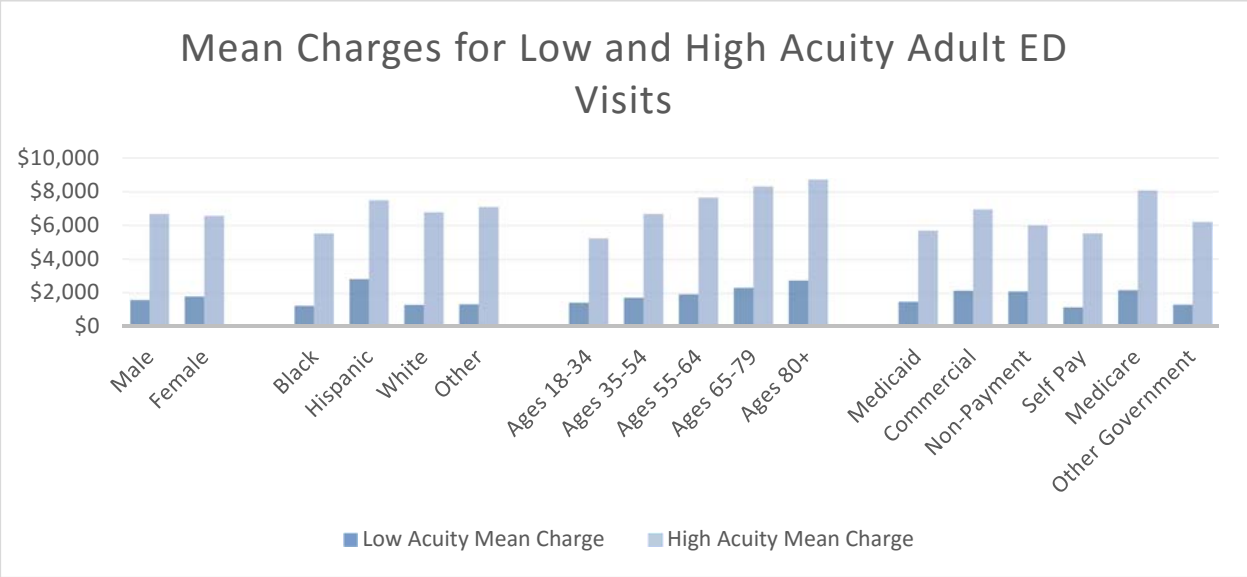
ED visits by adult Hispanic patients were substantially more likely to be low acuity visits, and these visits were significantly costlier than the average visit. The low acuity rate for Hispanic adult patients (18.5%) was 42% higher than the statewide average. The mean charge for low acuity ED visits by Hispanic adults ($2,817) was 66% higher than the statewide average for all low acuity adult ED visits ($1,695) (see Appendix Table 5).

Figure 8. Low Acuity Rate for Adult ED Visits by Patient Characteristics



The 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 92% costlier than low acuity visits for the youngest adults. High acuity visits for patients over 80 years of age cost 67% more than high acuity visits for patients aged 18-34 (see Appendix Table 5).

Figure 9. 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.[3] ED visits per 1,000 population have risen 37% since 2005. However, the portion of those visits considered low acuity has been reduced by nearly 50% in that same timeframe. Although EDs are seeing more patients, the vast majority of visits are considered high acuity visits.

As seen in Figure 10 below, the low acuity rate for ED visits has decreased steadily since 2005. The percentage of Floridians who lack health insurance remained relatively static until 2012 but has declined by 33% in the past three years.[4] These two trends are not necessarily related, although uninsured patients are more likely to make low acuity visits to Emergency Departments than other types of patients (see Figure 8).

[3] Unless otherwise noted, all analysis in this report examines the full dataset of ED visits in 2015. In order to maintain comparability with previous years' reports, the "Acuity Trends over Time" section examines only visits made by Florida residents.

