

**Comparative Assessment Report  
Emergency Department Utilization  
Oregon Health Plan Managed Care Plans, 2002–2003**

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**Presented to the Oregon Department of Human Services,  
Health Services, Office of Medical Assistance Programs**

**March 18, 2005**

**Presented by**

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## Executive Summary

Emergency Department (ED) utilization often is analyzed as one of many indicators of access to care. People who lack access to a primary care provider for continuity of care, preventive health services, and follow-up care are assumed to be more likely to use the ED for nonemergent or preventable conditions. Therefore, improving access to primary care and preventive services and improving the quality of those services should decrease ED visits for those conditions.

This study measures ED utilization by Oregonians enrolled in the fully capitated health plans (FCHPs) that participate in the Oregon Health Plan (OHP), administered by the Oregon Department of Human Services, Health Services, Office of Medical Assistance Programs (OMAP). The analysis covers all ED visits by OHP managed care enrollees during 2002–2003. It builds on previous research by using an algorithm developed by New York University (NYU) researchers to classify ED visits in nonemergent and emergent categories and to capture ED utilization patterns for ambulatory care sensitive (ACS) conditions.

Highlights of the study results are reported below.

### *ED Visits for Nonemergent and Primary Care Treatable Conditions*

Study findings confirm the assumption that a large percentage of ED visits are either for nonemergent conditions or for emergent conditions that could have been treated in a primary care physician's office. In analyzing only visits classified by the algorithm, 35% of the visits were for nonemergent conditions and 37% were for emergent, primary care treatable conditions.

### *ACS Conditions and Asthma*

Comparing the OHP data with the results of the NYU study, the percentage of OHP enrollees' visits in the ED care needed, preventable category (13% of all ED visits) is almost double the percentage reported for New York City (7% of all visits). Nearly two-thirds of the ED care needed, preventable visits by OHP enrollees were for ACS conditions, with asthma accounting for 40% of all ACS visits. These findings suggest that adequate management of ACS diseases (especially asthma) by primary care providers might decrease the utilization of ED services.

### *Non-English-Speaking Enrollees*

In analyzing ED visits in terms of the demographic characteristics of OHP enrollees, the study noted differences between English-speaking and non-English-speaking enrollees in certain categories of visits. Non-English-speaking enrollees have a smaller percentage of their ED visits in the nonemergent category compared with English-speaking patients (33% vs. 35%). However, they have a significantly higher percentage in the emergent, primary care treatable category compared with English-speaking enrollees (43% vs. 36%). This difference was found to be statistically significant for 8 of the 14 FCHPs in the study. These findings indicate that non-English-speaking enrollees may not be using the ED for nonemergent conditions as often as English-speaking enrollees, but they are using the ED more often for emergent conditions that could have been treated in a physician's office.

### *Changes in OHP Enrollee Benefits*

The study identified no significant changes in ED utilization by type of visit following major changes to the OHP benefits package in March 2003. The pattern of visits by OHP Plus enrollees (who formerly received the Basic Benefits Package) showed little or no change, while visits by OHP Standard enrollees (an “extension” of the population qualifying for OHP services) showed a shift from nonemergent to emergent, primary care treatable conditions.

### *Recommendations*

OMPRO recommends that FCHPs

- continue or initiate monitoring procedures and targeted interventions
- monitor internal benchmarks, as well as ED visit rate reports periodically produced by OMAP, as part of their continuous performance improvement programs
- incorporate the algorithm used in this study to evaluate improvement, since this report represents a baseline measurement of FCHP results
- focus interventions on preventing hospitalizations for asthma and on addressing ED utilization by non-English-speaking populations if FCHP-specific results indicate opportunities for improvement in these areas

OMPRO also recommends that OMAP incorporate the algorithm into its periodic ED visit reports to allow for comparability over time and for monitoring of discrepancies between FCHP-produced results and OMAP-produced results.

ED utilization is the first of five comparative assessments as part of the rapid-cycle process under OMPRO’s contract with OMAP. These separate studies are designed to complement each other and to give the FCHPs a broad picture of how their enrollees are accessing care or how they perceive access to care. ED utilization data are only one aspect of assessing access to care and can be analyzed on a plan level with data from the Access to Care comparative assessment and with results from the Consumer Assessment of Health Plans Survey (CAHPS®).

