MEASURE SPECIFICATION: POTENTIALLY AVOIDABLE EMERGENCY ROOM (ER) VISITS

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Background information on the measure

Beginning in 2010, the Washington Health Alliance began using the Potentially Avoidable ER Visit measure developed by the California Department of Health Care Services (DHCS), a HEDIS-like measure that summarized the percentage of designated "avoidable" ER visits. Many refer to this measure as the "Medi-Cal" measure of Potentially Avoidable ER. To develop the measure, DHCS reviewed published literature and consulted with noted experts on ER use from the University of California at San Francisco, the University of California at Davis, and New York University (the group that developed the NYU Algorithm for Avoidable ER) for assistance in developing a practical list of approximately 170 diagnosis codes (ICD-9) for visits that could reasonably be avoided (i.e., the acute care setting unnecessary to effectively treat these diagnoses).

At the time the Medi-Cal measure was approved for use, it was recognized that this is a conservative measure of potentially avoidable ER visits. In other words, the list of diagnoses codes in the measure definition reflects care that is always, or almost always, appropriate for the primary care or urgent care setting and therefore inappropriate for the acute care setting.

In December 2014, the Medi-Cal measure was approved for inclusion in the Washington State Common Measure Set on Health Care Quality and Cost.

In 2015, the Alliance learned that the California Department of Health Care Services did not plan to keep the measure updated or translate it for use with ICD-10. In order to ensure the measure could continue to be used and was as up-to-date as possible, the Alliance worked with Group Health Cooperative (now Kaiser Permanente Washington) and Q-Corp in Oregon (who was also using the Medi-Cal measure) to review and update the diagnoses list and to translate the measure from ICD-9 to ICD-10. The measure specification that follows reflects this work and, beginning in 2017, was approved for use in the Washington State Common Measure Set and the Alliance's Community Checkup.

Other interested organizations may license the measure specifications; if interested, please contact the Washington Health Alliance at: https://wahealthalliance.org/contact-us/

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Description: Potentially Avoidable ER Visits

This measure identifies the percentage of all emergency room visits during the measurement year that are potentially avoidable.

Definitions

Emergency Department (ED) / Emergency Room (ER)	A section of a hospital or a free-standing institution that is staffed and equipped to provide rapid and varied emergency care, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma. The emergency department may use a triage system of screening and classifying clients to determine priority needs for the most efficient use of available personnel and equipment. Also called emergency room.

About the measure

Impact of the measure: This measure assesses potentially avoidable emergency room visits utilization.

Emergency rooms (ERs) are an important part of our health care system. For people suffering from a serious, acute problem, ERs help patients get the immediate care that they need. However, not all care that happens in the ER should be happening there. Too many people are using ERs for health problems that can be safely and effectively treated in a primary care provider's office or in an urgent care clinic for a fraction of the cost. Nationally, it's been estimated that up to 40 percent of emergency room (ER) visits are not urgent. Many of these visits occur when patients cannot be seen by their primary care physician.[i] Avoidable use of emergency care contributes to ER overcrowding, a common problem in the United States.[ii] In addition, using the ER for non-emergency conditions contributes to the high cost of health care. ER visits can cost up to ten times more than the same treatment in an outpatient setting.

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Eligible Population

Product lines	Commercial, Medicaid, Medicare (report each product line separately).
Ages	Age 1 year and older as of date of service (ER visits). Report the following age stratifications • 1 to 17 • 18 years and above • Total
Continuous enrollment	No continuous enrollment requirement – include all members who meet age criteria and who were enrolled at any point during the measurement year.
Allowable gap	Not applicable.
Anchor date	None.
Benefit	Not applicable.
Event/diagnosis	An emergency room visit in the measurement year.

Denominator set

All emergency room visits for members aged 1 year and older in the measurement year.

Step 1:

Identify all ER (emergency room) visits for members aged 1 year and older (as of the date of service) in the measurement year. (see detailed measure spec for relevant codes)

Step 2:

Exclude all ER visits from the denominator that resulted in inpatient admission on the same day (date of service for ER visit is same as date of admission to inpatient facility and the admit and discharge dates are populated). Where there is one or more than one claim for a member that meets the criteria in step 1 with the same incurred date, the denominator count will be one. Claims with the same incurred date count as one in the denominator. (see detailed measure spec for relevant codes)

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Numerator set

Number of avoidable ER (emergency room) visits in the measurement year.

Detailed specifications for numerator:

Step 1:

From the ER visits identified in the denominator after exclusion, identify all visits with any diagnosis code listed in workbook "Avoidable ER Visits_Final List_ 04 04 2017" at primary position during the measurement year. (see detailed measure spec for workbook)

Step 2:

Final numerator population = All avoidable ER visits identified in Step 1. Where there is one or more than one claim for a member that meets the criteria in step 1 with the same incurred date, the numerator count will be one. Claims with the same incurred date count as one in the numerator.

Calculation of the measure

The quality measure is calculated as: Numerator / Denominator X 100

Note: *A high score indicates high rate of potentially avoidable ER visits. A lower score is better for this measure.*

References

[i] Institute for Healthcare Improvement. Primary Care Access. Available at: http://www.ihi.org/IHI/Topics/OfficePractices/Access/

[ii] Institute of Medicine. 2003. The Future of Emergency Care in the United States Health System. Available at: http://www.nap.edu/openbook.php?record_id=11926&page=4