[4] The trend in uninsured rates in Florida is consistent with a nationwide increase in health insurance coverage rates. Source: http://www.census.gov/library/publications/2016/demo/p60-257.html

Figure 10. Number of ED Visits Per Capita over Time by Acuity Level

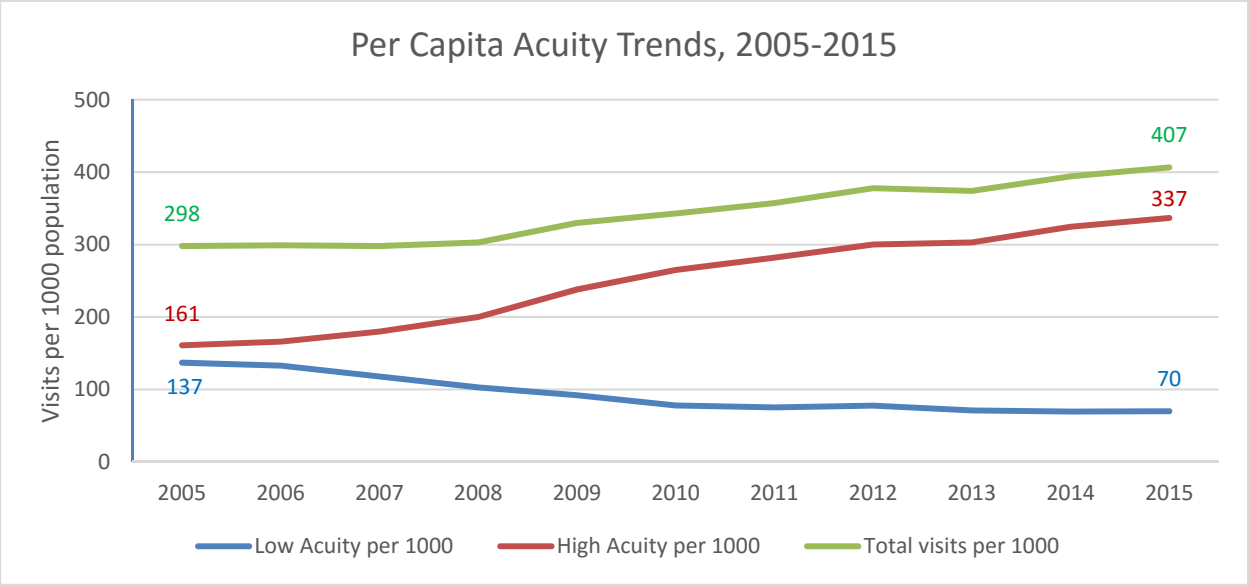
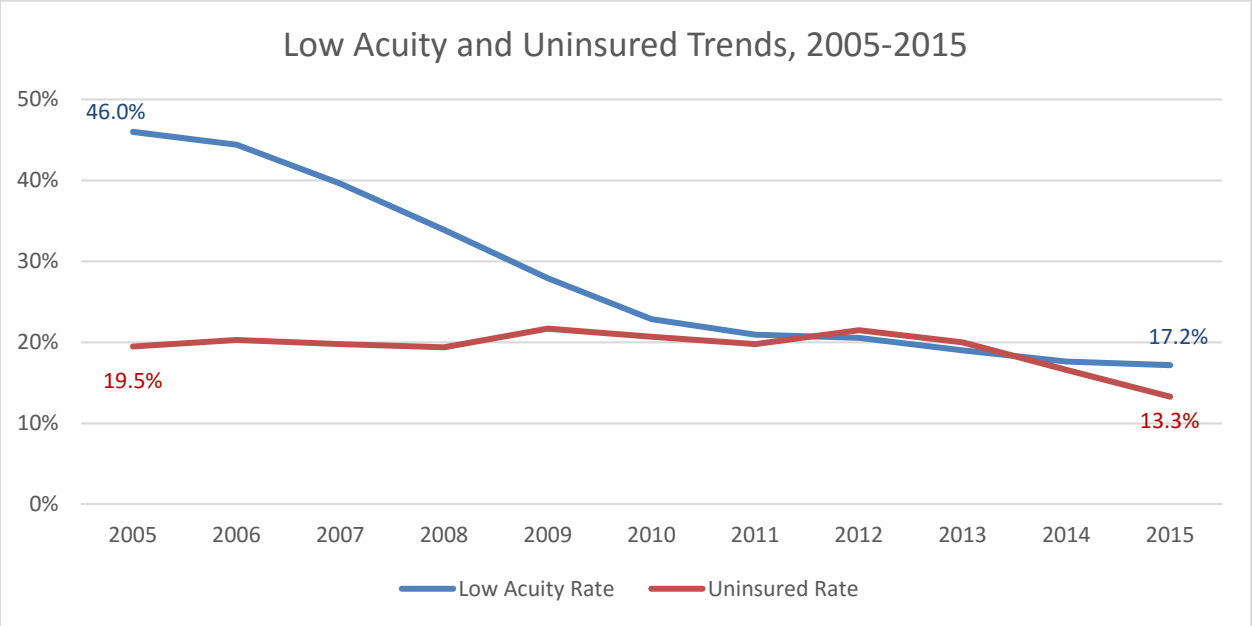


