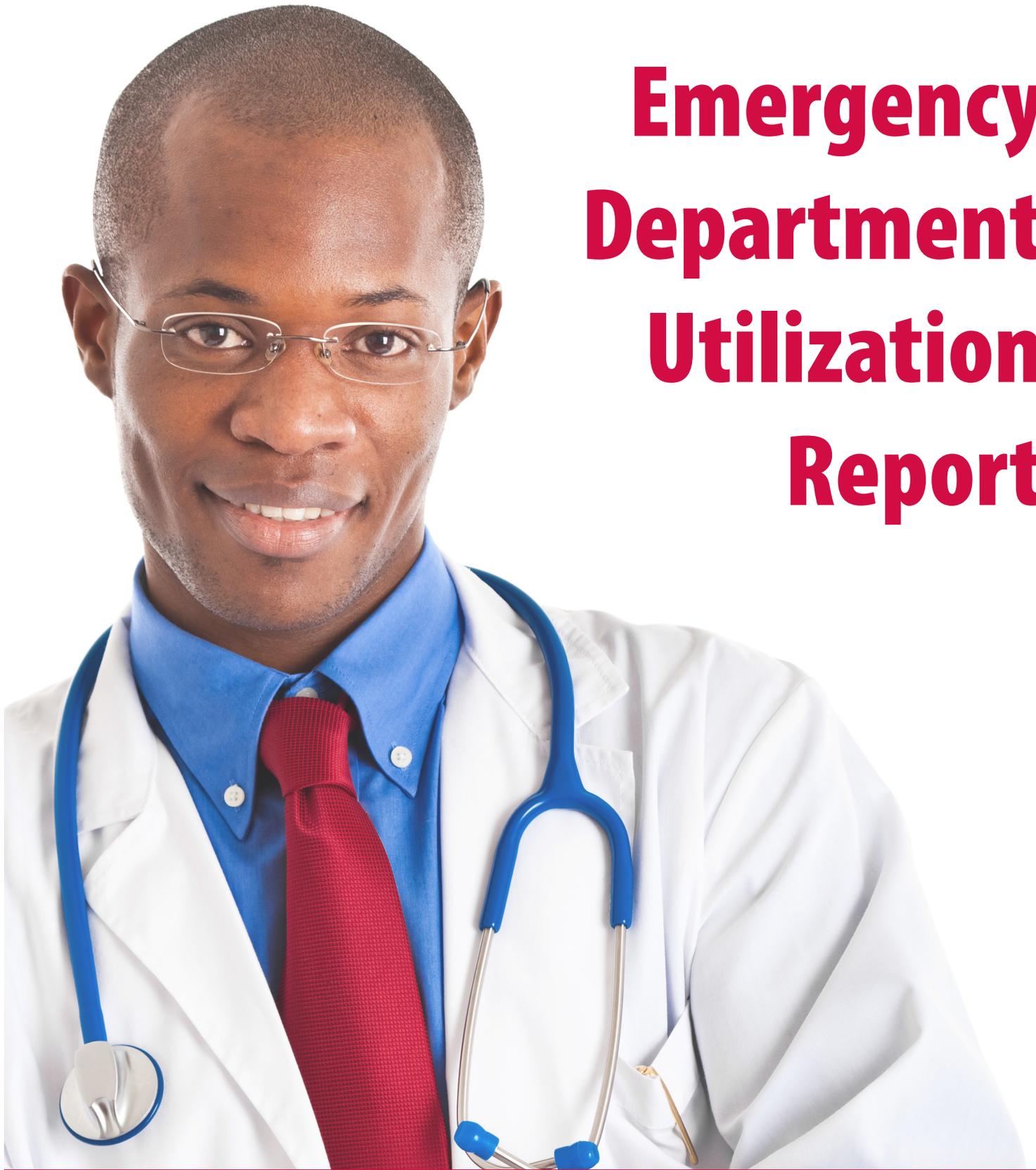


# Emergency Department Utilization Report



2017

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## Emergency Department Utilization Report 2017

### Introduction

Beginning in January 2005 the Florida Agency for Health Care Administration (Agency) began collecting information for all visits to a hospital Emergency Department (ED) in order to meet specific annual reporting requirements for ED utilization and costs. The resulting data provided a detailed look at the reasons people seek care at the ED, the charges and the payers for these visits, as well as the services performed in the ED setting.

Data reporting is necessary as EDs provide a significant source of urgent and non-urgent medical care in the state of Florida. In 2017 there were over 8.8 million outpatient ED visits. More than 64 percent (1,824,149 out of 2,833,652) of hospital inpatient admissions in Florida originated in an ED facility.

The Agency submits this report in accordance with Section 408.062, Florida Statutes, which reads:

- (1) The agency shall conduct research, analyses, and studies relating to health care costs and access to and quality of health care services as access and quality are affected by changes in health care costs. Such research, analyses, and studies shall include, but not be limited to:
  - (i) The use of emergency department services by patient acuity level and the implication of increasing hospital cost by providing non-urgent care in emergency departments. The agency shall submit an annual report based on this monitoring and assessment to the Governor, the Speaker of the House of Representatives, the President of the Senate, and the substantive legislative committees with the first report due January 1, 2006.**

### Patient Characteristics

- The largest portion of pediatric ED visits were made by children under five years of age.*

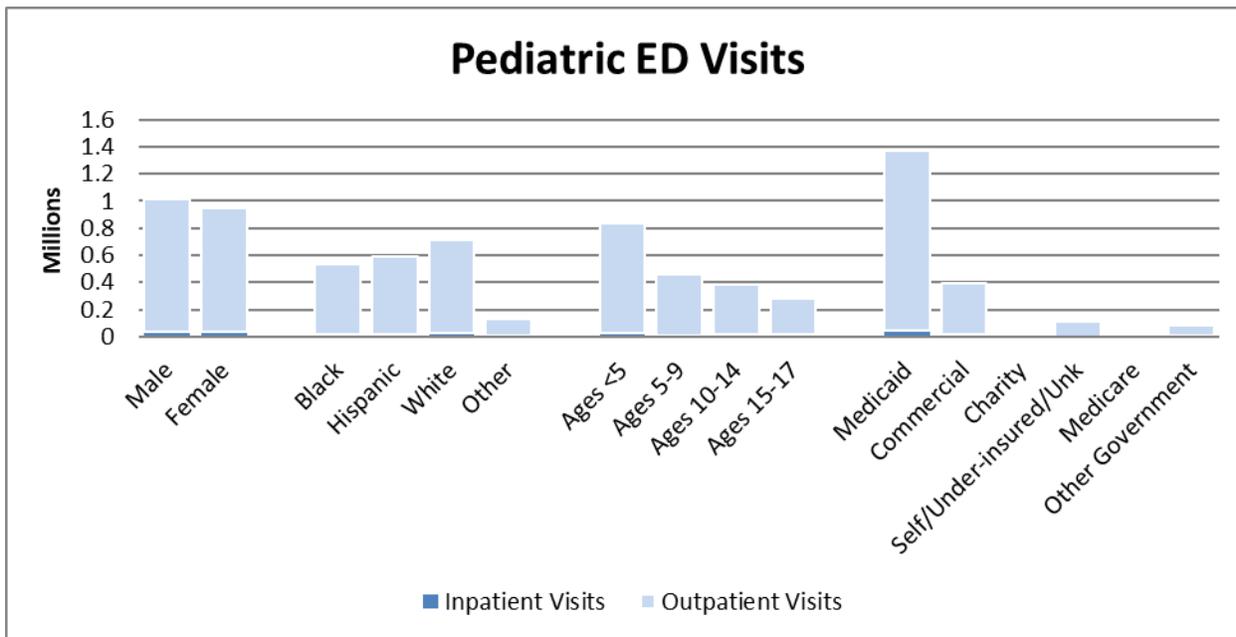
Around 42 percent of the nearly 2 million pediatric ED visits were for children under five years old. The number of pediatric ED visits generally declines with each successive age group. Children ages 15-17 comprise around 14 percent of total pediatric ED visits (see Appendix Table 1).

- Medicaid is the principal payer for over 2/3rds of pediatric visits.*

Medicaid was the principal payer for pediatric ED visits, paying for 70 percent (almost 1.4 million) of all pediatric visits. Commercial payers were the second-highest payer at almost 20 percent (see Appendix Table 1).

