

Ambulatory Care Sensitive Conditions

Name	Ambulatory Care Sensitive Conditions
Short/Other Names	Not applicable
Description	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 younger than age 75. For further details, please see the General Methodology Notes .
Interpretation	Low rates are desirable.
HSP Framework Dimension	Health System Outputs: Appropriate and effective
Areas of Need	Living With Illness, Disability or Reduced Function
Geographic Coverage	All provinces/territories
Reporting Level/Disaggregation	National, Province/Territory, Region, Neighbourhood Income Quintile
Indicator Results	Accessing Indicator Results on Your Health System: In Depth
Identifying Information	
Name	Ambulatory Care Sensitive Conditions
Short/Other Names	Not applicable
Indicator Description and Calculation	
Description	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 younger than age 75. For further details, please see the General Methodology Notes .
Calculation: Description	(Total number of acute care hospitalizations for ambulatory care sensitive conditions in patients younger than age 75 ÷ total mid-year population younger than age 75) × 100,000 (age-adjusted)
Calculation: Geographic Assignment	Place of residence
Calculation: Type of Measurement	Rate - per 100,000
Calculation: Adjustment Applied	Age-adjusted
Calculation: Method of Adjustment	Direct Standardization Standard Population: Canada 2011
Denominator	Description: Total mid-year population younger than age 75 Description: Total number of acute care hospitalizations for ambulatory care sensitive conditions in patients younger than age 75 Inclusions: 1. Hospitalization for an ambulatory care sensitive condition is identified as any most responsible diagnosis code of – Grand mal status and other epileptic convulsions ICD-9/9-CM: 345 ICD-10-CA: G40, G41 – Chronic obstructive pulmonary disease (COPD) a. Any most responsible diagnosis (MRDx) code of ICD-9/9-CM: 491, 492, 494, 496 ICD-10-CA: J41, J42, J43, J44, J47 b. MRDx of acute lower respiratory infection, only when a secondary diagnosis* of J44 in ICD-10-CA or 496 in ICD-9/9-CM is also present ICD-9/9-CM: 466, 480–486, 487.0 ICD-10-CA: J10.0, J11.0, J12–J16, J18, J20, J21, J22 *Secondary diagnosis refers to a diagnosis other than the most responsible one. – Asthma ICD-9/9-CM: 493 ICD-10-CA: J45