Figure 11. Percentage of Visits Considered Low Acuity Compared to Uninsured Rate



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. For a breakdown of top pediatric/adult conditions, see Appendix Tables 6-9.[5]

[5] For a description of how the transition to ICD-10 affected the analysis, see p 22 "ICD-10 Transition Explanation".

Figure 12. Top Ten Most Common Medical Conditions for Outpatient ED Visits

Outpatient Conditions	Percentage of ED Visits	Mean Charges
Other upper respiratory infections	5.34%	$2,012
Abdominal pain	5.06%	$8,638
Sprains and strains	4.85%	$3,791
Superficial injury; contusion	4.68%	$4,058
Nonspecific chest pain	3.83%	$11,931
Spondylosis; intervertebral disc disorders; other back problems	3.71%	$4,467
Skin and subcutaneous tissue infections	2.81%	$2,579
Urinary tract infections	2.80%	$5,868
Other injuries and conditions due to external causes	2.75%	$5,185
Open wounds of extremities	2.35%	$2,775

Figure 13. Top Ten Most Common Medical Conditions for Inpatient Hospitalizations following ED visit

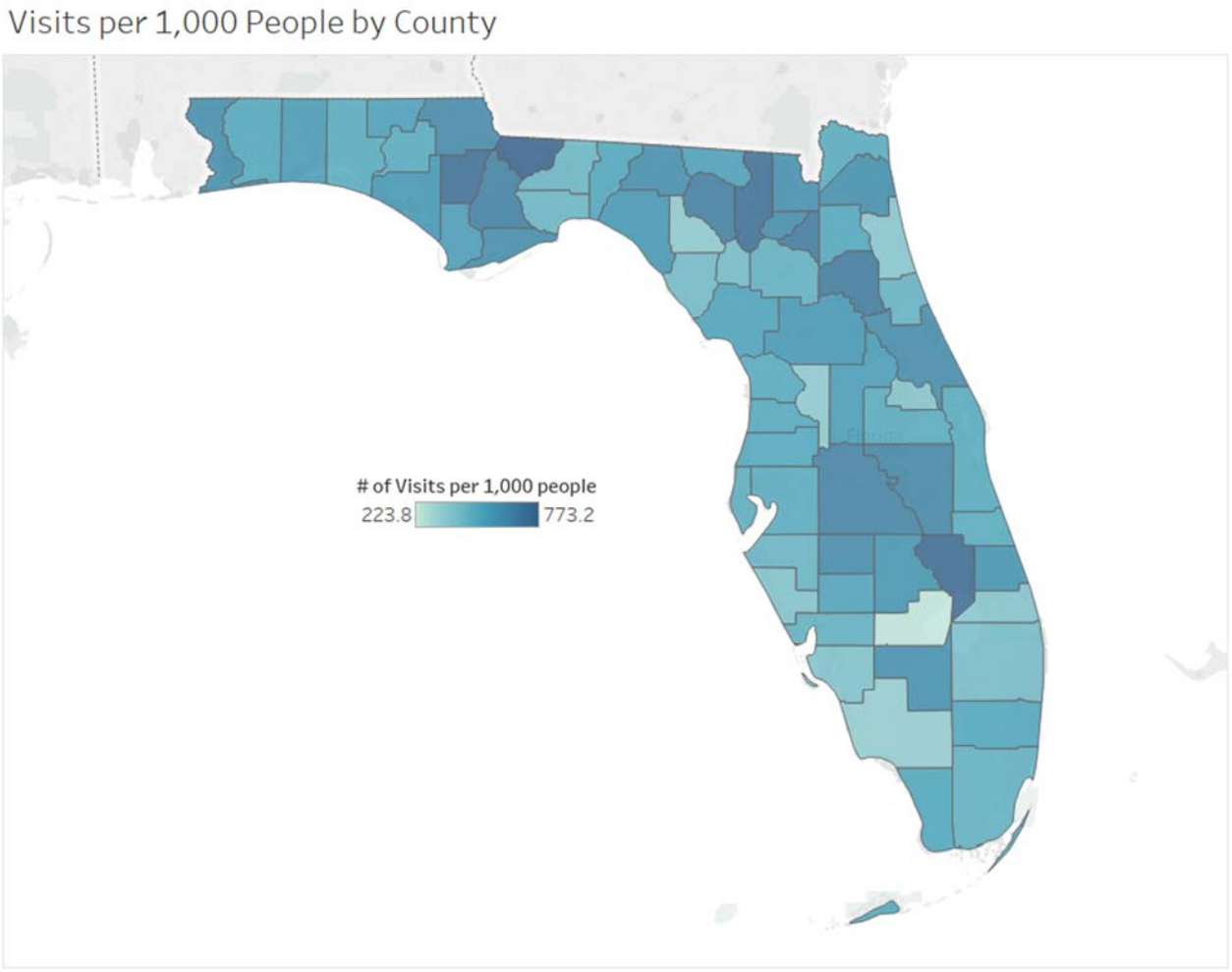
Inpatient Conditions	Percentage of Hospitalizations	Mean Charges
Septicemia (except in labor)	5.58%	$97,837
Congestive heart failure; nonhypertensive	3.67%	$53,873
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	3.15%	$49,460
Chronic obstructive pulmonary disease and bronchiectasis	3.07%	$42,052
Cardiac dysrhythmias	3.02%	$47,853
Skin and subcutaneous tissue infections	2.75%	$35,180
Mood disorders	2.66%	$19,863
Urinary tract infections	2.46%	$35,688
Acute myocardial infarction	2.37%	$106,583
Acute cerebrovascular disease	2.33%	$81,573