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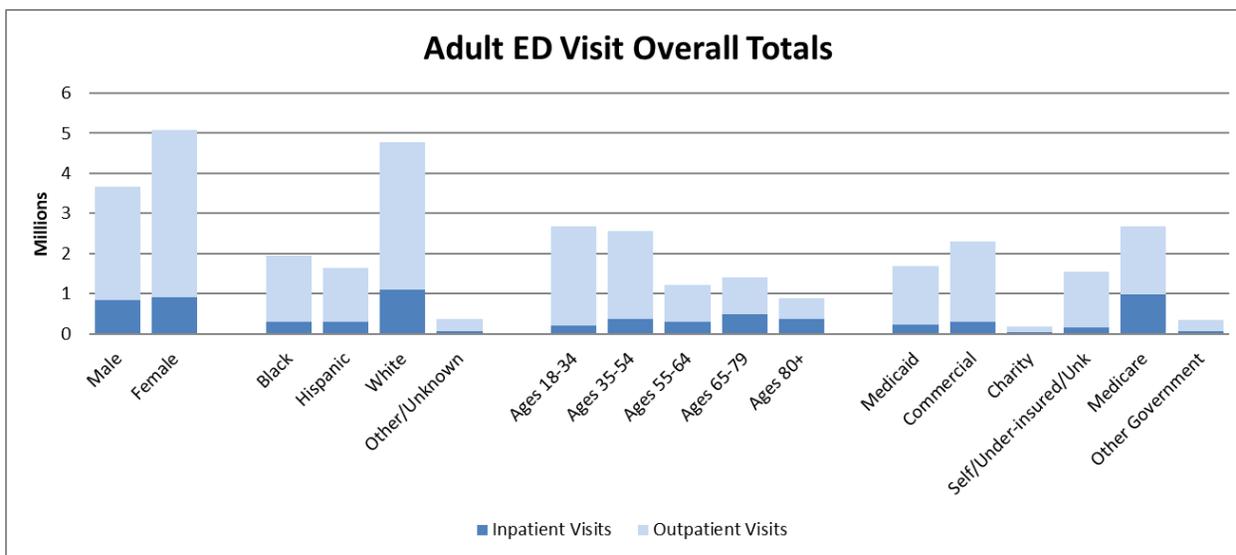
**Figure 1. Pediatric ED Visits by Sex, Race/Ethnicity, Age Group, and Payer Group**



- *Young and middle aged adults made over half of all ED visits for 2017.*

Adults aged 18-54 accounted for 60 percent of all ED adult visits. The number of ED visits for women was approximately 16 percent higher than the number of visits by men. Medicare and Medicaid paid for half of the total number of adult ED visits (see Appendix Table 2).

**Figure 2. Adult ED Visits by Sex, Race/Ethnicity, Age Group, and Payer Group**

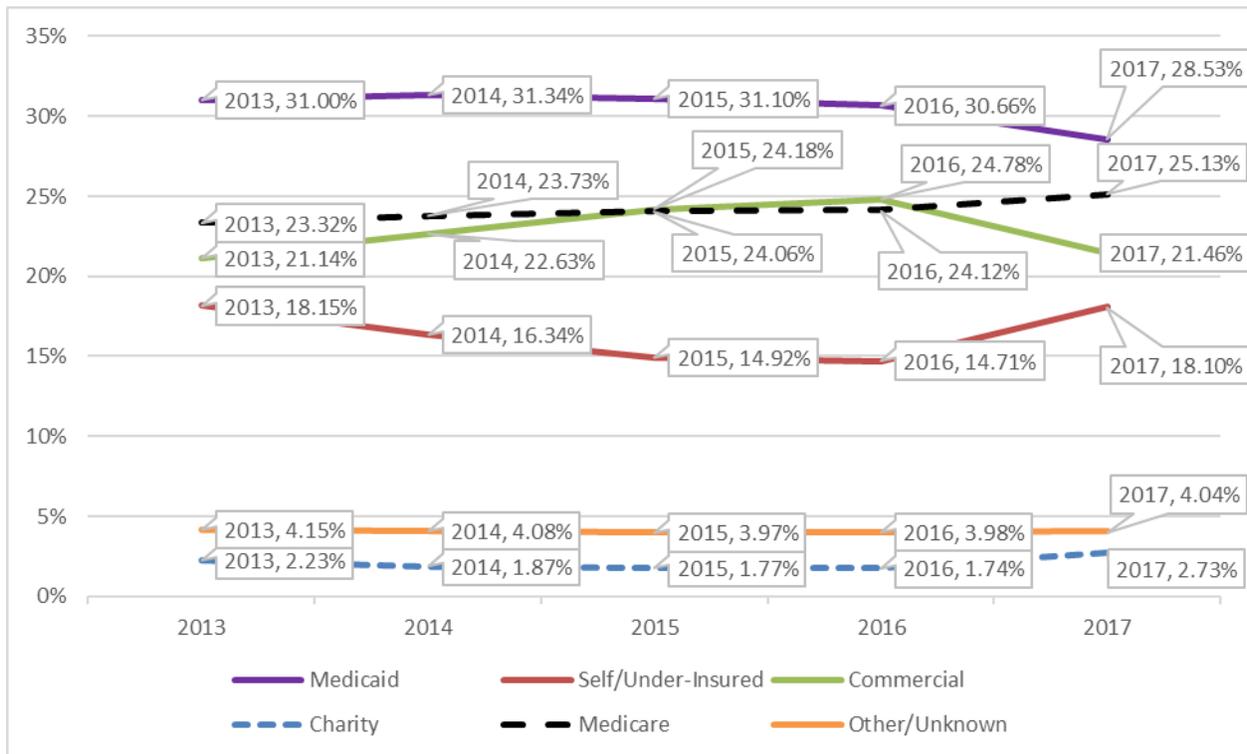


## Volume Trends over Time

Due in part to population growth, the volume of ED visits for all payers has historically shown an annual increase.

Figure 3 shows the share of ED visits by payer group over the past five years. The general trend is that the overall volume of ED visits grew from year to year while the proportions for many payer groups stayed relatively constant. For 2017 there was a slight decline in the proportions of Medicaid visits and a small increase in Medicare visits.

**Figure 3. Total Visits by Payer Group 2013-2017**



## Inpatient Hospitalization

In 2017, Florida EDs experienced 10,713,605 visits with 1,824,149 (17 percent) of those visits resulting in a hospital inpatient admission. Inpatient hospitalization resulted from 70,668 pediatric visits and 1,753,481 adult visits. The inpatient hospitalization rate for pediatric visits was 3.6 percent, while the rate for adult visits was 20 percent.

- *Pediatric ED visits are less likely to result in inpatient hospitalization than adult visits.*

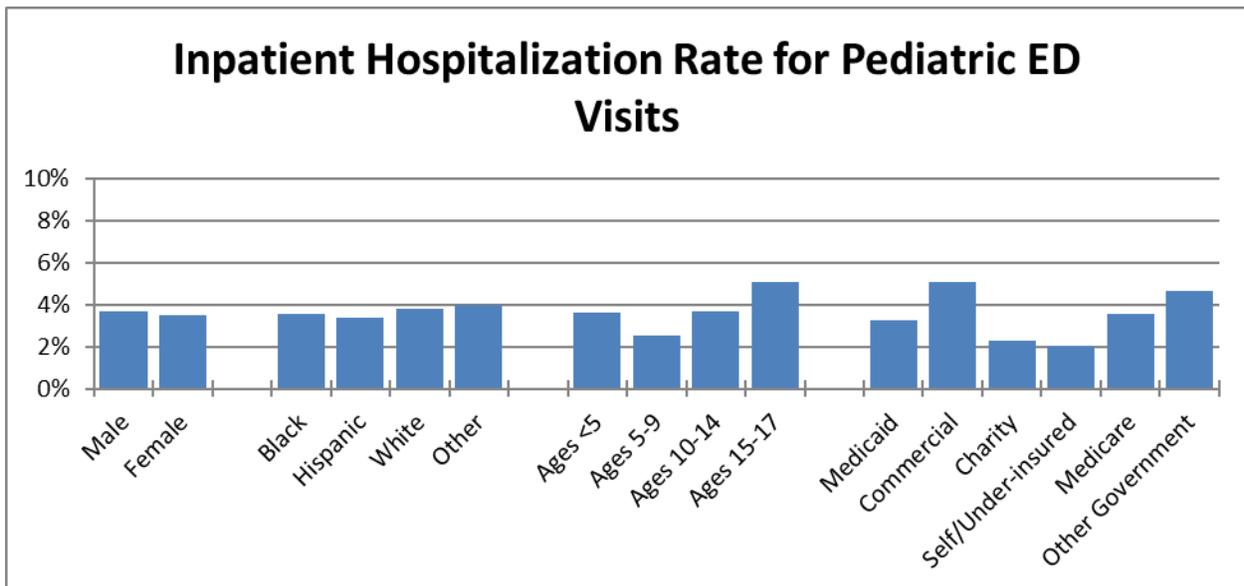
## Emergency Department Utilization Report 2017

Regardless of patient characteristics, the rate of pediatric ED visits resulting in inpatient hospitalization was much lower than the rate for adult ED visits (see Appendix Table 3).