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## Introduction

Federal regulations require state Medicaid agencies to contract with an External Quality Review Organization to provide an independent annual review of the quality outcomes, timeliness of service, and access to care provided by Medicaid managed care organizations. In May 2003, the Oregon Department of Human Services, Health Services, Office of Medical Assistance Programs (OMAP) contracted with Oregon Medical Professional Review Organization (OMPRO) to provide an annual review of care and services provided by the fully capitated health plans (FCHPs) that participate in the Oregon Health Plan (OHP).

As part of its review activity, OMPRO will complete five comparative assessments over the two years of the contract. The assessments will examine five clinical and nonclinical topics selected by OMAP and FCHP medical directors from a *Clinical Practice Summary* produced by OMPRO at the beginning of the contract period. The comparative assessments are part of a rapid cycle process in which

- OMPRO analyzes the data for evidence of variation
- OMAP validates the results
- OMAP and OMPRO share the findings with the FCHPs
- OMPRO follows up with FCHPs to discuss opportunities for improvement and produces the comparative assessment report

OMPRO evaluates FCHP performance primarily through an analysis of administrative, encounter, and health record data. The findings of the five comparative assessments are used in conjunction with data and information gathered in other external quality review activities, such as evaluation of statewide quality improvement program activities and the CAHPS® survey, to provide a comprehensive evaluation of each FCHP's performance.

OMAP has selected Emergency Department (ED) utilization as the topic for the first comparative assessment. A previous study of ED use indicated that nearly 75 percent of visits were classified as nonemergent or as emergent but primary care treatable when assessed by qualified medical personnel.<sup>1</sup> The ED serves as a “safety net” provider for growing numbers of low-income underinsured and Medicaid enrollees.<sup>2</sup> The low-income population is more likely to use the ED as a regular source of primary care.<sup>3</sup>

A foundational underpinning of OHP and Medicaid managed care is the concept of prevention—that the timely provision of preventive health care and access to primary care can prevent illness or worsening of conditions that may lead to increased use of more expensive healthcare services. Quality of care suffers when ED physicians treat conditions better addressed by a primary care practitioner (PCP), who can more effectively provide continuity of care, follow-up treatment, and preventive health services. Inappropriate ED

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<sup>1</sup> Billings J, Parikh N, Mijanovich T. Emergency room use: the New York story. *The Commonwealth Fund Issue Brief*. November 2000:4.

<sup>2</sup> Richardson LD, Hwang U. America's health care safety net: intact or unraveling? *Acad Emerg Med* 2001;8:1057.

<sup>3</sup> Cunningham PJ, Clancy CM, Cohen JW, Wilets M. The use of hospital emergency departments for nonurgent health problems: a national perspective. *Med Care Res Rev* 1995;52:454.

utilization contributes to the escalating cost of health care in Oregon, as it is widely believed that charges for ED services are considerably higher than charges for services provided by office-based PCPs.<sup>4</sup> An examination of this topic is timely because recent changes in OHP programs and benefits have affected a significant proportion of OHP enrollees and have raised concerns that these changes may result in adverse ED utilization trends.<sup>5</sup>

Trends in ED utilization may be an important indicator of limited access to care. Many variables may influence a patient's decision to visit an ED rather than a clinic or physician's office. The decision may be a result of insufficient access to primary care due to limited office hours, transportation, phone triage, and/or language barriers.

A greater understanding of the factors that affect ED use will help OMAP work with plan providers to target interventions. For example, plan providers may improve access to ambulatory care by establishing a "medical home" for beneficiaries. The development of good patient-physician relationships and improved systems for managing the care of patients with ambulatory care sensitive conditions may prove effective in decreasing beneficiaries' reliance on the ED for nonemergent care.

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<sup>4</sup> Cunningham PJ, Clancy CM, Cohen JW, Wilets M. 454.

<sup>5</sup> Lowe R, McConnell KJ, Lapidus J, et al. Changes in access to primary care for Oregon Health Plan beneficiaries and the uninsured: a preliminary report based on Oregon Health & Science University Emergency Department data. Center for Policy and Research in Emergency Medicine, Oregon Health & Science University. 2003:3.