Geographic Variation in ED Use

Figure 14 shows the number of Emergency Department visits per 1,000 people in each county in Florida[6] (see Appendix Tables 10-11 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.

[6] Population estimates: http://edr.state.fl.us/Content/population-demographics/data/index.cfm

Figure 14. ED Visits per 1,000 People by County

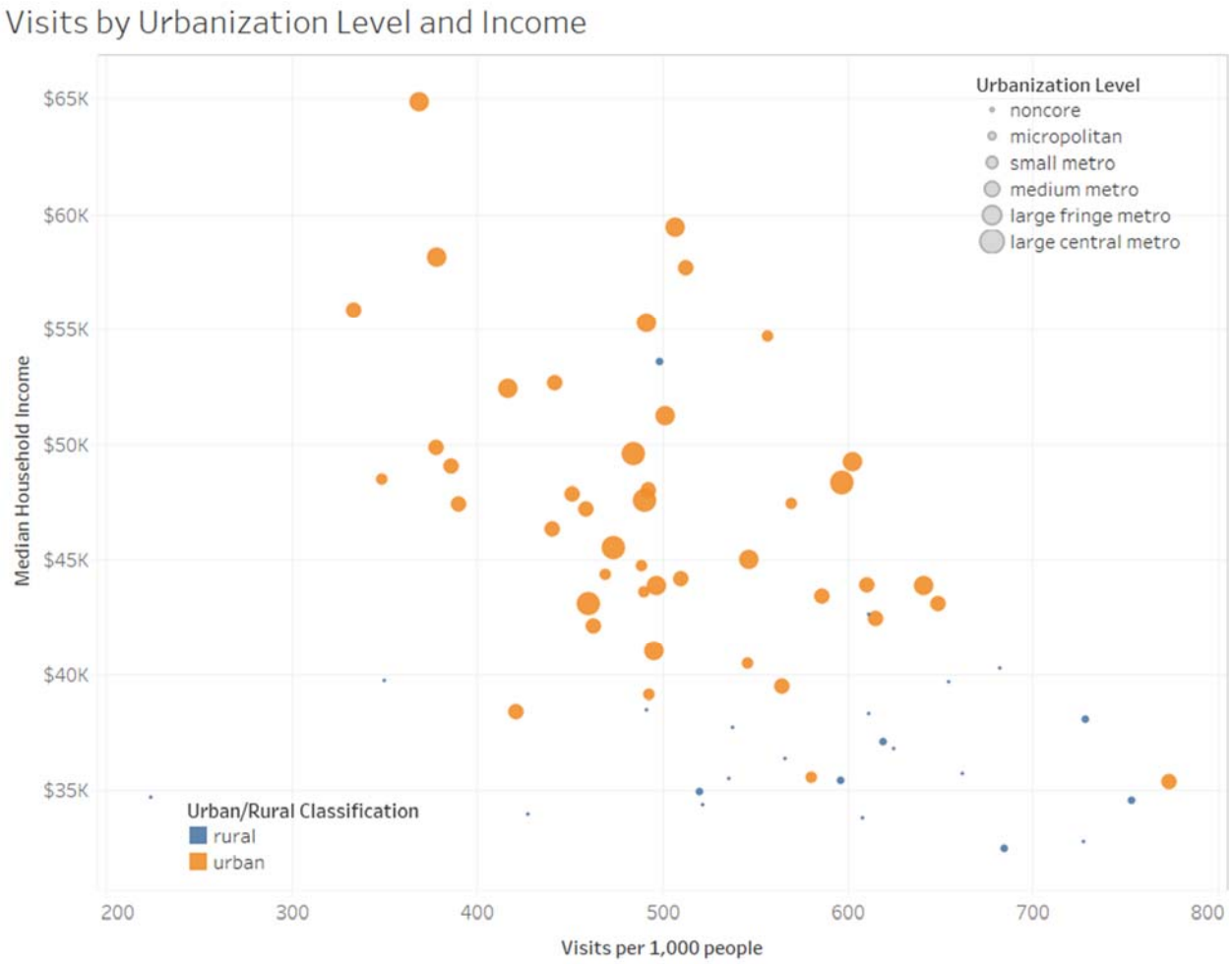


Visit volume is inversely correlated with both urbanization and median household income. Counties with high per capita visits are typically small rural counties with low median incomes. Figure 15 shows the relationship between urbanization, median household income, and ED visits per 1,000 population.[7][8]

[7] Urbanization levels established by National Center for Health Statistics 2013 Urban-Rural Classification Scheme for Counties. Source: http://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf

[8] Median household income from Census Bureau American Communities Survey.

Figure 15. ED Visits by Urbanization Level and Median Household Income by County



Appendix

