

ASTHMA

UTAH EMERGENCY DEPARTMENT VISIT REPORT, 2005

Acknowledgements

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PURPOSE

This report is a descriptive analysis of emergency department visits that occurred with a primary diagnosis of asthma between 2001-2003 in Utah. This report focuses on treat and release emergency department encounters and does not include persons hospitalized due to asthma.

Data on emergency department visits were obtained from the Emergency Department Encounter Database housed at the Utah Department of Health (UDOH). The data consist of emergency department visits by count, crude, and age-adjusted rates. It also contains costs associated with the diagnosis of asthma. ICD-9 code 493 was used to define asthma.

BACKGROUND

Asthma is a serious personal and public health issue that has far reaching medical, economic, and psychosocial implications. The burden of asthma can be partly measured in the number of asthma-related health events including emergency department visits. Asthma is considered to be an ambulatory care sensitive condition because, with consistent and effective ambulatory care, large portions of emergency department visits due to asthma are preventable. Data on emergency department visits for asthma can be used to examine the severity of asthma, both from the perspective of the individual and from the perspective of society.

Of importance is that asthma-related emergency department visit rates measure a severe outcome of the disease, rates are not useful indicators of asthma prevalence in the population. However, emergency department visit rates are useful for identifying populations that may be at greater risk of significant morbidity and mortality due to asthma.

Source

1. National Heart, Lung and Blood Institute, National Asthma Education and Prevention Program Description. Available at http://www.nhlbi.nih.gov/about/naepp/naep_pd.htm

Gender Differences

Between 2001 and 2003 there were 16,945 asthma related emergency department visits, with an average of 5,648 emergency department visits per year occurring between these years.

Females experience a higher rate of emergency department visits due to asthma when compared to males in Utah. In 2003 the rate for females was 26.9 per 10,000 versus 19.0 per 10,000 for males. This pattern of gender difference in asthma related emergency department visits has been consistent over time; female rates exceed male rates each year from 2001 – 2003.

