Potentially Avoidable Hospitalizations

Fact Sheet

2009 Update

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Rebecca A. Pope, MA
Cyril F. Chang, PhD

Hospitals are one of the most expensive places where Tennesseans receive medical treatment[1] and in many cases these costly hospitalizations could be avoided. In 2007, Tennessee hospitals discharged about 572,000 non-maternal adult patients[2], resulting in an estimated expenditure of $4.8 billion. About 17% of these hospitalizations may have been avoided with adequate primary care, saving an estimated $491 million.

What is a potentially avoidable hospitalization?

Hospitalizations for ambulatory care sensitive conditions (ACSCs) are called potentially avoidable hospitalizations (PAHs) because they can be prevented when clinicians provide high quality and timely preventive care. While hospitalizations for ACSCs tell us something about the quality of care in doctors' offices, many factors contribute to hospitalizations for ACSCs including access to primary care, when individuals seek treatment, and individuals' willingness to engage in health-promoting behaviors.

Potentially avoidable hospitalizations in Tennesseee

PAHs can be classified as chronic or acute, depending on the condition for which the patient was treated. The table shows the number and incidence of the different PAHs.

	Discharges	Observed Rate†	Expected Rate
Chronic ACSC	54,781	1,179.9	928.4
Acute ACSC	39,602	852.9	576.6
Perforated Appendix	1,071	33.8	30.9
All ACSCs	**94,381**	**2,032.8**	**1,509.4**

†Rates are shown per 100,000 adults for all conditions except perforated appendix. Perforated appendix is shown per 100 appendicitis admissions and is excluded from the summary rate.

The majority of PAHs are for chronic conditions (59%). However, measured against expected rates, Tennessee clearly performs worse for acute conditions, with rates almost 50% higher than expected. Expected rates represent what Tennessee's rates would look like if Tennessee had the same age, gender and

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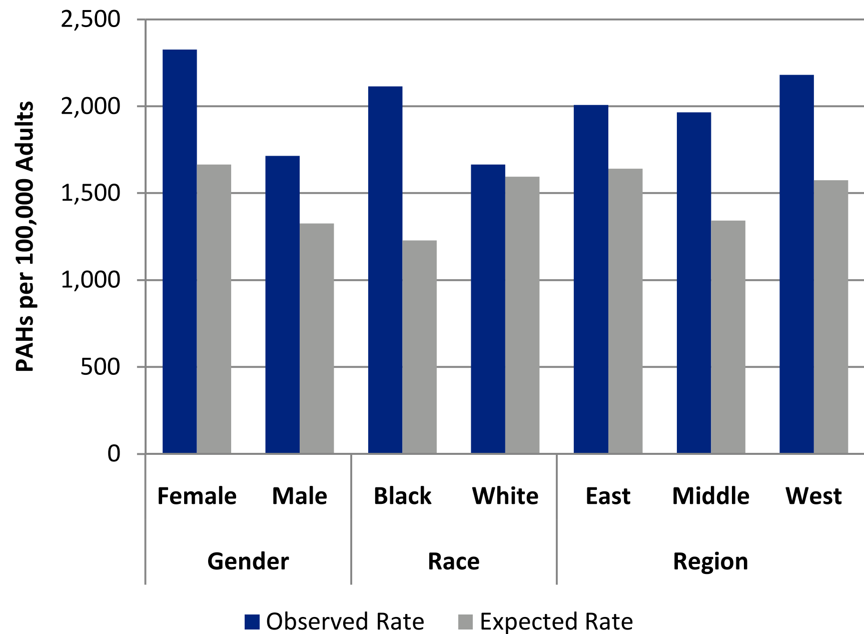
poverty patterns as the rest of the nation[3]. The difference between observed and expected rates may be explained by lower quality primary care in Tennessee than in the rest of the nation, poorer average health, Tennesseans delaying or seeking care from inappropriate places, or some combination of the three.

Not all groups of Tennesseans have the same experience with PAHs. The graph shows the observed and expected rates of PAHs by gender, race, and region of the state. The rate of PAHs for women is about 35% higher than the rate for men and about 40% higher than would be expected based on the nationwide experience of women. Tennessee men, by contrast, are only about 30% worse than expected.

Of all groups, white Tennesseans come closest to the expected rate of PAHs, only 4% above the predicted value. This contrasts sharply with the experience of black Tennesseans who had an observed rate 30% higher than that of whites and 72% higher than the expected rate. Finally, the observed rates of PAHs were comparable between East and Middle Tennessee. Judged against expected rates though, Middle Tennessee fared the worst at 46% above expected compared to 22% over for East and 38% over for West Tennessee.



Notes

1. While there are many different types of hospitals, this report focuses only on short-term general and critical access hospitals.
2. Of all non-maternal adult discharges from Tennessee hospitals, about 11% were for out of state patients, mostly from Virginia, Mississippi, and Georgia. These patients are excluded from all analyses.
3. These rates are calculated automatically by the AHRQ PQI software. We used Version 4.1 for this report. It can be accessed for free from http://www.qualityindicators.ahrq.gov/software.htm.

For more information about PAHs in Tennessee visit our website:
healthecon.memphis.edu

Cyril F. Chang, Director
Tel: (901) 678-3565

The Center for Healthcare Economics
University of Memphis, FCBE 312
Memphis, TN 38152