Table 1. Pediatric ED Visits by Patient Characteristics

Sex	Pediatric Inpatient Visits	Pediatric Outpatient Visits	Pediatric Total Visits	Pediatric %
Male	41,870	989,030	1,030,900	51.8%
Female	37,519	920,308	957,827	48.2%
Race/Ethnicity	**Pediatric Inpatient Visits**	**Pediatric Outpatient Visits**	**Pediatric Total Visits**	**Pediatric %**
Black	21,672	518,507	540,179	27.9%
Hispanic	22,045	553,862	575,907	29.7%
White	30,022	721,346	751,368	38.8%
Other	3,054	66,518	69,572	3.6%
Age Group	**Pediatric Inpatient Visits**	**Pediatric Outpatient Visits**	**Pediatric Total Visits**	**Pediatric %**
Ages <5	36,652	851,960	888,612	44.7%
Ages 5-9	13,120	445,793	458,913	23.1%
Ages 10-14	14,510	347,316	361,826	18.2%
Ages 15-17	15,109	264,272	279,381	14.0%
Payer Group	**Pediatric Inpatient Visits**	**Pediatric Outpatient Visits**	**Pediatric Total Visits**	**Pediatric %**
Medicaid	51,063	1,342,258	1,393,321	70.1%
Commercial	21,698	366,265	387,963	19.5%
Non-Payment	82	5,169	5,251	0.3%
Self-Pay	2,024	106,610	108,634	5.5%
Medicare	105	1,197	1,302	0.1%
Other Government	4,419	87,334	91,753	4.6%
OVERALL	**79,391**	**1,908,833**	**1,988,224**	

