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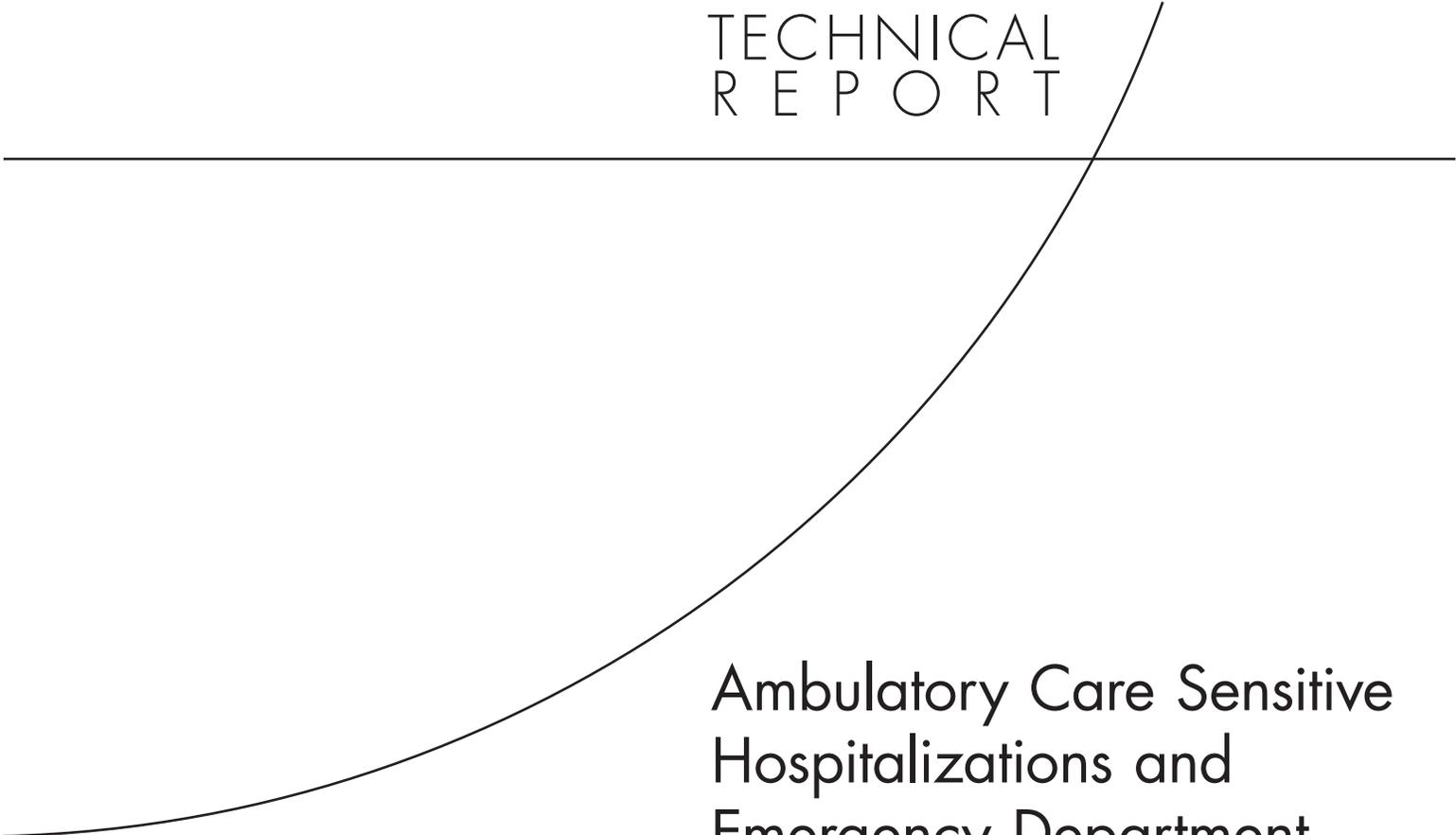
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TECHNICAL
R E P O R T



Ambulatory Care Sensitive Hospitalizations and Emergency Department Visits in Baltimore City

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Executive Summary

This report provides an in-depth analysis of ambulatory care sensitive (ACS) hospitalizations and emergency department visits among Baltimore City residents. ACS inpatient hospitalization (ACS-IP) rates and ACS emergency department visit (ACS-ED) rates are commonly used as markers for the availability and efficacy of primary care in an area.

Recent trends in ACS-IP and ACS-ED rates vary by age group. Among youth, ACS-IP rates rose each year from 2004 to 2007 while ACS-ED rates rose from 2004 to 2006 but fell in 2007. ACS-IP rates and ACS-ED rates fell among adults from 2005 to 2007.

ACS-IP and ACS-ED rates in Baltimore City are substantially higher than those in other Maryland counties, in Maryland as a whole, and in the District of Columbia. ACS-IP and ACS-ED rates were more than 20 percent higher among youth in Baltimore than among youth in the District of Columbia, and rates in Baltimore City were nearly double the rates in the District for those ages 18–39.

Within Baltimore City, ACS-IP and ACS-ED rates varied substantially. ACS-IP and ACS-ED rates were highest among youth in the Eastern part of the city in an area containing the neighborhoods of Southeastern, Orangeville/E. Highlandtown, Claremont/Armistead, Highlandtown, Clifton-Berea, Greenmount East, and Canton. Among adults, ACS-IP and ACS-ED rates were highest in the area of the city containing the neighborhoods of Southwest Baltimore, Sandtown-Winchester/Harlem Park, Poppletown/The Terraces/Hollins Market, Greater Mondawmin, Greater Rosemont, and Penn North/Reservoir Hill.

Among adults 40 and over, ACS hospitalization rates increased for many of the most common diagnoses, including asthma, hypertension, and diabetes. Cellulitis-associated hospitalizations increased from 2004 to 2006 among adults of all ages but fell in 2007. Among children ages 0–17, ACS-IP hospitalization rates for cellulitis increased steadily between 2002 and 2005, dipped in 2006, and rose again in 2007.

While a range of factors contributes to ACS rates, evidence suggests that a key determinant is the availability of primary care. Baltimore City appears to need additional primary care and may also need to focus on the quality and effectiveness of care in order to lower ACS rates, including ensuring the availability of adequate urgent care and better coordination of care.