## Study Objectives

This comparative assessment evaluated FCHP performance using ED utilization as a measure of access to appropriate ambulatory care. ED utilization was measured using encounter data submitted to OMAP by the FCHPs. Claims data for fee-for-service (FFS) patients were included for comparison.

OMPRO and OMAP sought to answer the following primary questions with this analysis:

- How does FCHP performance vary as measured by the type of ED visit? How does each FCHP vary with respect to ED visits for conditions that might be treated more appropriately in primary care settings or might be preventable through better outpatient management?
- Can differences in ED use between an FCHP and the aggregate be associated with factors other than quality of care and/or access to care (for example, data submission problems, type of program, or enrollee demographics)?

In a study published in 2000, healthcare researchers at the New York University (NYU) Center for Health and Public Service Research developed an algorithm to classify ED visits as “emergent” or “nonemergent” and to identify preventable ED visits for conditions that primary care providers would be able to treat and manage in an outpatient setting.<sup>6</sup> OMPRO used the algorithm developed for the NYU study to analyze OMAP enrollees’ ED visits for the same purposes.

Distinguishing and measuring the types of ED visits best treated in a primary care setting can illuminate access-to-care issues. The classification algorithm also is used in an ongoing study for a local academic medical center. OMAP will be able to compare ED visit data for OHP enrollees with data from hospitals across the state when the academic medical center has completed its analysis.<sup>7</sup>

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<sup>6</sup> Billings J, Parikh N, Mijanovich T. Emergency room use: the New York story.

<sup>7</sup> Lowe R, McConnell KJ, Lapidus J, et al. 4–5.





## Methodology

Comparative assessments evaluate FCHP performance variation by comparing each FCHP's current encounter data to a baseline of FCHP aggregated data and by examining the distribution of data for all FCHPs. For the ED visit comparative assessment, OMPRO used descriptive and inferential statistical methods to examine the amount of variation in ED utilization in order to identify adversely out-of-range performance.

Out-of-range performance data may be subject to review by OMAP and the FCHP. If, in OMAP's judgment, the data review does not result in an adequate explanation of the variation (i.e., the variation between the plan-submitted data and the managed care average or data distribution cannot be explained, identified, or shown to be the result of data entry, coding, transmission, or reporting error), OMPRO will review a representative sample of health records (charts) from the appropriate FCHP.

### *Data Source and Range*

Claims and encounter data are submitted to OMAP by medical facilities, FCHPs, and individual providers using UB-92 or HCFA-1500 insurance claim forms. These forms include information on the type of visit, services provided, diagnoses, and demographic characteristics of the enrollee. In February 2004, OMAP extracted data from its encounter and claims database for all ED visits between January 1, 2002, and December 31, 2003. See Appendix A for a list of data fields.

Although claims and encounter data were requested for the entire study period, 4 of the 14 FCHPs produced date ranges that were shorter than the entire 24-month period. The FCHP names and date ranges are listed in Table 1.

**Table 1. FCHP names and date ranges for encounter and claims data extracted.**

<b>FCHP</b>	<b>Encounter and Claims Data Dates<sup>a</sup></b>
CareOregon, Inc.	January 1, 2002–December 31, 2003
Cascade Comprehensive Care, Inc.	January 1, 2002–December 31, 2003
Central Oregon Independent Health Services	January 1, 2002–December 31, 2003
Doctors of Oregon Coast South	<b>January 1, 2002–November 30, 2003</b>
Douglas County Independent Physicians Association	January 1, 2002–December 31, 2003
FamilyCare, Inc.	January 1, 2002–December 31, 2003
InterCommunity Health Network	<b>January 1, 2002–November 30, 2003</b>
Kaiser Permanente Northwest	<b>January 1, 2002–June 30, 2003</b>
Lane Individual Practice Association	January 1, 2002–December 31, 2003
Marion Polk Community Health Plan	<b>January 1, 2002–November 30, 2003</b>
Mid-Rogue Independent Physician Association	January 1, 2002–December 31, 2003
Oregon Health Management Services	January 1, 2002–December 31, 2003
Providence Health Plan	January 1, 2002–December 31, 2003
Tuality Health Alliance	January 1, 2002–December 31, 2003

<sup>a</sup>Bold type indicates ranges shorter than the full 24-month study period.