- *Charity, self and under-insured visits were less likely to be admitted for inpatient care than government programs or commercial payers for pediatric visits.*

Pediatric ED visits with Medicaid, Medicare, other government, or commercial principal payers resulted in inpatient hospitalization ranging from 3.2 percent for Medicaid to a high of 5 percent of commercial patients. In contrast, only 2.3 percent of charity and 2.0 percent of self or under-insured pediatric visits were admitted for inpatient care. These rates are well below the statewide average of 3.6 percent pediatric ED visits resulting in hospitalization (see Appendix Table 3).

**Figure 4. Inpatient Hospitalization Rate for Pediatric ED Visits by Patient Characteristics**

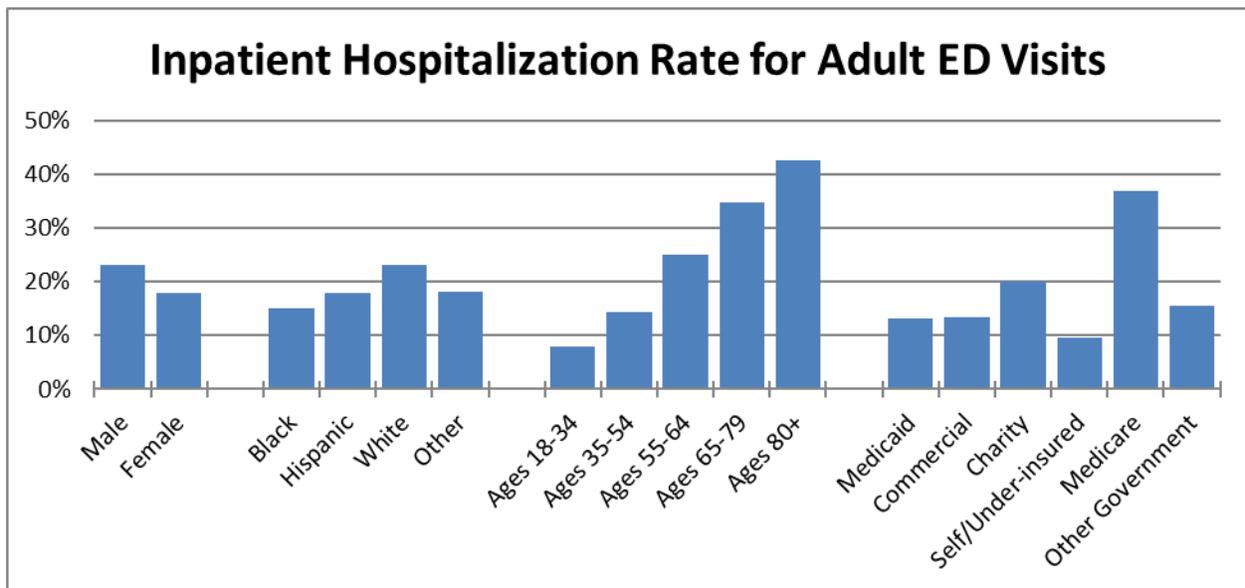


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- *Patient age is related with an inpatient hospitalization following an ED visit.*

Patients over 80 years of age who visit EDs are more likely to be hospitalized for their conditions (see Appendix Table 3). This phenomenon is likely attributed to the types of health concerns that bring older patients to the ED. Eight of the ten most frequent medical conditions for overall inpatient hospitalization, such as heart and lung disease, are among the most common conditions for patients over 65. Visits paid by Medicare are approximately twice as likely to result in inpatient hospitalization as other payers, possibly because patients over 65 years of age are also more likely to have Medicare coverage.

**Figure 5. Inpatient Hospitalization Rate for Adult ED Visits by Patient Characteristics**



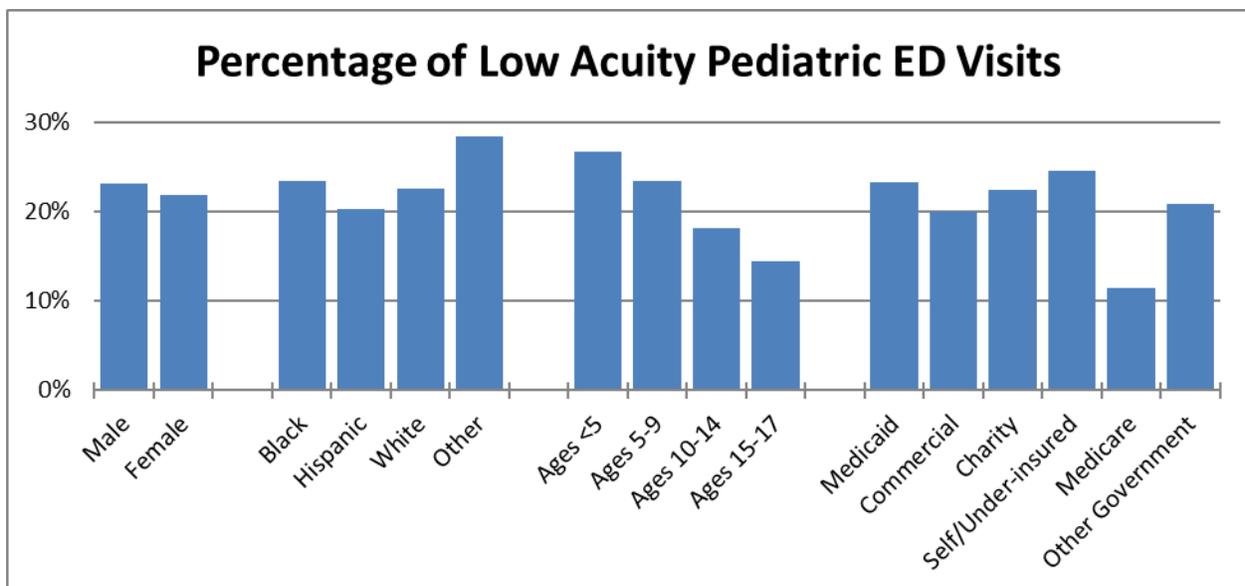
## Patient Acuity

The Agency’s outpatient ED database collects Current Procedural Terminology (CPT) Evaluation and Management codes, designed to categorize the acuity (severity) of a patient’s diagnosis. The following analysis used these CPT codes to label outpatient visits as either high acuity or low acuity visits.<sup>1</sup>

- *Pediatric visits for young children were more likely to be low acuity visits.*

The rate of low acuity visits for children below five years of age was 12 percent higher than the low acuity rate for children aged 15-17 (see Appendix Table 4). Low acuity rates decrease for every increase in age group for pediatric visits.