	<p>– Diabetes ICD-9: 250.0, 250.1, 250.2, 250.7 ICD-9-CM: 250.0, 250.1, 250.2, 250.8 ICD-10-CA: E10.0, E10.1, E10.63, E10.64, E10.9 E11.0, E11.1, E11.63, E11.64, E11.9 E13.0, E13.1, E13.63, E13.64, E13.9 E14.0, E14.1, E14.63, E14.64, E14.9</p> <p>– Heart failure and pulmonary edema[†] ICD-9/9-CM: 428, 518.4 ICD-10-CA: I50, J81</p>
Numerator	<p>– Hypertension[†] ICD-9/9-CM: 401.0, 401.9, 402.0, 402.1, 402.9 ICD-10-CA: I10.0, I10.1, I11</p> <p>– Angina[†] ICD-9: 411, 413 ICD-9-CM: 411.1, 411.8, 413 ICD-10-CA: I20, I23.82, I24.0, I24.8, I24.9</p>
	<p>– Excluding cases with cardiac procedures.</p> <p>List of cardiac procedure codes for exclusion: CCP: 47[^], 480[^]–483[^], 489.1, 489.9, 492[^]–495[^], 497[^], 498[^] ICD-9-CM: 336, 35[^], 36[^], 373[^], 375[^], 377[^], 378[^], 379.4–379.8 CCI: 1.HA.58.[^], 1.HA.80.[^], 1.HA.87.[^], 1.HB.53.[^], 1.HB.54.[^], 1.HB.55.[^], 1.HB.87.[^], 1.HD.53.[^], 1.HD.54.[^], 1.HD.55.[^], 1.HH.59.[^], 1.HH.71.[^], 1.HJ.76.[^], 1.HJ.82.[^], 1.HM.57.[^], 1.HM.78.[^], 1.HM.80.[^], 1.HN.71.[^], 1.HN.80.[^], 1.HN.87.[^], 1.HP.76.[^], 1.HP.78.[^], 1.HP.80.[^], 1.HP.82.[^], 1.HP.83.[^], 1.HP.87.[^], 1.HR.71.[^], 1.HR.80.[^], 1.HR.84.[^], 1.HR.87.[^], 1.HS.80.[^], 1.HS.90.[^], 1.HT.80.[^], 1.HT.89.[^], 1.HT.90.[^], 1.HU.80.[^], 1.HU.90.[^], 1.HV.80.[^], 1.HV.90.[^], 1.HW.78.[^], 1.HW.79.[^], 1.HX.71.[^], 1.HX.78.[^], 1.HX.79.[^], 1.HX.80.[^], 1.HX.83.[^], 1.HX.86.[^], 1.HX.87.[^], 1.HY.85.[^], 1.HZ.53 rubric (except 1.HZ.53.LA-KP), 1.HZ.54.[^], 1.HZ.55 rubric (except 1.HZ.55.LA-KP), 1.HZ.56.[^], 1.HZ.57.[^], 1.HZ.59.[^], 1.HZ.80.[^], 1.HZ.85.[^], 1.HZ.87.[^], 1.IF.83.[^], 1.IJ.50.[^], 1.IJ.54.GQ-AZ, 1.IJ.55.[^], 1.IJ.57.[^], 1.IJ.76.[^], 1.IJ.80.[^], 1.IJ.86.[^], 1.IK.50.[^], 1.IK.57.[^], 1.IK.80.[^], 1.IK.87.[^], 1.IN.84.[^], 1.LA.84.[^], 1.LC.84.[^], 1.LD.84.[^], 1.YY.54.LA-NJ, 1.YY.54.LA-FS, 1.YY.54.LA-NM</p> <p>Note: Code may be coded in any position. Procedures coded as abandoned after onset (Intervention Status Attribute = A) are excluded.</p>
	<p>2. Admission to an acute care institution (Facility Type Code = 1)</p> <p>3. Age at admission younger than 75</p> <p>4. Sex recorded as male or female</p> <p>Exclusions:</p> <p>1. Records with discharge as death (Discharge Disposition Code = 07)</p> <p>2. Newborn, stillbirth or cadaveric donor records (Admission Category Code = N, R or S)</p>
Background, Interpretation and Benchmarks	<p>Hospitalization for an ambulatory care sensitive condition is considered to be a measure of access to appropriate primary health 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 appropriate primary care.</p>
Rationale	<p>Low rates are desirable.</p>
Interpretation HSP Framework Dimension Areas of Need	<p>Health System Outputs: Appropriate and effective Living With Illness, Disability or Reduced Function</p>
Targets/Benchmarks	<p>The appropriate level of hospitalization for these conditions is not known, and large regional variations in the rate of hospitalization for these conditions exist.</p>

References	<p>Anderson GM. Common Conditions Considered Sensitive to Ambulatory Care. In Patterns of Health Care in Ontario, 2nd Ed. Eds. V. Goel et al. Ottawa, ON: CMA; 1996: 104-110.</p> <p>Billings J, Anderson GM, Newman LS. Recent Findings on Preventable Hospitalizations. <i>Health Aff (Millwood)</i> 1996(15): 239-249.</p> <p>Billings J, Zeitel L, Lukomnik J, et al. Impact of Socio-Economic Status on Hospital Use in New York City. <i>Health Aff (Millwood)</i> 1993(12): 162-173.</p> <p>Manitoba Centre for Health Policy and Evaluation. Concept: Ambulatory Care Sensitive (ACS) Conditions. http://mchp-appserv.cpe.umanitoba.ca/viewConcept.php?conceptID=1023. Published September 26, 2007. Accessed December 14, 2010.</p>
Availability of Data Sources and Results Data Sources	DAD, HMDB
Available Data Years	<p>Type of Year: Fiscal</p> <p>First Available Year: 2010</p> <p>Last Available Year: 2017</p>
Geographic Coverage	All provinces/territories
Reporting Level/Disaggregation	National, Province/Territory, Region, Neighbourhood Income Quintile
Result Updates	Every year
Update Frequency	<p>Web Tool: Your Health System: In Depth</p> <p>URL: Accessing Indicator Results on Your Health System: In Depth</p> <p>Not applicable</p>
Indicator Results	Not applicable
Updates	Not applicable
Quality Statement	Not applicable
Caveats and Limitations	Indicator results are also available in
Trending Issues	
Comments	<ul style="list-style-type: none"> The Health Indicators e-publication (http://yourhealthsystem.cih.ca/epub/?language=en), updated annually starting from data year 2001-2002