For the purpose of this study, an ED visit was defined as described in Table 2.

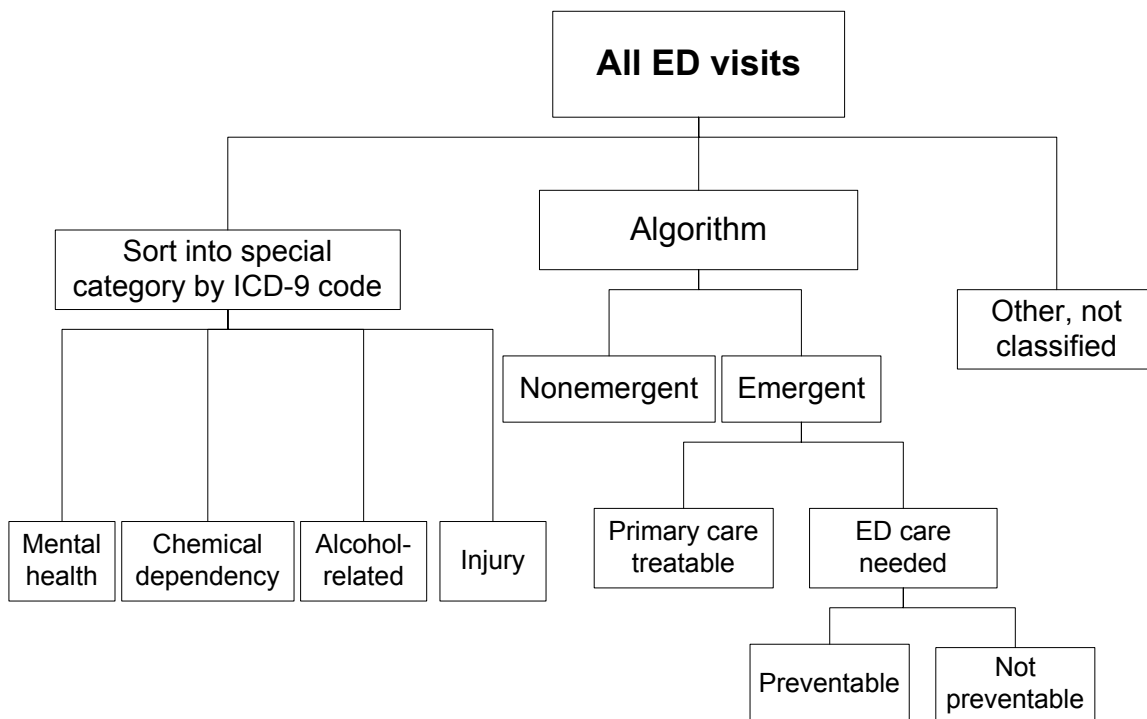
**Table 2. Codes used to identify ED visits.**

UB-92 Revenue Codes	OR	CPT Codes <sup>a</sup>	AND	Place of Service Codes HCFA-1500
450–452, 459, 980, 981		10040–69979 99281–99288		23

<sup>a</sup> Current Procedural Terminology (CPT<sup>®</sup>) codes for reporting medical services and procedures were developed by the American Medical Association.

*ED Visit Classification Algorithm*

OMPRO used the ED visit classification algorithm, developed by NYU researchers, to analyze ED visits of the OMAP population.<sup>8</sup> The algorithm sorts ED visits by ICD-9 codes as shown in Figure 1.



**Figure 1. Flow chart of ED visit classification process.**

<sup>8</sup> Billings JD. Using administrative data to monitor access, identify disparities, and assess performance of the safety net. Tools for Monitoring the Health Care Safety Net. September 2003. Agency for Healthcare Research and Quality, Rockville, MD. Available at: <http://www.ahrq.gov/data/safetynet/billings.htm>. Accessed February 3, 2005.

