



# Health



## **GOAL #8 HEALTHY PEOPLE**

ALL PEOPLE HAVE ACCESS TO QUALITY AFFORDABLE HEALTH CARE THAT FOCUSES ON DISEASE AND ILLNESS PREVENTION.

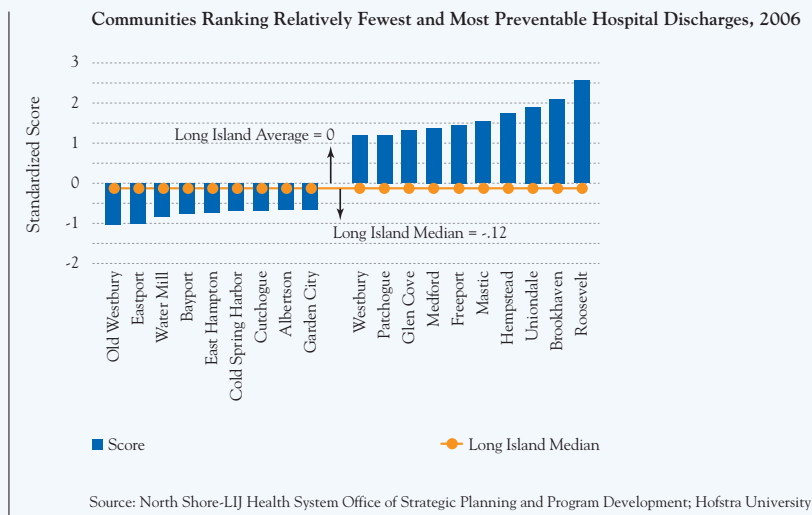
### **INDICATOR:**

#### **AMBULATORY CARE SENSITIVE (ACS) CONDITION HOSPITAL DISCHARGES**

Hospital discharges for conditions associated with ACS diagnoses remain relatively stable.

### **WHY IS THIS IMPORTANT?**

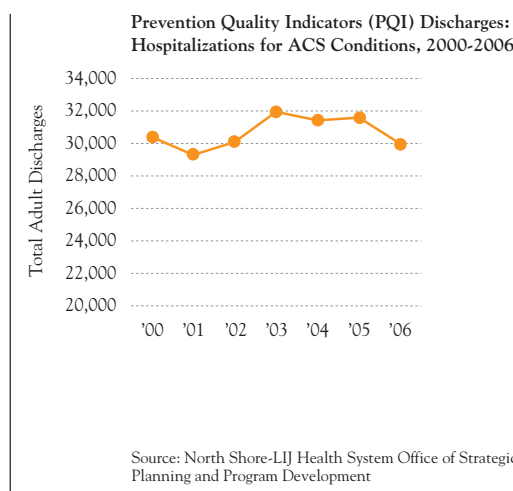
Ambulatory care sensitive (ACS) conditions represent medical problems like lung infections, adult asthma, high blood pressure, urinary tract infections, and diabetes for which patients were admitted to a hospital that either could have been prevented, or if treated with timely care, not necessarily have required hospitalization in the first place. In many cases, preventive care and early treatment can reduce the onset of certain illnesses, control an acute episodic occurrence of an illness, or help to manage a chronic medical condition without hospitalization. Having to hospitalize people for conditions that would not have required it if early detection and preventive treatment had been provided adds enormously to overall healthcare costs.



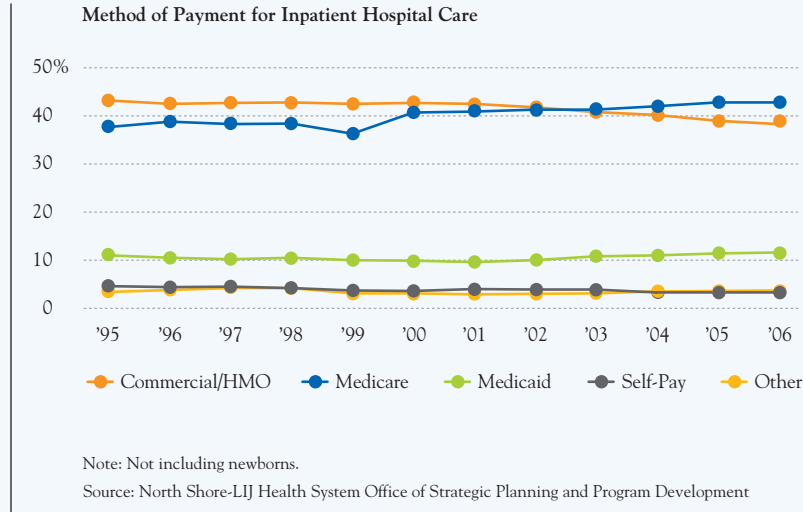
**HOW ARE WE DOING?**

Overall, the number of ACS hospitalizations has been relatively stable from 2000 to 2006.<sup>1</sup> ACS hospitalizations increased by 4% between 2000 and 2005. However, the 29,976 ACS admissions (as identified by the PQIs) in 2006 represented a 5% decrease from the total for 2005.

Many factors, both within and without the healthcare system, contribute to ACS-associated hospitalizations. Some of those include patients' economic circumstances that limit their access to preventive healthcare, poor environmental conditions, limited community access to local healthcare facilities, and other factors associated with economic hardships. This is evident at the community level, as those communities with higher rates of Medicaid and uninsured hospitalizations tend to also have higher rates of ACS hospitalizations. There is a wide disparity across Long Island communities in the rates of ACS hospitalizations.



<sup>1</sup>Measuring ACS Hospitalizations: The Preventive Quality Indicators (PQIs) are measurements of the occurrences of hospitalizations for diagnoses associated with ambulatory care sensitive (ACS) conditions. The PQIs utilize inpatient hospital records to establish admissions and discharge rates for ACS conditions. Here we use twelve indicators associated with adult hospital admissions: short-term diabetes, long-term diabetes, obstructive pulmonary disease, hypertension (high blood pressure), congestive heart failure, dehydration, bacterial pneumonia, urinary infections, angina without procedure, uncontrolled diabetes, adult asthma, lower extremity amputations (associated with diabetes).



**INDICATOR:**

**PAYING FOR HOSPITAL CARE**

**Commercial/HMO coverage decreases while Medicare and Medicaid coverage increase.**

**WHY IS THIS IMPORTANT?**

Health care costs are a major factor in almost every household budget. Costs associated with a single hospital stay may quickly wipe out savings and move people into debt. Thus, having some reliable and comfortable way of covering major medical costs is an important element in preserving our quality of life.

**HOW ARE WE DOING?**

Between 1995 and 2000, the rate of hospital care admissions covered by commercial insurance or HMO policies remained fairly steady at 43%. At that point, the percentage began to trend downward to 2006, when 38% of hospital care was covered by traditional insurance and HMO policies.

In contrast, the trend has been just the reverse for Medicare coverage: 38% in 1995 and 43% in 2006. Similarly, the trend for reliance on Medicaid has been upward since 2001. In 2006, about 12% of hospitalizations were covered by Medicaid. That is a two percentage point increase from 2000. As would be expected the shift over the past decade between reliance on commercial insurance and HMO and Medicare has been more dramatic for adult hospitalizations. For pediatric care, there has been a similar decline in the use of commercial insurance and HMO plans. 67% of pediatric hospitalizations were paid for by those means in 2000. By 2006 the rate had dropped to 62%. In contrast, reliance on Medicaid for pediatric hospital care has increased. Medicaid was utilized for 25% of pediatric care in 2000. In 2006, Medicaid payments accounted for 27% of pediatric care.