**Figure 6. Low Acuity Rate for Pediatric Outpatient ED Visits by Patient Characteristics**



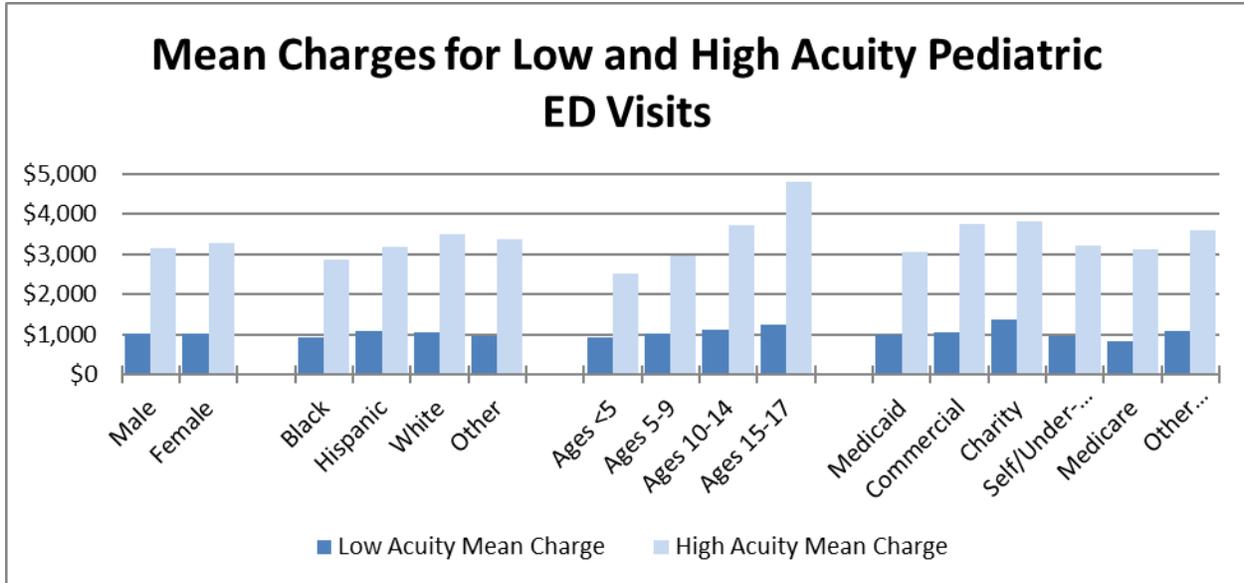
<sup>1</sup> For a full definition of patient acuity, see Appendix page 22, “Definition of Patient Acuity.”

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- *Average charges for pediatric visits increase with age.*

For both low and high acuity visits, the average charge for a pediatric visit was much higher for the older age groups. The average low acuity charge for ages 15-17 was \$181 higher than the pediatric ED visit average of \$1,050. The average high acuity charge for ages 15-17 was \$1,369 higher than the statewide average of \$3,420 (see Appendix Table 4).

**Figure 7. Charges for Pediatric ED Outpatient Visits by Acuity and Patient Characteristics**

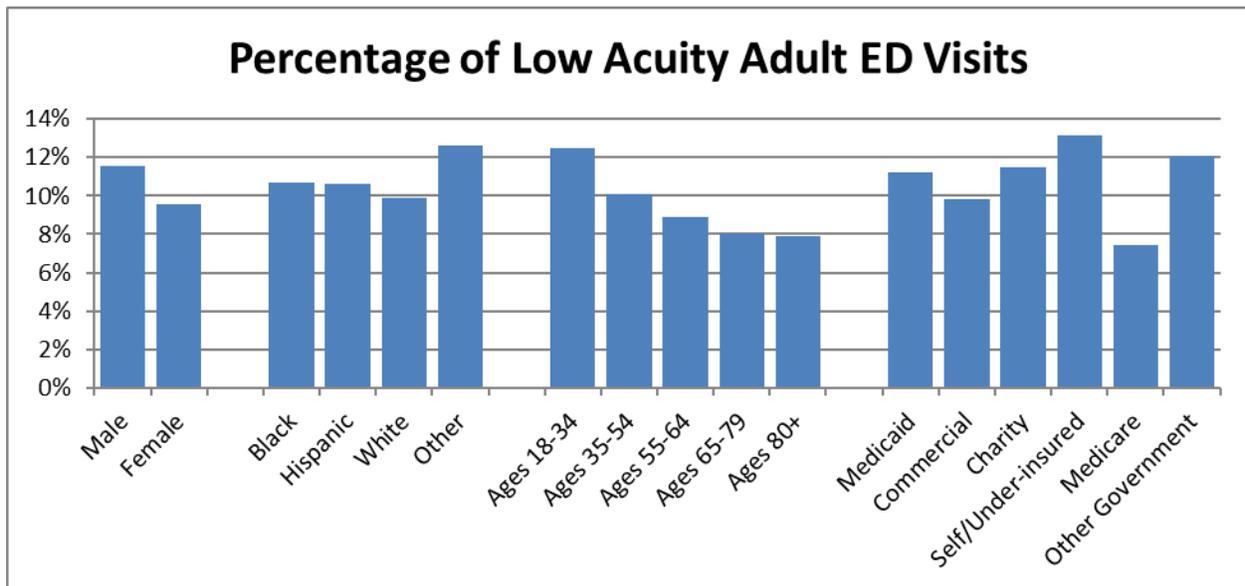


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- *ED visits by younger adults were more likely to be low acuity visits, but the low acuity visits by older adults were costlier.*

The low acuity rate for 18-34 year old patients (12.49 percent) was slightly higher than the statewide average of 10.34 percent. The mean charge for low acuity ED visits by adults aged 65-79 (\$1,706) was \$276 higher than the statewide average for all low acuity adult ED visits of \$1,428. The mean charge for adults aged 80 years and older (\$1,641) was also higher than the statewide average charge for low acuity ED visits (see Appendix Table 5).

**Figure 8. Low Acuity Rate for Adult ED Outpatient Visits by Patient Characteristics**

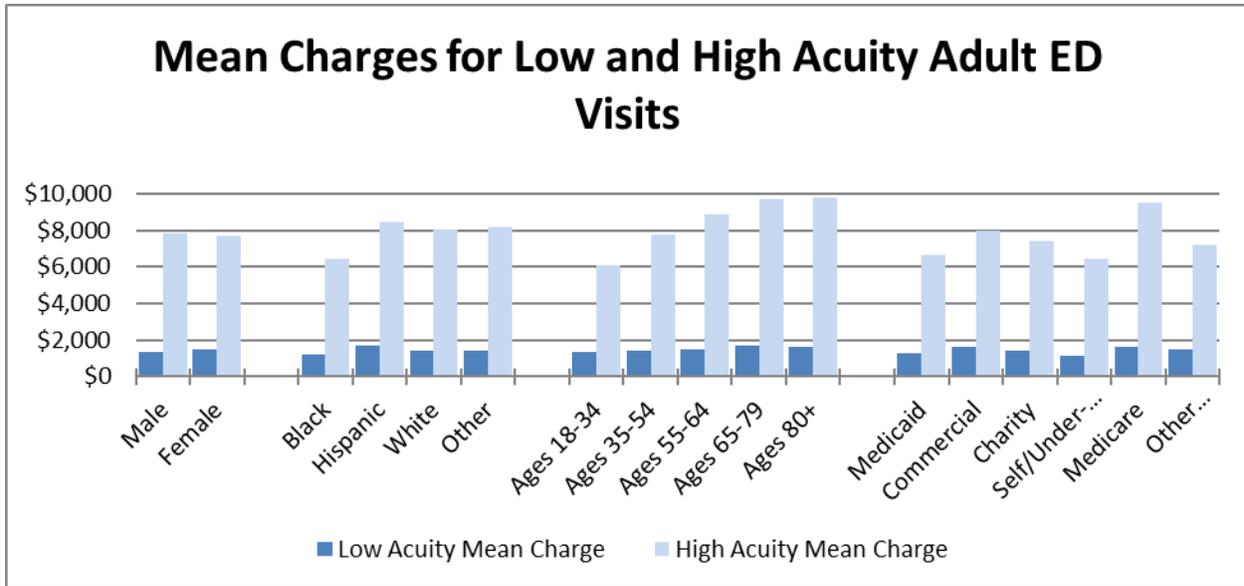


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- *Average charges for high acuity adult visits also increased with age.*

For high acuity ED visits the average charge increased with age. The average high acuity visit for a patient over 80 years of age (\$9,786) cost, on average, \$3,686 more than a high acuity visit for a patient aged 18-34 (\$6,100) and was higher than the statewide average of \$7,542. The average cost for a high acuity ED visit was \$9,702 for patients aged 65-79 and this amount is also higher than the statewide average of \$7,542 (see Appendix Table 5).