ED visits identified by primary ICD-9 diagnosis codes are sorted into one of four “special” categories:

- mental health-related conditions
- chemical dependency
- alcohol-related conditions
- injury

The ICD-9 codes for the remaining ED visits are evaluated and sorted by the probability that the claim would fall into one of the following “algorithm” categories:

- nonemergent
- emergent, primary care treatable
- ED care needed, preventable
- ED care needed, not preventable

ICD-9 codes for ED visits that can be neither identified by a primary diagnosis for one of the special categories, nor captured by the classification algorithm, are sorted as

- other, not classified

The primary function of the algorithm is to evaluate each ED visit by the probability that the diagnosis is for a nonemergent or an emergent condition, and to differentiate the emergent conditions among three sub-classifications.<sup>9</sup> The algorithm was developed with the advice of a group of ED physicians who reviewed more than 5,000 ED records from various New York City hospitals, analyzing patients’ initial complaints, vital signs, age, medical history, procedures performed, and resources used in the ED.

Nonemergent visits are those that could have waited more than 12 hours to be seen; emergent visits are those that needed to be seen within 12 hours. Emergent visits are further classified into “primary care treatable” or “ED care needed” categories. The visit is categorized as primary care treatable if procedures and resources used for the patient are those typically available in a physician’s office. A visit is sorted into ED care needed if hospital procedures are performed and ED resources are used. This methodology is not intended for use in concurrent triage of ED visits.

Some ICD-9 codes fall into both the primary care treatable and ED care needed categories, such as cellulitis or acute bronchitis. Depending on the severity, these conditions could require hospital resources or could be treated in the physician’s office. Because the severity of the condition is not revealed by the ICD-9 code, the researchers determined the probability of these conditions falling into one category or the other. A more clearly delineated example is that the primary care treatable category includes sore throats and earaches, whereas seizures, asthma, and dehydration are classified as ED care needed, or requiring hospital services such as emergency medications or IV fluids.<sup>10</sup>

In the next step of the algorithm, ED care needed visits are categorized as “preventable” or “not preventable.” Preventable visits are those in which emergency care is needed for exacerbation of an existing condition that could have been prevented had the patient

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<sup>9</sup> Billings J, Parikh N, Mijanovich T. Emergency room use: the New York story. 2.

<sup>10</sup>For more information on how the algorithm was created, see the NYU Center for Health and Public Service Research website at <http://www.nyu.edu/wagner/chpsr/index.html?p=25>. Accessed February 3, 2005.

received timely and effective outpatient care. These “ED care needed, preventable” cases include patients with ambulatory care sensitive (ACS) conditions.

The Agency for Healthcare Research and Quality (AHRQ) defines the 16 ACS conditions listed below as “conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.”<sup>11</sup>

- bacterial pneumonia
- dehydration
- pediatric gastroenteritis
- urinary tract infection
- perforated appendix
- low birth weight
- angina without procedure
- congestive heart failure (CHF)
- hypertension
- adult asthma
- pediatric asthma
- chronic obstructive pulmonary disease (COPD)
- diabetes short-term complication
- diabetes long-term complication
- uncontrolled diabetes
- lower-extremity amputation among patients with diabetes

These ACS conditions were initially used to research preventable inpatient hospital admissions and more recently to study preventable ED visits.<sup>12</sup>

The fourth algorithm category, “ED care needed, not preventable,” includes such serious conditions as myocardial infarction and ruptured aneurysm. Although these conditions are not high in volume, they require emergent attention. This category also includes abdominal pain and respiratory infections because these conditions could require emergent attention.

### **Data Analysis**

OMPRO initially calculated proportions of the total eligible ED visits in all nine categories, and then focused on the four main algorithm categories for more comprehensive analysis. The proportion for each category represents the probability that an ED visit falls into that category. For ease of interpretation, proportions are expressed as percentages. OMPRO considered using ED visit rates but decided to use percentages for the following reasons:

- OMAP and some FCHPs already calculate and monitor ED visit rates.
- Percentages provide a better picture of the distribution of the types of ED visits.

The numerator for the percentages is the number of ED visits in each category. The denominator is the total number of eligible ED visits as defined by the code combinations listed in Table 2.