Table 2. Adult ED Visits by Patient Characteristics

Sex	Adult Inpatient Visits	Adult Outpatient Visits	Adult Total Visits	Adult %
Male	818,236	2,636,886	3,455,122	41.7%
Female	907,945	3,919,370	4,827,315	58.3%
Race/Ethnicity	**Adult Inpatient Visits**	**Adult Outpatient Visits**	**Adult Total Visits**	**Adult %**
Black	288,432	1,538,058	1,826,490	22.5%
Hispanic	278,666	1,210,218	1,488,884	18.3%
White	1,090,789	3,531,450	4,622,239	56.9%
Other	36,123	144,415	180,538	2.2%
Age Group	**Adult Inpatient Visits**	**Adult Outpatient Visits**	**Adult Total Visits**	**Adult %**
Ages 18-34	214,967	2,448,120	2,663,087	32.2%
Ages 35-54	379,178	2,111,108	2,490,286	30.1%
Ages 55-64	293,091	797,331	1,090,422	13.2%
Ages 65-79	467,384	787,508	1,254,892	15.2%
Ages 80+	371,567	412,249	783,816	9.5%
Payer Group	**Adult Inpatient Visits**	**Adult Outpatient Visits**	**Adult Total Visits**	**Adult %**
Medicaid	231,108	1,462,980	1,694,088	20.5%
Commercial	308,719	1,833,661	2,142,380	25.9%
Non-Payment	35,206	142,099	177,305	2.1%
Self-Pay	132,757	1,337,973	1,470,730	17.8%
Medicare	967,768	1,509,278	2,477,046	29.9%
Other Government	50,629	267,614	318,243	3.8%
OVERALL	**1,726,187**	**6,553,605**	**8,279,792**	

Table 3. Inpatient Hospitalization Rate by Patient Characteristics

Sex	Pediatric %		Adult %
Male	4.1%		23.7%
Female	3.9%		18.8%
Race	**Pediatric %**		**Adult %**
Black	4.0%		15.8%
Hispanic	3.8%		18.7%
White	4.0%		23.6%
Other	4.4%		20.0%
Age Group	**Pediatric %**		**Adult %**
Ages <5	4.1%	Ages 18-34	8.1%
Ages 5-9	2.9%	Ages 35-54	15.2%
Ages 10-14	4.0%	Ages 55-64	26.9%
Ages 15-17	5.4%	Ages 65-79	37.2%
		Ages 80+	47.4%
Payer Group	**Pediatric %**		**Adult %**
Medicaid	3.7%		13.6%
Commercial	5.6%		14.4%
Non-Payment	1.6%		19.9%
Self-Pay	1.9%		9.0%
Medicare	8.1%		39.1%
Other Government	4.8%		15.9%
All ED Visits	**4.0%**		**20.8%**

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	278,838	989,030	28.19%	$897	$2,751
Female	249,836	920,308	27.15%	$923	$2,875
Race	**Pediatric Low Acuity**	**Pediatric Outpatient Visits**	**Acuity Rate**	**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Black	149,372	518,507	28.81%	$759	$2,498
Hispanic	170,922	553,862	30.86%	$1,093	$2,807
White	174,688	721,346	24.22%	$868	$3,024
Other	16,653	66,518	25.04%	$861	$2,898
Age Group	**Pediatric Low Acuity**	**Pediatric Outpatient Visits**	**Acuity Rate**	**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Ages <5	273,919	851,960	32.15%	$796	$2,194
Ages 5-9	129,071	445,793	28.95%	$912	$2,596
Ages 10-14	77,696	347,316	22.37%	$1,071	$3,279
Ages 15-17	47,988	264,272	18.16%	$1,289	$4,167
Payer Group	**Pediatric Low Acuity**	**Pediatric Outpatient Visits**	**Acuity Rate**	**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Medicaid	392,776	1,342,258	29.26%	$871	$2,648
Commercial	87,279	366,265	23.83%	$1,101	$3,330
Non-Payment	1,155	5,169	22.34%	$1,300	$3,417
Self-Pay	28,593	106,610	26.82%	$835	$2,758
Medicare	310	1,197	25.90%	$1,176	$3,321
Other Government	18,267	87,334	20.92%	$926	$3,213
All Pediatric Visits	**528,380**	**1,908,833**	**27.68%**	**$909**	**$2,812**