**Figure 9. Low Acuity Rate for Adult ED Outpatient Visits by Patient Characteristics**

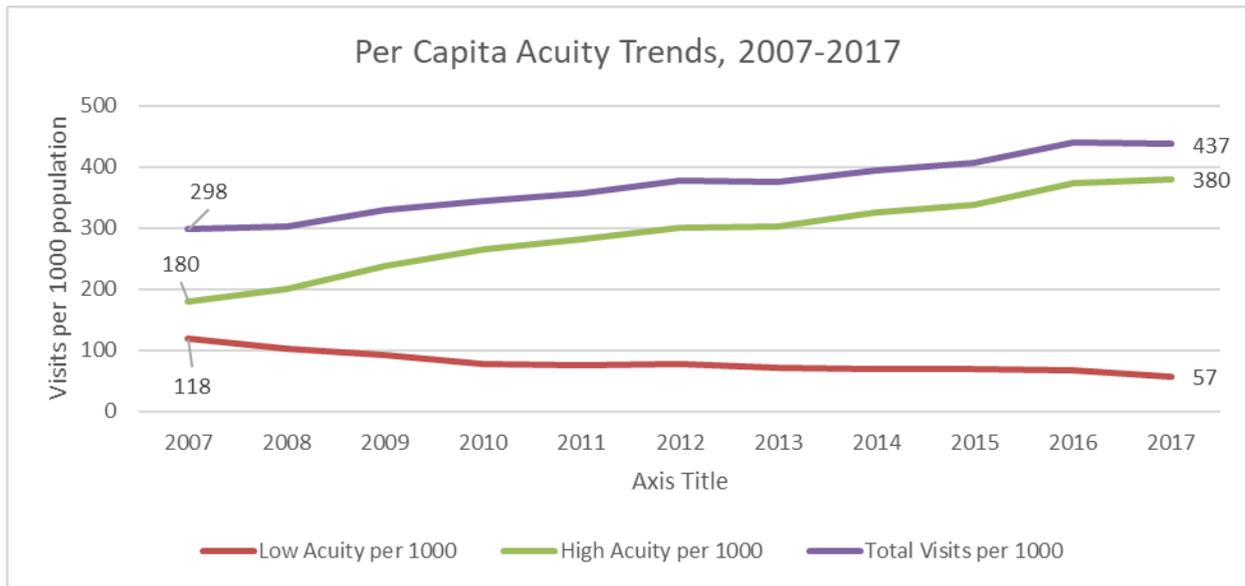


## Acuity Trends over Time

The number of ED visits per capita in Florida has increased during the past decade.<sup>2</sup> Figure 10 shows that ED visits per 1,000 population have generally risen since 2007. Although EDs are seeing more patients, the majority of visits are considered high acuity visits.

As seen in Figure 10 below, the low acuity visit rate per 1,000 population for ED visits has decreased by almost 50 percent since 2007. Figure 11 shows that the percentage of Floridians who lack health insurance remained relatively static until 2012 but has declined in the past four years.<sup>3</sup>

**Figure 10. Number of ED Visits Per Capita over Time by Acuity Level**

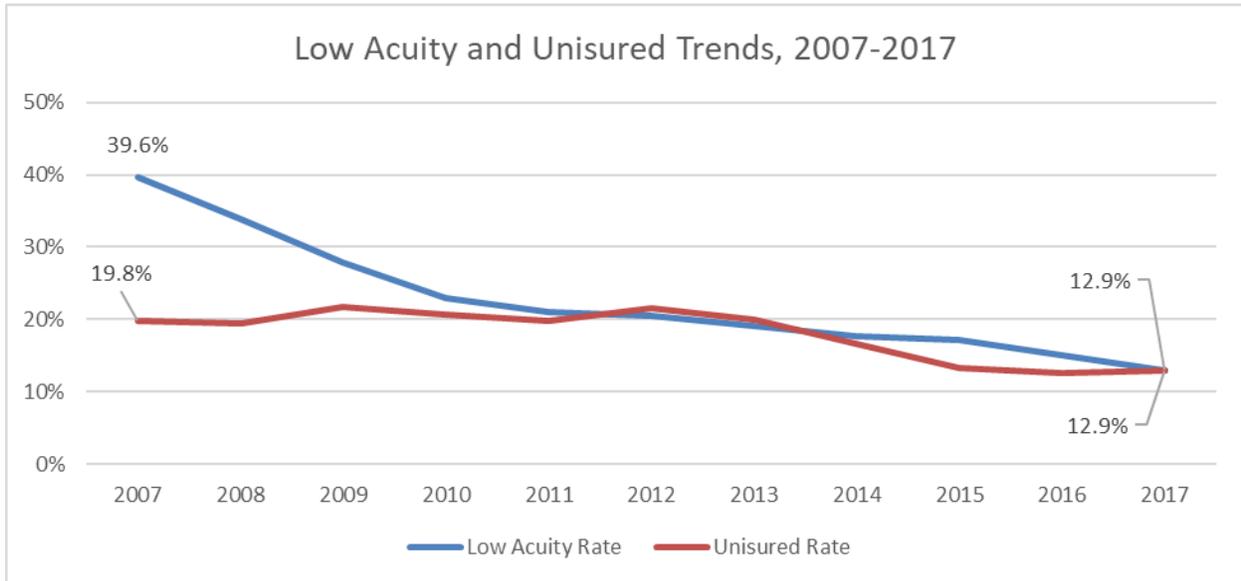


<sup>2</sup> Unless otherwise noted, all analysis in this report examines the full dataset of ED visits in 2017. In order to maintain comparability with previous years' reports, the "Acuity Trends over Time" and "Volume Trends Over Time" sections examine only the ED visits made by Florida residents.

<sup>3</sup> The trend in uninsured rates in Florida is consistent with a nationwide increase in health insurance coverage rates. Source: <https://www.census.gov/library/visualizations/interactive/health-insurance-map.html>

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Figure 11. Percentage of Visits Considered Low Acuity Compared to Uninsured Rate



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### Top Medical Conditions

The following tables show the overall most commonly diagnosed medical conditions for outpatient ED visits (Figure 12) and ED visits that resulted in hospitalization (Figure 13). The tables also show the average charge for each condition. For a breakdown of top pediatric/adult conditions, see Appendix Tables 6-9.

**Figure 12. Top Ten Most Common Medical Conditions for Outpatient Visits**

<b>Outpatient Diagnosis</b>	<b>Percentage of ED Visits</b>	<b>Mean Charges</b>
Other upper respiratory infections	5.32%	\$2,563
Abdominal pain	4.56%	\$9,836
Superficial injury; contusion	4.40%	\$4,925
Sprains and strains	4.15%	\$4,764
Nonspecific chest pain	4.02%	\$13,238
Spondylosis; intervertebral disc disorders; other back problems	3.59%	\$5,619
Urinary tract infections	2.57%	\$6,965
Other injuries and conditions due to external causes	2.54%	\$6,203
Skin and subcutaneous tissue infections	2.54%	\$3,292
Open wounds of extremities	2.53%	\$3,353

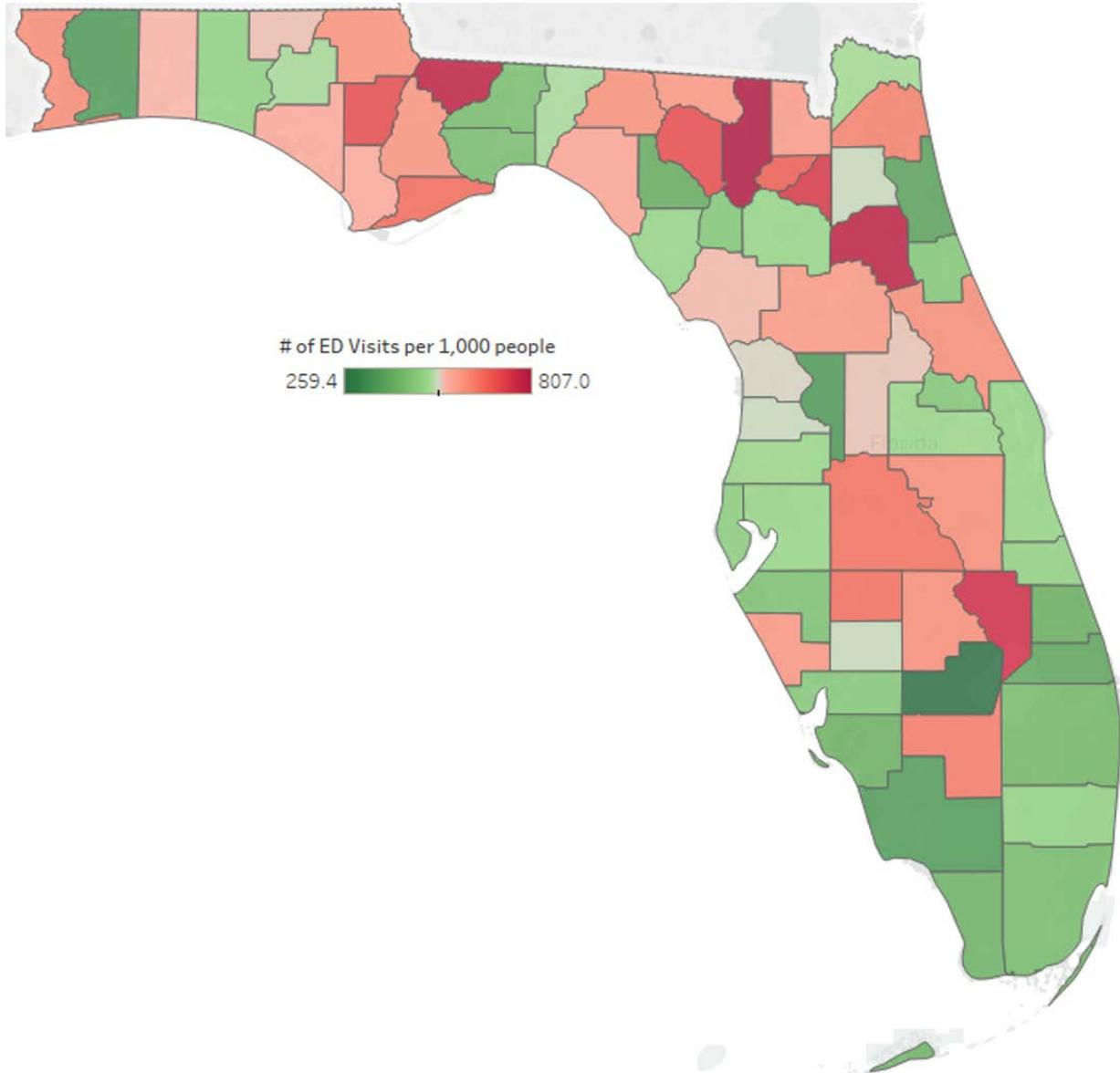
**Figure 13. Top Ten Most Common Medical Conditions for Inpatient Hospitalizations**