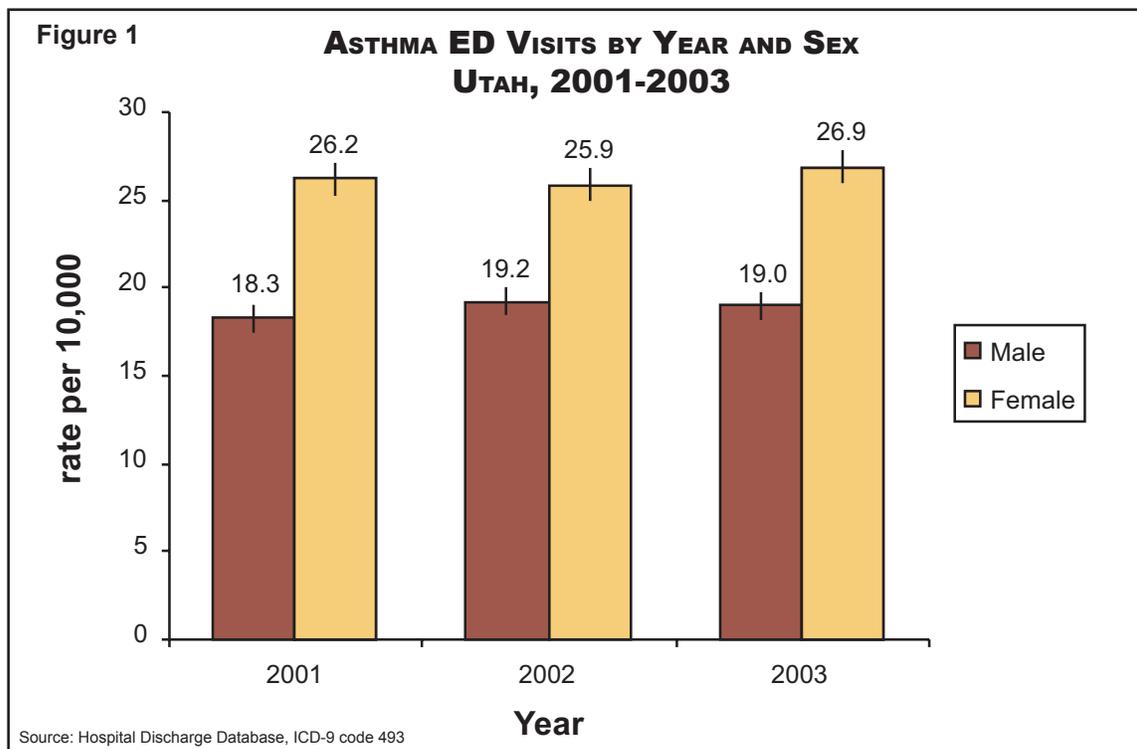


Figure 1 compares the age-adjusted emergency department visit rates of males and females in the years 2001, 2002, 2003.

Age Differences

Rates of emergency department visits for asthma in Utah are highest among children aged 1 to 4, with a gradual decreasing trend seen as age increases. This decrease in emergency department visits due to asthma may be a result of the development and adherence to an asthma management plan.

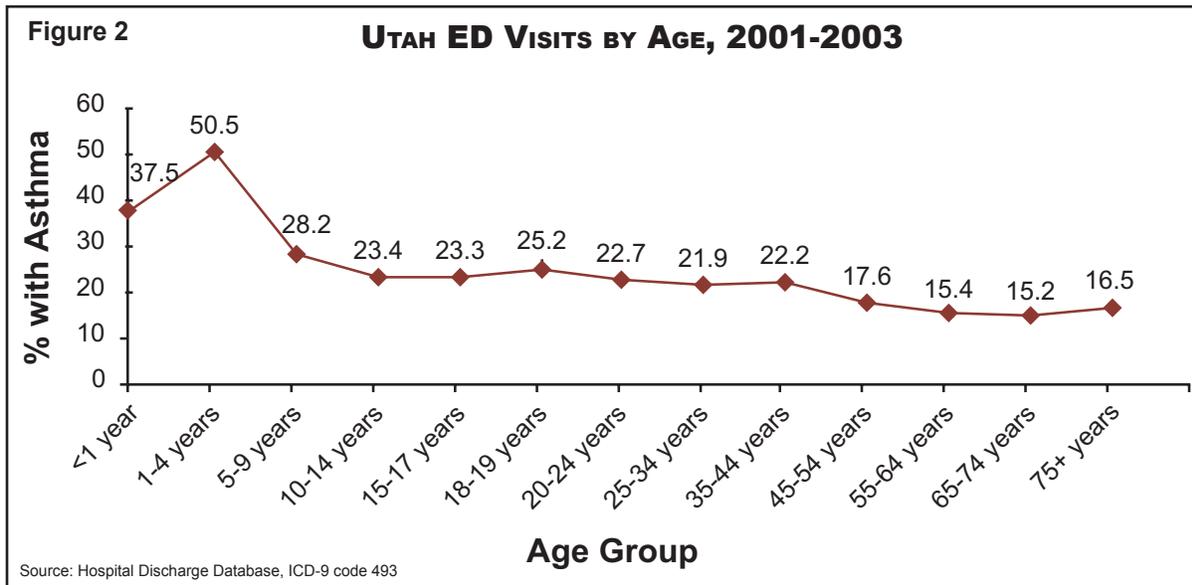


Figure 2 indicates the rates of emergency department visits for 2003 based on age.

Cost Due To Emergency Department Visits

In 2003 there were 5,884 emergency department visits due to asthma. This resulted in total charges of approximately \$3.0 million, with an average cost of \$505.11 per emergency department encounter that did not result in a hospital admission.

A primary payor is the principal source from which a hospital emergency department expects to receive payment for services rendered.

COST DUE TO ED VISITS

The information on primary payor for Utah hospitalization is divided into 11 categories: Medicare; Medicaid; Other Government; Blue Cross/Blue Shield; Other Commercial; Managed Care; Self Pay; Charity/Unclassified; Industrial and Worker's Compensation; Children's Health Insurance Program; and Unknown.