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	369,549	2,636,886	14.01%	$1,576	$6,673
Female	486,906	3,919,370	12.42%	$1,785	$6,566
Race	**Adult Low Acuity**	**Adult Outpatient Visits**	**Acuity Rate**	**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Black	205,340	1,538,058	13.35%	$1,239	$5,519
Hispanic	224,119	1,210,218	18.52%	$2,817	$7,487
White	390,308	3,531,450	11.05%	$1,298	$6,772
Other	15,437	144,415	10.69%	$1,321	$7,087
Age Group	**Adult Low Acuity**	**Adult Outpatient Visits**	**Acuity Rate**	**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Ages 18-34	384,588	2,448,120	15.71%	$1,418	$5,234
Ages 35-54	273,418	2,111,108	12.95%	$1,716	$6,679
Ages 55-64	88,317	797,331	11.08%	$1,913	$7,647
Ages 65-79	76,861	787,508	9.76%	$2,305	$8,308
Ages 80+	33,271	412,249	8.07%	$2,727	$8,737
Payer	**Adult Low Acuity**	**Adult Outpatient Visits**	**Acuity Rate**	**Low Acuity Mean Charge**	**High Acuity Mean Charge**
Medicaid	213,216	1,462,980	14.57%	$1,476	$5,688
Commercial	233,798	1,833,661	12.75%	$2,132	$6,947
Non-Payment	20,805	142,099	14.64%	$2,085	$5,998
Self-Pay	208,444	1,337,973	15.58%	$1,141	$5,529
Medicare	144,592	1,509,278	9.58%	$2,159	$8,065
Other Government	34,312	267,614	12.82%	$1,306	$6,202
All Adult Visits	**855,167**	**6,553,605**	**13.05%**	**$1,695**	**$6,608**

Table 6. Top Ten Most Common Medical Conditions for Pediatric Outpatient Visits

Outpatient Pediatric Diagnosis	Percentage of ED Visits	Mean Charges
Other upper respiratory infections	13.06%	$1,578
Superficial injury; contusion	5.86%	$1,998
Otitis media and related conditions	5.29%	$1,295
Fever of unknown origin	4.52%	$1,906
Other injuries and conditions due to external causes	4.11%	$2,391
Sprains and strains	3.79%	$2,351
Nausea and vomiting	3.49%	$2,137
Open wounds of head; neck; and trunk	3.25%	$1,835
Viral infection	3.40%	$1,623
Abdominal pain	2.76%	$4,883

Table 7. Top Ten Most Common Medical Conditions for Pediatric Inpatient Hospitalizations

Inpatient Pediatric Diagnosis	Percentage of Hospitalizations	Mean Charges
Mood disorders	7.58%	$17,269
Pneumonia (except that caused by tuberculosis or STD)	6.78%	$27,608
Asthma	6.52%	$17,331
Acute bronchitis	5.79%	$20,184
Skin and subcutaneous tissue infections	3.92%	$17,931
Epilepsy; convulsions	3.63%	$28,258
Appendicitis and other appendiceal conditions	3.29%	$47,684
Urinary tract infections	2.46%	$22,877
Fluid and electrolyte disorders	2.40%	$21,580
Other upper respiratory infections	2.64%	$19,632

Table 8. Top Ten Most Common Medical Conditions for Adult Outpatient Visits

Outpatient Adult Diagnosis	Percentage of ED Visits	Mean Charges
Abdominal pain	5.74%	$9,167
Sprains and strains	5.16%	$4,101
Nonspecific chest pain	4.74%	$12,315
Spondylosis; intervertebral disc disorders; other back problems	4.60%	$4,540
Superficial injury; contusion	4.34%	$4,873
Urinary tract infections	3.14%	$6,258
Other upper respiratory infections	3.08%	$2,550
Headache; including migraine	2.47%	$5,906
Skin and subcutaneous tissue infections	2.95%	$2,812
Other complications of pregnancy	2.61%	$4,256

Table 9. Top Ten Most Common Medical Conditions for Adult Inpatient Hospitalizations

Inpatient Adult Diagnosis	Percentage of Hospitalizations	Mean Charges
Septicemia (except in labor)	5.78%	$97,897
Congestive heart failure; nonhypertensive	3.84%	$53,795
Chronic obstructive pulmonary disease and bronchiectasis	3.20%	$42,053
Cardiac dysrhythmias	3.14%	$47,921
Pneumonia (except that caused by tuberculosis or STD)	2.99%	$51,739
Skin and subcutaneous tissue infections	2.70%	$36,331
Acute myocardial infarction	2.48%	$106,581
Urinary tract infections	2.46%	$36,425
Acute cerebrovascular disease	2.44%	$81,422
Mood disorders	2.44%	$20,233