<b>Inpatient Diagnosis</b>	<b>Percentage of Hospitalizations</b>	<b>Mean Charges</b>
Septicemia (except in labor)	7.14%	\$104,669
Hypertension with complications and secondary hypertension	4.58%	\$61,659
Chronic obstructive pulmonary disease and bronchiectasis	3.76%	\$50,100
Cardiac dysrhythmias	2.85%	\$56,048
Skin and subcutaneous tissue infections	2.53%	\$39,086
Diabetes mellitus with complications	2.53%	\$59,186
Acute myocardial infarction	2.52%	\$122,235
Acute cerebrovascular disease	2.39%	\$93,175
Mood disorders	2.36%	\$23,305
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	2.35%	\$50,858

## Geographic Variation in ED Use

Figure 14 shows the number of ED visits per 1,000 people in each county in Florida<sup>4</sup> (see Appendix Tables 10-11 for details). Visits are classified by the county of residence for each patient, not the county in which the facility is located. If a patient lives in Nassau County but visits an ED in neighboring Duval County, for example, the visit is classified as a Nassau County visit.

**Figure 14. ED Visits per 1,000 People by County**

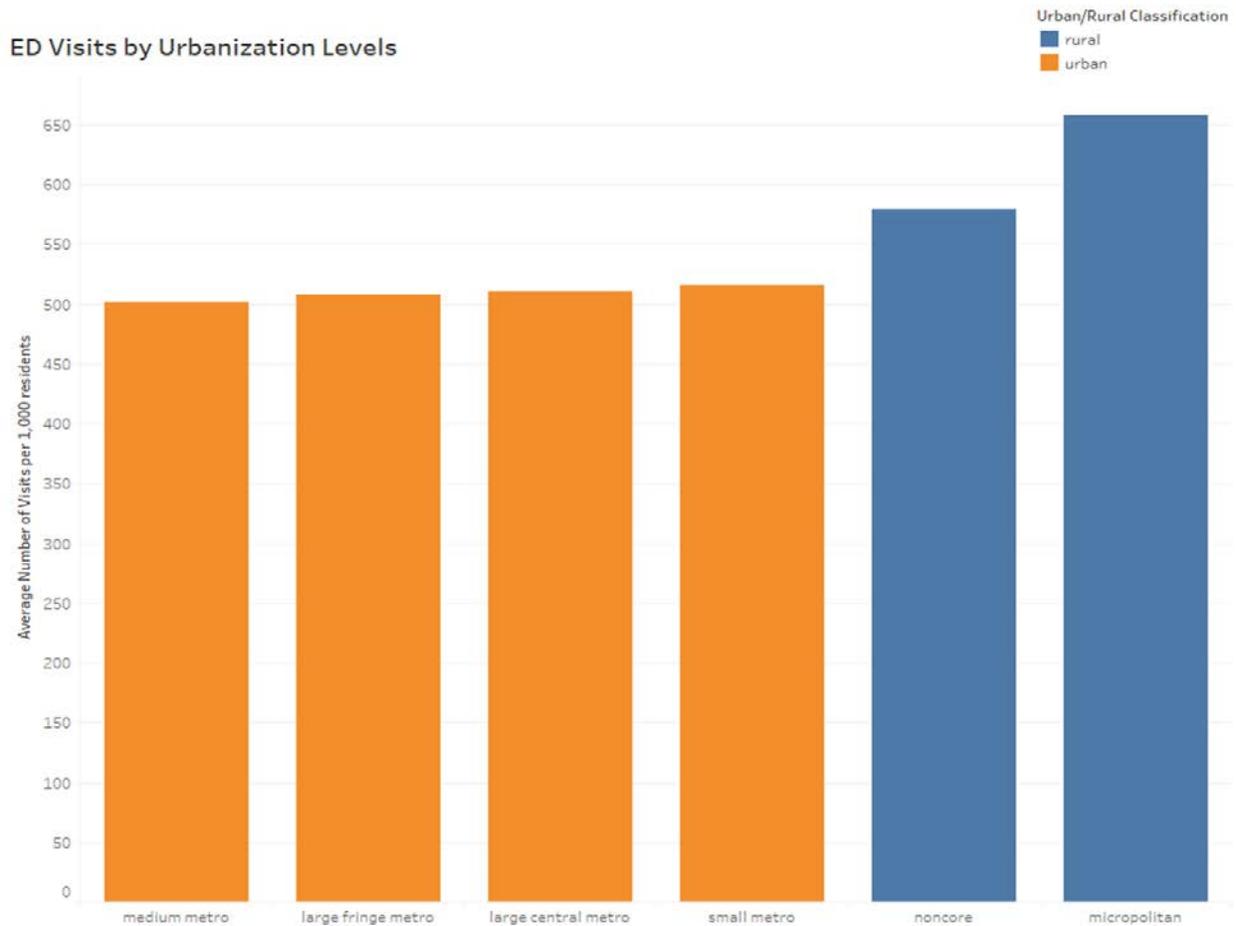


<sup>4</sup> Population estimates: <http://edr.state.fl.us/Content/population-demographics/data/index.cfm>

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Figure 15 shows the relationship between ED visit volume, urbanization and median household income for each metropolitan area. Counties with higher than average ED visits (540.0 per 1,000 residents) are typically rural and with lower median incomes.<sup>5,6</sup> Columbia county (population 68,943) had the highest rate of ED visits (63,374 visits) per capita and it is considered a rural county with a median household income of \$42,848.

**Figure 15. ED Visits by Urbanization Level and Household Income by Metropolitan Area**



Urbanization Level	Average Median Income
Medium Metro	\$47,147
Large Fringe Metro	\$50,792
Large Central Metro	\$43,920
Small Metro	\$44,834
Noncore	\$41,196
Micropolitan	\$41,714

<sup>5</sup> Urbanization levels established by National Center for Health Statistics 2013 Urban-Rural Classification Scheme for Counties. Source: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_166.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf)

<sup>6</sup> Median household income from Census Bureau American Communities Survey.

