

Measuring Ambulatory Care Sensitive Conditions in Maryland

Ambulatory Care Sensitive Conditions (ACSCs) are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.¹ ACSCs are composed of chronic and acute conditions such as diabetes, congestive heart failure, dehydration, urinary tract infections, etc. ACSCs, in theory, could be used as screening tools to reflect access to and quality of the ambulatory care infrastructure in a community.

ACSCs are often analyzed using administrative data, such as hospital discharge data. The RAND Corporation (RAND) recently analyzed ACSCs in the District of Columbia, Baltimore City, and Prince George's County using a methodology developed by Billings, *et al.*² Billings developed this methodology in the early 1990's using administrative data to evaluate barriers in the healthcare system.

The Agency for Healthcare Research and Quality (AHRQ) has also developed a methodology to measure ACSCs. Building on the methodology created by Billings, *et al.*, AHRQ, with clinician and healthcare services researchers, developed a core list of 14 Prevention Quality Indicators (PQIs) to measure ACSCs. For most indicators, AHRQ PQIs are limited to defining ACSC cases in the adult non-maternal population (18 years and older) who have not been transferred to another institution (*i.e.* no double-counting).

This analysis uses the AHRQ PQI methodology and 2003-2006 hospital discharge data from the Maryland Health Services Cost Review Commission and the District of Columbia Hospital Administration to examine ACSCs in Maryland. Data from other states, such as Pennsylvania, West Virginia, Delaware, and Virginia either were not available or did not contain all of the necessary elements for this analysis. Available hospital discharge data were analyzed and presented by jurisdiction; data were suppressed if ACSC rates were based on counts less than twenty (due to rate instability).

Both RAND and AHRQ PQIs have SAS[®] coding available to facilitate adherence to their respective methodology; AHRQ PQI windows-based software and literature is freely available from AHRQ on their website, http://qualityindicators.ahrq.gov/pqi_overview.htm. AHRQ PQIs have been used by other states, such as Kentucky and New York, to examine ACSCs, and AHRQ provides a nationwide point of reference based on hospital discharge data from thirty-seven states.

Some limitations of measuring ACSCs are due to the data sets used rather than the methodology used. Hospital discharge data from the Maryland Health Services Cost Review Commission and the District of Columbia Hospital Administration count the number of discharges, rather than the number of patients. However, comparable limitations are found in other states that use administrative data to calculate ACSCs.

¹ Agency for Healthcare Research and Quality (2004) *Prevention Quality Indicators Overview*.

² Billings J, Parikh N, Mijanovich T. 2000. Emergency Department Use in New York City: A Substitute for Primary Care. The Commonwealth Fund Issue Brief. November, 2000.