### MEASURE SUMMARY CHIPRA Core Set Candidate Measures

- A. Control #: AC-10
- B. **Measure Name**: ER Utilization Average number of emergency room visits per member per reporting period
- C. Measure Definition\*

	a. Numerator: b. Denominator:	Number of visits per member per reporting period All child and adolescent members during the reporting period							
D.	Measure Type:	Process	<u>√</u>	Outcome		Structure	Efficiency		
E.	Measure collected us	sing:	EMR	CPOE		_ Other HIT	N/A	NR	
VALIDITY									
F.	F. Evidence of measure validity submitted? Yes _ ✓ No								

G. Level of evidence supporting the measure (if submitted): (see Oxford University CEBM Levels of Evidence)

Oxford CEBM = 2 (Outcome studies) Weinick et al. found that a large proportion of ED visits could be prevented or avoided with better access to primary health care, particularly for Medicaid and self-pay/uninsured patients, and that patterns of ACS-ED use differ considerably by age. Many condition-specific quality improvement projects have used reduction in ER visits as a study outcome, with variations in results.

H. USPSTF Grade if applicable:

# FEASIBILITY

I.	Measure Specifications Submitted?	Yes _✓ No	Yes, but insufficient detail provided		
J.	Data Source:				
	✓ Admin MR Survey	Other (specify):	NR		
K.	Evidence of measure reliability subm	itted? Yes _✓	No		

L. List of entity types currently using measure:

### **IMPORTANCE**

#### M. Addresses area of care mandated in legislation?

x Yes (specify): acute care

No

- N. Documented variation in performance (by race/ethnicity, language spoken, insurance type, etc)?
- Yes No x NR Medicaid paid for 61.65% of all ED visits of chn < 1, and 41.87% of all ED visits of chn 1-17 yo in 2005.

Information on r/e within Medicaid not available.

# O. Measure used/data are collected in racial/ethnic populations other than non-Hispanic white?

\_\_\_\_\_Yes \_\_\_\_\_No \_x\_\_NR