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### Appendix

**Table 1. Pediatric ED Visits by Patient Characteristics**

<b>Sex</b>	<b>Pediatric Inpatient Visits</b>	<b>Pediatric Outpatient Visits</b>	<b>Pediatric Total Visits</b>	<b>Pediatric%</b>
Male	37,338	980,089	1,017,427	51.7%
Female	33,330	916,461	949,791	48.3%
<b>TOTAL</b>	<b>70,668</b>	<b>1,896,550</b>	<b>1,967,218</b>	
<b>Race/Ethnicity</b>	<b>Pediatric Inpatient Visits</b>	<b>Pediatric Outpatient Visits</b>	<b>Pediatric Total Visits</b>	<b>Pediatric %</b>
Black	18,776	511,835	530,611	27.0%
Hispanic	19,743	569,460	589,203	30.0%
White	26,868	686,823	713,691	36.3%
Other/Unknown	5,281	128,432	133,713	6.8%
<b>Age Group</b>	<b>Pediatric Inpatient Visits</b>	<b>Pediatric Outpatient Visits</b>	<b>Pediatric Total Visits</b>	<b>Pediatric %</b>
Ages <5	30,446	807,891	838,337	42.6%
Ages 5-9	11,770	451,981	463,751	23.6%
Ages 10-14	14,129	369,542	383,671	19.5%
Ages 15-17	14,323	267,136	281,459	14.3%
<b>Payer Group</b>	<b>Pediatric Inpatient Visits</b>	<b>Pediatric Outpatient Visits</b>	<b>Pediatric Total Visits</b>	<b>Pediatric %</b>
Medicaid	44,336	1,323,490	1,367,826	69.5%
Commercial	19,669	369,819	389,488	19.8%
Charity	155	6,572	6,727	0.3%
Self/Under-insured/Unknown	2,224	107,537	109,761	5.6%
Medicare	237	6,411	6,648	0.3%
Other Government	4,047	82,721	86,768	4.4%
<b>OVERALL</b>	<b>70,668</b>	<b>1,896,550</b>	<b>1,967,218</b>	

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**Table 2. Adult ED Visits by Patient Characteristics**

<b>Sex*</b>	<b>Adult Inpatient Visits</b>	<b>Adult Outpatient Visits</b>	<b>Adult Total Visits</b>	<b>Adult %</b>
Male	844,136	2,826,781	3,670,917	42.0%
Female	909,345	4,166,124	5,075,469	58.0%
<b>Race/Ethnicity</b>	<b>Adult Inpatient Visits</b>	<b>Adult Outpatient Visits</b>	<b>Adult Total Visits</b>	<b>Adult %</b>
Black	293,856	1,661,031	1,954,887	22.4%
Hispanic	291,018	1,342,599	1,633,617	18.7%
White	1,099,952	3,679,305	4,779,257	54.6%
Other/Unknown	68,655	309,971	378,626	4.3%
<b>Age Group</b>	<b>Adult Inpatient Visits</b>	<b>Adult Outpatient Visits</b>	<b>Adult Total Visits</b>	<b>Adult %</b>
Ages 18-34	214,352	2,461,237	2,675,589	30.6%
Ages 35-54	366,086	2,196,003	2,562,089	29.3%
Ages 55-64	302,766	903,636	1,206,402	13.8%
Ages 65-79	491,239	922,181	1,413,420	16.2%
Ages 80+	379,038	509,849	888,887	10.2%
<b>Payer Group</b>	<b>Adult Inpatient Visits</b>	<b>Adult Outpatient Visits</b>	<b>Adult Total Visits</b>	<b>Adult %</b>
Medicaid	222,517	1,466,180	1,688,697	19.3%
Commercial	305,375	1,987,246	2,292,621	26.2%
Charity	36,668	145,807	182,475	2.1%
Self/Under-insured	146,800	1,403,288	1,550,088	17.7%
Medicare	988,236	1,697,789	2,686,025	30.7%
Other/Unknown	53,885	292,596	346,481	4.0%
<b>OVERALL</b>	<b>1,753,481</b>	<b>6,992,906</b>	<b>8,746,387</b>	

\*One is unknown or did not report a sex

## Emergency Department Utilization Report 2017

**Table 3. Inpatient Hospitalization Rate by Patient Characteristics**

<b>Sex</b>	<b>Pediatric %</b>		<b>Adult %</b>
Male	3.7%		23.0%
Female	3.5%		17.9%
<b>Race</b>	<b>Pediatric %</b>		<b>Adult %</b>
Black	3.5%		15.0%
Hispanic	3.4%		17.8%
White	3.8%		23.0%
Other	3.9%		18.1%
<b>Age Group</b>	<b>Pediatric %</b>		<b>Adult %</b>
Ages <5	3.6%	Ages 18-34	8.0%
Ages 5-9	2.5%	Ages 35-54	14.3%
Ages 10-14	3.7%	Ages 55-64	25.1%
Ages 15-17	5.1%	Ages 65-79	34.8%
		Ages 80+	42.6%
<b>Payer Group</b>	<b>Pediatric %</b>		<b>Adult %</b>
Medicaid	3.2%		13.2%
Commercial	5.0%		13.3%
Charity	2.3%		20.1%
Self/Under-insured	2.0%		9.5%
Medicare	3.6%		36.8%
Other Government	4.7%		15.6%
<b>INPATIENT RATE</b>	<b>3.6%</b>		<b>20.0%</b>

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**Table 4. Pediatric Acuity Rates and Mean Charges**

<b>Sex</b>	<b>Pediatric Low Acuity</b>	<b>Pediatric Outpatient Visits</b>	<b>Acuity Rate</b>	<b>Low Acuity Mean Charge</b>	<b>High Acuity Mean Charge</b>
Male	226,795	980,089	23.14%	\$1,002	\$3,153
Female	200,645	916,461	21.89%	\$1,011	\$3,287
<b>Race/Ethnicity</b>	<b>Pediatric Low Acuity</b>	<b>Pediatric Outpatient Visits</b>	<b>Acuity Rate</b>	<b>Low Acuity Mean Charge</b>	<b>High Acuity Mean Charge</b>
Black	120,074	511,835	23.46%	\$909	\$2,849
Hispanic	115,677	569,460	20.31%	\$1,075	\$3,169
White	155,291	686,823	22.61%	\$1,048	\$3,509
Other/Unknown	36,398	128,432	28.34%	\$939	\$3,361
<b>Age Group</b>	<b>Pediatric Low Acuity</b>	<b>Pediatric Outpatient Visits</b>	<b>Acuity Rate</b>	<b>Low Acuity Mean Charge</b>	<b>High Acuity Mean Charge</b>
Ages <5	215,871	807,891	26.72%	\$930	\$2,513
Ages 5-9	105,943	451,981	23.44%	\$1,013	\$2,960
Ages 10-14	67,179	369,542	18.18%	\$1,108	\$3,705
Ages 15-17	38,447	267,136	14.39%	\$1,231	\$4,789
<b>Payer</b>	<b>Pediatric Low Acuity</b>	<b>Pediatric Outpatient Visits</b>	<b>Acuity Rate</b>	<b>Low Acuity Mean Charge</b>	<b>High Acuity Mean Charge</b>
Medicaid	307,488	1,323,490	23.23%	\$992	\$3,036
Commercial	74,039	369,819	20.02%	\$1,060	\$3,757
Charity	1,472	6,572	22.40%	\$1,365	\$3,811
Self/Under-insured/Unknown	26,444	107,537	24.59%	\$951	\$3,213
Medicare	735	6,411	11.46%	\$840	\$3,127
Other Government	17,262	82,721	20.87%	\$1,093	\$3,574
<b>All Pediatric Visits</b>	<b>427,440</b>	<b>1,896,550</b>	<b>22.54%</b>	<b>\$1,050</b>	<b>\$3,420</b>

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**Table 5. Adult Acuity Rates and Mean Charges**

<b>Sex</b>	<b>Adult Low Acuity</b>	<b>Adult Outpatient Visits</b>	<b>Acuity Rate</b>	<b>Low Acuity Mean Charge</b>	<b>High Acuity Mean Charge</b>
Male	325,773	2,826,781	11.52%	\$1,354	\$7,824
Female	397,379	4,166,124	9.54%	\$1,456	\$7,713
<b>Race/Ethnicity</b>	<b>Adult Low Acuity</b>	<b>Adult Outpatient Visits</b>	<b>Acuity Rate</b>	<b>Low Acuity Mean Charge</b>	<b>High Acuity Mean Charge</b>
Black	177,751	1,661,031	10.70%	\$1,178	\$6,458
Hispanic	142,251	1,342,599	10.60%	\$1,699	\$8,443
White	364,061	3,679,305	9.89%	\$1,409	\$8,057
Other/Unknown	39,089	309,971	12.61%	\$1,411	\$8,153
<b>Age Group</b>	<b>Adult Low Acuity</b>	<b>Adult Outpatient Visits</b>	<b>Acuity Rate</b>	<b>Low Acuity Mean Charge</b>	<b>High Acuity Mean Charge</b>
Ages 18-34	307,330	2,461,237	12.49%	\$1,305	\$6,100
Ages 35-54	221,234	2,196,003	10.07%	\$1,386	\$7,754
Ages 55-64	80,657	903,636	8.93%	\$1,488	\$8,910
Ages 65-79	73,765	922,181	8.00%	\$1,706	\$9,702
Ages 80+	40,166	509,849	7.88%	\$1,641	\$9,786
<b>Payer</b>	<b>Adult Low Acuity</b>	<b>Adult Outpatient Visits</b>	<b>Acuity Rate</b>	<b>Low Acuity Mean Charge</b>	<b>High Acuity Mean Charge</b>
Medicaid	164,203	1,466,180	11.20%	\$1,278	\$6,642
Commercial	195,723	1,987,246	9.85%	\$1,616	\$8,003
Charity	16,788	145,807	11.51%	\$1,391	\$7,419
Self/Under-insured/Unknown	184,359	1,403,288	13.14%	\$1,135	\$6,417
Medicare	126,723	1,697,789	7.46%	\$1,652	\$9,530
Other Government	35,356	292,596	12.08%	\$1,495	\$7,240
<b>All Adult Visits</b>	<b>723,152</b>	<b>6,992,906</b>	<b>10.34%</b>	<b>\$1,428</b>	<b>\$7,542</b>