Table 10. ED Visits per 1,000 Population by County

County Name	Visits per 1,000	County Name	Visits per 1,000
Alachua	463.2	Lee	390.4
Baker	603.0	Leon	440.8
Bay	569.5	Levy	521.6
Bradford	682.3	Liberty	654.4
Brevard	492.4	Madison	608.1
Broward	501.4	Manatee	451.3
Calhoun	727.2	Marion	564.5
Charlotte	469.4	Martin	378.1
Citrus	493.0	Miami-Dade	460.4
Clay	507.4	Monroe	498.9
Collier	333.7	Nassau	491.7
Columbia	728.6	Okaloosa	557.2
DeSoto	520.4	Okeechobee	753.6
Dixie	427.3	Orange	490.3
Duval	596.7	Osceola	641.2
Escambia	610.3	Palm Beach	416.9
Flagler	458.8	Pasco	497.2
Franklin	611.4	Pinellas	473.7
Gadsden	773.2	Polk	649.1
Gilchrist	421.0	Putnam	684.4
Glades	223.8	Santa Rosa	512.9
Gulf	546.0	Sarasota	385.8
Hamilton	538.0	Seminole	378.2
Hardee	619.4	St. Johns	368.7
Hendry	596.6	St. Lucie	586.0
Hernando	495.7	Sumter	348.9
Highlands	580.6	Suwannee	662.2
Hillsborough	484.5	Taylor	566.2
Holmes	535.8	Union	611.3
Indian River	488.8	Volusia	615.3
Jackson	625.2	Wakulla	441.8
Jefferson	510.2	Walton	490.4
Lafayette	350.3	Washington	491.8
Lake	547.0	**Statewide Average**	**525.6**

Table 11. ED Visits per 1,000 Population by Visits

County Name	Visits per 1,000	County Name	Visits per 1,000
Gadsden	773.2	Clay	507.4
Okeechobee	753.6	Broward	501.4
Columbia	728.6	Monroe	498.9
Calhoun	727.2	Pasco	497.2
Putnam	684.4	Hernando	495.7
Bradford	682.3	Citrus	493.0
Suwannee	662.2	Brevard	492.4
Liberty	654.4	Washington	491.8
Polk	649.1	Nassau	491.7
Osceola	641.2	Walton	490.4
Jackson	625.2	Orange	490.3
Hardee	619.4	Indian River	488.8
Volusia	615.3	Hillsborough	484.5
Franklin	611.4	Pinellas	473.7
Union	611.3	Charlotte	469.4
Escambia	610.3	Alachua	463.2
Madison	608.1	Miami-Dade	460.4
Baker	603.0	Flagler	458.8
Duval	596.7	Manatee	451.3
Hendry	596.6	Wakulla	441.8
St. Lucie	586.0	Leon	440.8
Highlands	580.6	Dixie	427.3
Bay	569.5	Gilchrist	421.0
Taylor	566.2	Palm Beach	416.9
Marion	564.5	Lee	390.4
Okaloosa	557.2	Sarasota	385.8
Lake	547.0	Seminole	378.2
Gulf	546.0	Martin	378.1
Hamilton	538.0	St. Johns	368.7
Holmes	535.8	Lafayette	350.3
Levy	521.6	Sumter	348.9
DeSoto	520.4	Collier	333.7
Santa Rosa	512.9	Glades	223.8
Jefferson	510.2	**Statewide Average**	**525.6**

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; and 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.

ICD-10 Transition Explanation

Due to the transition to ICD-10 in October 2015, the dataset contains both ICD-9 and ICD-10 coding. Analysis for this report involved aggregating diagnosis codes to the single-level CCS category independently for the first 3 quarters of 2015 (using ICD-9) and Q4 2015 (using ICD-10). Visits were summed at the single-level CCS level to determine most common conditions. Mean charges were calculated using a weighted average for each subset of data, weighted by the number of visits.

Example:

The overall mean total charge in 2015 was $55,504. The first 3 quarters of 2015 saw 1,356,961 visits with a mean charge of $54,798. Q4 of 2015 saw 428,667 visits with a mean charge of $57,737. The mean total charge was found by calculating ((1,356,961*$54,798) + (428,667*$57,737)) / 1,785,628.

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