

3M™ Medicaid Potentially Preventable Emergency Visit (PPV) Rates by County and Zip Code Beginning 2011

- Potentially Preventable Visit Rates by Patient County (Medicaid): Beginning 2011
- Potentially Preventable Visit Rates by Patient Zip Code (Medicaid): Beginning 2011

Overview

New York State Department of Health
Office of Quality and Patient Safety
Bureau of Health Informatics
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Overview

- **3M™ Population Focused Preventables Classification System**

Potentially Preventable Visits (PPVs) are calculated as part of the 3M™ Population Focused Preventables (PFP) Classification System (Version 1.2) software. The PFP software is a proprietary set of classification systems for identifying potentially preventable health care events. PFPs focus on three types of health care events: inpatient admissions, emergency department visits and outpatient ancillary services. More information on 3M software classification tools may be found on their website at: http://solutions.3m.com/wps/portal/3M/en_US/Health-Information-Systems/HIS/Products-and-Services/Classification-and-Grouping/

- **3M™ Potentially Preventable Visits (PPVs)**

Potentially Preventable Visits (PPVs) are emergency visits for ambulatory sensitive conditions (e.g., asthma) which should be able to be reduced or eliminated with adequate patient monitoring and follow-up (e.g., medication management). In general, the occurrence of high rates of PPVs represents a failure of the ambulatory care provided to the patient. In addition, when a PPV occurs shortly following a hospitalization, the PPV may be the result of actions taken or omitted during the hospital stay, such as incomplete treatment or poor care of the underlying problem and/or poor coordination with the primary care or specialist physician.

The results of this data can be used to provide insight into the population health and the quality of the health care system outside of the hospital setting. Observed (crude), expected and risk adjusted rates are presented at the county and zip code level to allow comparison with the state average, thereby identifying geographical variation.

Treatment using emergency services can occur in many health care settings. To be considered in the PPV software, outpatient visits must have one of the following revenue codes or Evaluation and Management CPT codes to be included in the classification grouping:

Code	Value
Revenue Codes	
0450	Emergency department general
0451	EMTALA emergency medical screening
0452	ER beyond EMTALA screening
0456	Urgent Care
0459	Other emergency room
0981	Professional fees-emergency room
Evaluation and Management CPT Codes	
99281	Emergency Department visit (straight forward decision making)
99282	Emergency Department visit (low complexity)
99283	Emergency Department visit (expanded problem focus exam/moderate complexity)
99284	Emergency Department visit (detail exam/mod complexity)
99285	Emergency Department visit (high complexity) are identified as ED visits for a patient

The PPV calculations include both inpatient and outpatient data. When an ER stay occurs shortly after a hospitalization, the assignment of PPV may be the result of actions taken or omitted during the hospital

stay. In addition, outpatient claims with dates that overlap an inpatient admission are excluded from PPV assignment.

In addition to the observed (crude) rate, expected and risk adjusted rates are also calculated. The expected rate adjusts by the following age group, gender and race/ethnicity levels of classification.

- **Age group in Years (18 categories):** <=4; 5-9; 10-14; 15-17; 18-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69; 70-74; 75-79; 80-84; 85+
- **Gender (2 categories):** Male; Female
- **Race/Ethnicity (5 categories):** 1) Spanish/Hispanic origin; 2) Not Spanish/Hispanic origin-White; 3) Not Spanish/Hispanic origin-Black; 4) Not Spanish/Hispanic origin-Asian; 5) Not Spanish/Hispanic origin- Native American, Hawaiian/Pacific Islander, All other race.

How to Interpret the Rates

The denominator population base was identified through the use of Medicaid enrollment files. The enrollee's county and zip code of residence were taken from the enrollment record of their last month of enrollment in the calendar year.

PPV counts are identified through the use of the 3M Population Based Preventable software. PPVs are only assigned to visits that occur within a hospital's emergency department. A list of non-medical and medical patient groups (EAPGs) that represent ambulatory sensitive conditions are defined for PPV identification. Patients with ED visits assigned to a medical EAPG and have a primary diagnosis identifying an ambulatory sensitive condition are identified as PPV candidates. Moreover, patients with a non-medical EAPG that defines an ambulatory sensitive condition are identified as PPV candidates. In addition to the criteria above, patients admitted from a residential nursing facility with a primary diagnosis related to trauma are also PPV candidates.

The **observed PPV rate** (per 100 people) is the number of PPV divided by the population. Lower rates represent better results.

The **expected PPV rate** (per 100 people) is the number of PPV adjusted by age group, gender and race/ethnicity divided by the population.

The **risk adjusted PPV rate** (per 100 people) was calculated by dividing the observed PPV rate by the expected PPV rate, multiplied by the statewide observed PPV rate. The statewide rate is the sum of PPV discharges divided by the population of interest (zip code or county).

Data that had an out-of-state zip code or county were excluded from the zip code and county analysis datasets.

Data Collection Process

The data upon which these analyses were performed were extracts of Medicaid claims and encounter data contained in New York State's Office of Health Insurance Programs (OHIP) Data Mart, which is populated on a monthly basis by the eMedNY data warehouse. Medicaid inpatient discharges and outpatient visits during the Calendar Year were used for calculating rates.

De-Identified Data Use Limitations

The datasets contain patient's zip code or county and observed, expected and risk adjusted PPV rates by discharge year. It does not contain data that is protected health information (PHI) under HIPAA. The health information is not individually identifiable.

Contact Information

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