

*Hospital Report 2006: Acute Care*

**Ambulatory Care Sensitive Conditions Technical Summary**

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## Overview

There is a growing consensus among health professionals that managing Ambulatory Care Sensitive Conditions (ACSC) before a patient requires hospitalization generally improves a patient's health, contributes to better overall community health status and may result in overall savings to the health system as hospital-based care generally costs more than outpatient care. High rates of preventable hospitalizations in a community may be an indicator of a lack of or failure of prevention efforts, a primary care resource shortage, poor performance of primary health care delivery systems, or other factors that create barriers to obtaining timely and effective care.

### **Ambulatory Care Sensitive Conditions Indicator**

In response to a general desire for the Hospital Report series to measure and report beyond the inpatient setting, the ACSC indicator has been included in this Report and is reported at both a provincial and LHIN level.

The Ambulatory Care Sensitive Conditions (ACSC) indicator is based on the methodology developed by the Canadian Institute for Health Information's (CIHI) Health Indicators group. This is a population-based indicator. Hospitalization for an Ambulatory Care Sensitive Condition is considered to be a measure of access to appropriate medical care. While not all admissions for these conditions are avoidable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to primary care.

The indicator is defined as an age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital, per 100,000 population under age 75 years. Standardized rates are age adjusted using a direct method of standardization based on the July 1, 1991 population. The data source used was the Discharge Abstract Database (DAD) for 2004-2005.

## Indicator Definition

This definition focuses on a core group of 7 chronic ACSC which also appeared in most other studies of ACSC outside Canada. The conditions include:

- Asthma
- Angina
- Congestive Heart Failure
- Hypertension
- Epilepsy
- Diabetes
- Chronic Obstructive Pulmonary Disease (pneumonia)

Rate of inpatient hospitalization for ambulatory care sensitive conditions (ACSC)

Inpatient hospitalization rate for conditions where appropriate ambulatory care has the potential to prevent or reduce the need for admission to hospital.

Episodes (Numerator)		
	Criteria	Codes
<b>Include:</b>	Cases within denominator with:	
	Hypertension	Type M I10.0, I10.1, I11
	Asthma	Type M J45.^
	COPD	Type M J41.^, J42.^, J43.^, J44.^, J47.^
	Acute bronchitis only when COPD is also present as a diagnosis other than most responsible	or Type M J20.^ and any other diagnosis type of J41.^, J42.^, J43.^, J44.^, J47.^
	Pneumonia only when COPD is also present as a diagnosis other than most responsible	or Type M J12.^, J13.^, J14.^, J15.^, J16.^, J18.^ and any other diagnosis type of J41.^, J42.^, J43.^, J44.^, J47.^
	CHF	Type M I50.0, J81
	Diabetes	Type M E10.1^, E10.6^, E10.7^, E10.9^, E11.0^, E11.1^, E11.6^, E11.7^, E11.9^, E13.0^, E13.1^, E13.6^, E13.7^, E13.9^, E14.0^, E14.1^, E14.6^, E14.7^, E14.9^
	Angina	Type M I20.^, I23.82, I24.0, I24.8, I24.9
	Grand mal status and other epileptic convulsions	Type M G40.^, G41.^
<b>Exclude:</b>	Death before discharge	Discharge disposition = '07'
	Patients without an Ontario residence	Postal Code does not begin with 'K', 'L', 'M', 'N', 'P' or 'ON'
	<b><i>Hypertension cases with the following procedures recorded in any position:</i></b>	
	Dilation, coronary arteries	1.IJ.50.^
	Transplant, heart NEC	1.HZ.85.^
	Bypass, coronary arteries	1.IJ.76.^
	Implantation of internal device, epicardium	1.HB.53.^

	Implantation of internal device, endocardium	1.HD.53.^
	Implantation of internal device, heart NEC	1.HZ.53.^
	Removal of device, epicardium	1.HB.55.^
	Removal of device, endocardium	1.HD.55.^
	Removal of device, heart NEC	1.HZ.55.^
	Management of internal device, epicardium	1.HB.54.^
	Management of internal device, endocardium	1.HD.54.^
	<b>AND</b> procedure is not coded as "abandoned after onset"	Status attribute not equal to 'A'
	<b><i>CHF cases with the following procedures recorded in any position:</i></b>	
	Dilation, coronary arteries	1.IJ.50.^
	Transplant, heart NEC	1.HZ.85.^
	Bypass, coronary arteries	1.IJ.76.^
	Implantation of internal device, epicardium	1.HB.53.^
	Implantation of internal device, endocardium	1.HD.53.^
	Implantation of internal device, heart NEC	1.HZ.53.^
	Removal of device, epicardium	1.HB.55.^
	Removal of device, endocardium	1.HD.55.^
	Removal of device, heart NEC	1.HZ.55.^
	Management of internal device, epicardium	1.HB.54.^
	Management of internal device, endocardium	1.HD.54.^
	<b>AND</b> procedure is not coded as "abandoned after onset"	Status attribute not equal to 'A'
	<b><i>Angina cases with the following procedures recorded in any position:</i></b>	
	Cases with a surgical procedure	Any CCI procedure from Section 1, 2 or 5 (1.^, 2.^, or 5.^)
	<b>AND</b> procedure is not coded as "abandoned after onset"	Status attribute not equal to 'A'

<b>Cases (Denominator)</b>		
	<b>Criteria</b>	<b>Codes</b>
<b>Include:</b>	Ontario population less than 75 years of age	

**Note:** This is a population-based indicator. For this indicator only, patients are assigned to LHINs by their postal code, which is different from the other indicators where patients are assigned to LHINs by the location of the hospital.

Patients that are Ontario residents that were served in hospitals outside of Ontario are also included in this indicator.