## Emergency Department Utilization Report 2017

**Table 6. Top Ten Most Common Medical Conditions for Pediatric Outpatient Visits**

<b>Outpatient Pediatric Diagnosis</b>	<b>Percentage of Pediatric ED Visits</b>	<b>Mean Charges</b>
Other upper respiratory infections	12.94%	\$1,934
Superficial injury; contusion	5.71%	\$2,342
Otitis media and related conditions	5.05%	\$1,548
Other injuries and conditions due to external causes	4.01%	\$2,760
Viral infection	3.87%	\$2,098
Sprains and strains	3.42%	\$2,775
Open wounds of head; neck; and trunk	3.30%	\$2,172
Fever of unknown origin	3.19%	\$2,259
Nausea and vomiting	3.19%	\$2,560
Other gastrointestinal disorders	2.66%	\$3,071

**Table 7. Top Ten Most Common Medical Conditions for Pediatric Inpatient Hospitalizations**

<b>Inpatient Pediatric Diagnosis</b>	<b>Percentage of Pediatric Hospitalizations</b>	<b>Mean Charges</b>
Mood disorders	6.64%	\$19,482
Asthma	6.13%	\$20,132
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	5.79%	\$34,203
Acute bronchitis	5.13%	\$22,968
Epilepsy; convulsions	3.74%	\$32,129
Skin and subcutaneous tissue infections	3.06%	\$20,536
Appendicitis and other appendiceal conditions	2.92%	\$51,878
Other perinatal conditions	2.71%	\$27,452
Other upper respiratory infections	2.45%	\$24,396
Sickle cell anemia	2.22%	\$24,866

## Emergency Department Utilization Report 2017

**Table 8. Top Ten Most Common Medical Conditions for Adult Outpatient Visits**

<b>Outpatient Adult Diagnosis</b>	<b>Percentage of Adult ED Visits</b>	<b>Mean Charges</b>
Abdominal pain	5.08%	\$10,442
Nonspecific chest pain	4.87%	\$13,703
Spondylosis; intervertebral disc disorders; other back problems	4.38%	\$5,722
Sprains and strains	4.35%	\$5,189
Superficial injury; contusion	4.05%	\$5,913
Other upper respiratory infections	3.25%	\$3,241
Urinary tract infections	2.87%	\$7,411
Other complications of pregnancy	2.72%	\$4,962
Open wounds of extremities	2.68%	\$3,513
Skin and subcutaneous tissue infections	2.67%	\$3,571

**Table 9. Top Ten Most Common Medical Conditions for Adult Inpatient Hospitalizations**

<b>Inpatient Adult Diagnosis</b>	<b>Percentage of Adult Hospitalizations</b>	<b>Mean Charges</b>
Septicemia (except in labor)	7.38%	\$104,633
Hypertension with complications and secondary hypertension	4.77%	\$61,652
Chronic obstructive pulmonary disease and bronchiectasis	3.91%	\$50,083
Cardiac dysrhythmias	2.95%	\$56,123
Acute myocardial infarction	2.62%	\$122,236
Diabetes mellitus with complications	2.56%	\$60,215
Skin and subcutaneous tissue infections	2.51%	\$39,997
Acute cerebrovascular disease	2.49%	\$93,010
Acute and unspecified renal failure	2.38%	\$51,254
Urinary tract infections	2.25%	\$41,587

## Emergency Department Utilization Report 2017

**Table 10. ED Visits per 1,000 Population by County**

<b>County Name</b>	<b>Visits per 1,000</b>	<b>County Name</b>	<b>Visits per 1,000</b>
Alachua	497.8	Lee	409.8
Baker	591.2	Leon	443.3
Bay	569.7	Levy	551.8
Bradford	741.4	Liberty	601.9
Brevard	493.5	Madison	609.4
Broward	491.8	Manatee	447.2
Calhoun	710.3	Marion	594.6
Charlotte	464.2	Martin	380.8
Citrus	536.4	Miami-Dade	437.1
Clay	529.1	Monroe	419.5
Collier	360.6	Nassau	510.3
Columbia	807.0	Okaloosa	555.5
DeSoto	528.2	Okeechobee	759.6
Dixie	497.1	Orange	501.4
Duval	633.7	Osceola	615.5
Escambia	617.1	Palm Beach	426.0
Flagler	462.8	Pasco	501.1
Franklin	664.5	Pinellas	479.9
Gadsden	786.0	Polk	655.2
Gilchrist	460.9	Putnam	786.9
Glades	259.4	Santa Rosa	354.8
Gulf	568.3	Sarasota	598.3
Hamilton	598.6	Seminole	464.9
Hardee	661.1	St. Johns	374.3
Hendry	642.1	St. Lucie	404.2
Hernando	529.2	Sumter	354.7
Highlands	614.0	Suwannee	709.5
Hillsborough	499.3	Taylor	575.5
Holmes	548.3	Union	684.1
Indian River	487.8	Volusia	612.4
Jackson	607.7	Wakulla	443.7
Jefferson	513.0	Walton	486.3
Lafayette	398.4	Washington	512.9
Lake	545.9	<b>Statewide Average</b>	<b>540.0</b>

## Emergency Department Utilization Report 2017

**Table 11. Ranked ED Visits per 1,000 Population by County**

<b>County Name</b>	<b>Visits per 1,000</b>	<b>County Name</b>	<b>Visits per 1,000</b>
Columbia	807.0	DeSoto	528.2
Putnam	786.9	Jefferson	513.0
Gadsden	786.0	Washington	512.9
Okeechobee	759.6	Nassau	510.3
Bradford	741.4	Orange	501.4
Calhoun	710.3	Pasco	501.1
Suwannee	709.5	Hillsborough	499.3
Union	684.1	Alachua	497.8
Franklin	664.5	Dixie	497.1
Hardee	661.1	Brevard	493.5
Polk	655.2	Broward	491.8
Hendry	642.1	Indian River	487.8
Duval	633.7	Walton	486.3
Escambia	617.1	Pinellas	479.9
Osceola	615.5	Seminole	464.9
Highlands	614.0	Charlotte	464.2
Volusia	612.4	Flagler	462.8
Madison	609.4	Gilchrist	460.9
Jackson	607.7	Manatee	447.2
Liberty	601.9	Wakulla	443.7
Hamilton	598.6	Leon	443.3
Sarasota	598.3	Miami-Dade	437.1
Marion	594.6	Palm Beach	426.0
Baker	591.2	Monroe	419.5
Taylor	575.5	Lee	409.8
Bay	569.7	St. Lucie	404.2
Gulf	568.3	Lafayette	398.4
Okaloosa	555.5	Martin	380.8
Levy	551.8	St. Johns	374.3
Holmes	548.3	Collier	360.6
Lake	545.9	Santa Rosa	354.8
Citrus	536.4	Sumter	354.7
Hernando	529.2	Glades	259.4
Clay	529.1	<b>Statewide Average</b>	<b>540.0</b>

### Definition of Patient Acuity

The following CPT codes are used to report evaluation and management services provided in the ED. No distinction is made between new and established patients in the ED. CPT codes are a Copyright of the 2016 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

#### *Low Acuity*

99281(G0380) - Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; a problem focused examination; and a straightforward medical decision-making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problems(s) are self-limited or minor.

99282(G0381) - Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of low to moderate severity.

#### *High Acuity*

99283(G0382) - Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity.

99284(G0383) - Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and a medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are of high severity and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.

99285(G0384) - Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; medical decision-making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems(s) are of high severity and pose an immediate threat to life or physiologic function.

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