

Ambulatory Care Sensitive Conditions

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| 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 |

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| | <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> |

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| 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 |