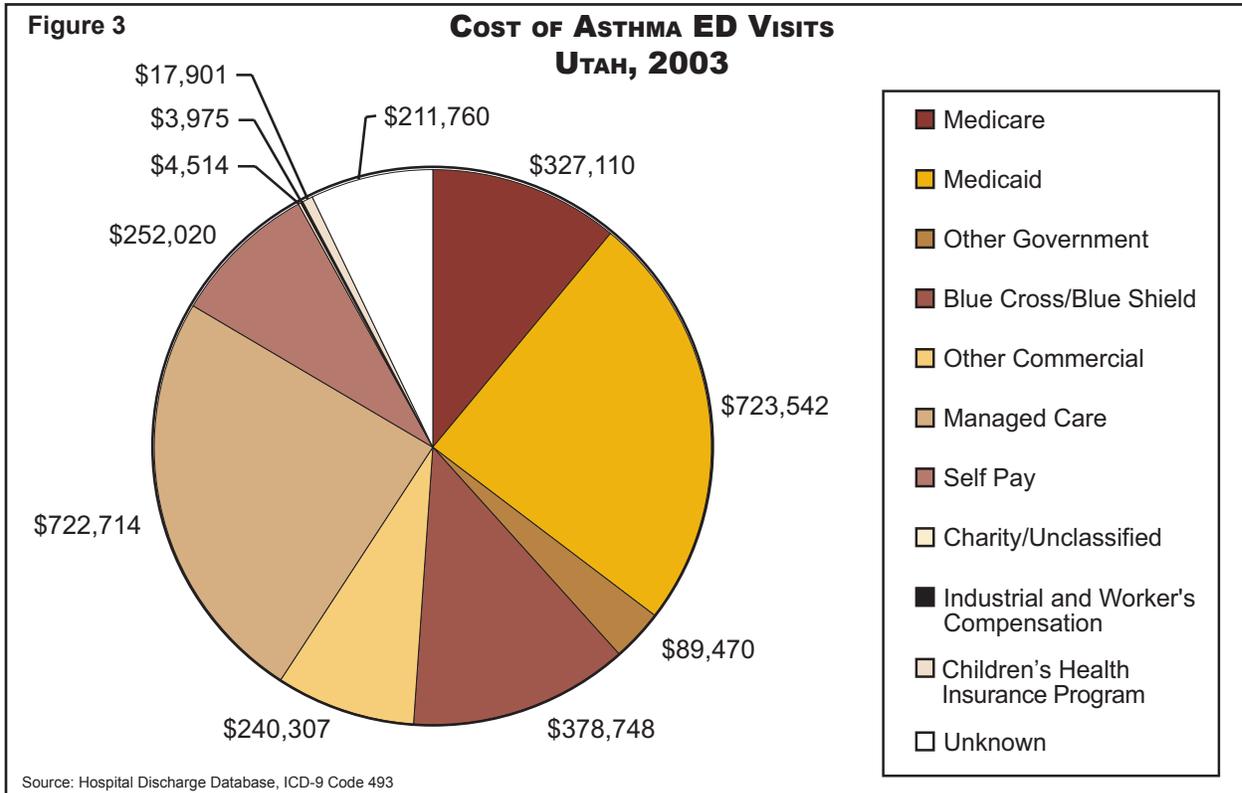


Figure 3 indicates the cost distribution of various payors.

Total government expenditures in 2003 accounted for 39% of all dollars spent on emergency department visits due to asthma.

- Medicare 11.0%
- Medicaid 24.3%
- Other Government 3.0%
- Blue Cross/Blue Shield 12.7%
- Other Commercial 8.1%
- Managed Care 24.3%
- Self Pay 8.5%
- Charity/Unclassified 0.2%
- Industrial and Worker's Compensation 0.1%
- Children's Health Insurance Program 0.6%
- Unknown 7.1%

CONCLUSION

Asthma is a serious chronic disease that affects thousands of Utahns. Fortunately, many emergency department visits due to asthma are preventable through proper asthma management and education. Effective management includes control of exposures to factors that trigger severe episodes, adequate medication management, continual monitoring of the disease, and patient education in asthma care.

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VISIT REPORT, 2005**

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