An ED visit fulfilling the criteria in Table 2 and within the study period was counted, whether the patient was treated as an outpatient or admitted to the hospital. There was no

<sup>11</sup>Agency for Healthcare Research and Quality. AHRQ quality indicators—guide to prevention quality indicators: hospital admission for ambulatory care sensitive conditions. Revision 3. Publication Number 02-R0203. Rockville, MD: Department of Health and Human Services. 2004. 1.

<sup>12</sup>Falik M, Needleman J, Wells BL, Korb J. Ambulatory care sensitive hospitalizations and emergency visits: experiences of Medicaid patients using federally qualified health centers. *Med Care* 39:551–61.

requirement in this measure for continuous eligibility. Visits to urgent care centers were not counted.

The eligible population for this study included Medicaid enrollees

- enrolled in an FCHP or FFS program during the measurement period
- of all ages from birth to, but not including, age 65

The study focused on ED visits by enrollees in OMAP FCHPs; ED visits by patients with FFS coverage were analyzed for comparative purposes. Enrollees receiving Citizen/Alien Waived Emergency Medical (CAWEM) coverage were excluded from the data set.

From the data received, OMPRO determined a “unique” ED visit in the data set as one with a unique combination of the following fields:

- patient ID
- claim number
- date of ED visit
- primary diagnosis

OMPRO completed an in-depth analysis to determine the accuracy and completeness of the ED visit data. The findings appear in Appendix B.

For each FCHP and for the aggregate of all plans, OMPRO calculated the percentages of the types of ED visits for the following demographic categories:

- age group (under 18 years, 18 to 65 years)
- race/ethnicity
- gender
- type of program (OHP Standard, OHP Plus)
- language (English, non-English)
- geography (rural, urban as defined by enrollee ZIP code)

The data from these calculations are arrayed by plan and year in the Findings section of this report and in Appendix C.

### *Outlier Analysis*

OMPRO used a z-test to analyze the difference between each FCHP’s percentage and the managed care aggregate percentage for the four algorithm categories. Statistically significant variation is defined as when  $p$  values are  $<0.05$ . The z-test evaluates how far the FCHP percentage is from the aggregate percentage and whether the difference is due to random chance or suggests an actual difference in the two percentages. When the  $p$  value is  $<0.05$ , there is less than 5 percent chance that the difference between the FCHP’s percentage and the aggregate percentage is due to randomness; it strongly suggests an actual difference between the two population percentages.

For purposes of analysis, OMAP and OMPRO determined that only plans identified as outliers in the emergent, primary care treatable *and* ED care needed, preventable categories were to be defined as outliers regarding ED utilization.

To better assess and visualize the data in this study, an additional analysis of variation was completed by plotting the FCHP percentages against the mean in statistical process control charts.

The chi-square test of independence was used to analyze the differences in percentages of the categories when comparing two separate populations, such as rural with urban, English-speaking with non-English-speaking, and managed care enrollees with FFS enrollees.

#### ***Administrative Feasibility/Limitations***

The analysis was completed using encounter and claims data. A universally acceptable method for risk adjustment is not available for this measure. OMPRO and OMAP analyzed 100 percent of the ED visits for this comparative study.

The ED visit classification algorithm has limitations, but it is the best research tool available to sort ED visits into emergent and nonemergent categories, allowing analysis of preventable ED visits. The algorithm does not sort all ICD-9 codes; it addresses only the ICD-9 codes of ED records researched during the development of the algorithm. In this study, 63.4 percent of the ED visits sorted through the algorithm into the four “emergent” and “nonemergent” categories, 29.1 percent into the “special” categories, and 7.5 percent into the “other, not classified” category.

The design of the algorithm is based on the probability that a condition identified by an ICD-9 code falls into one emergent or nonemergent category. Since the severity of a condition is unknown when analyzing an ICD-9 code, some conditions fall into two or three categories based on probability. Two examples are acute pyelonephritis and pyelonephritis not specified as acute or chronic. All visits for acute pyelonephritis (ICD-9 code 590.10) fall into the ED care needed, preventable category. However, pyelonephritis not specified as acute or chronic (ICD-9 code 590.80) is sorted by the following probability:

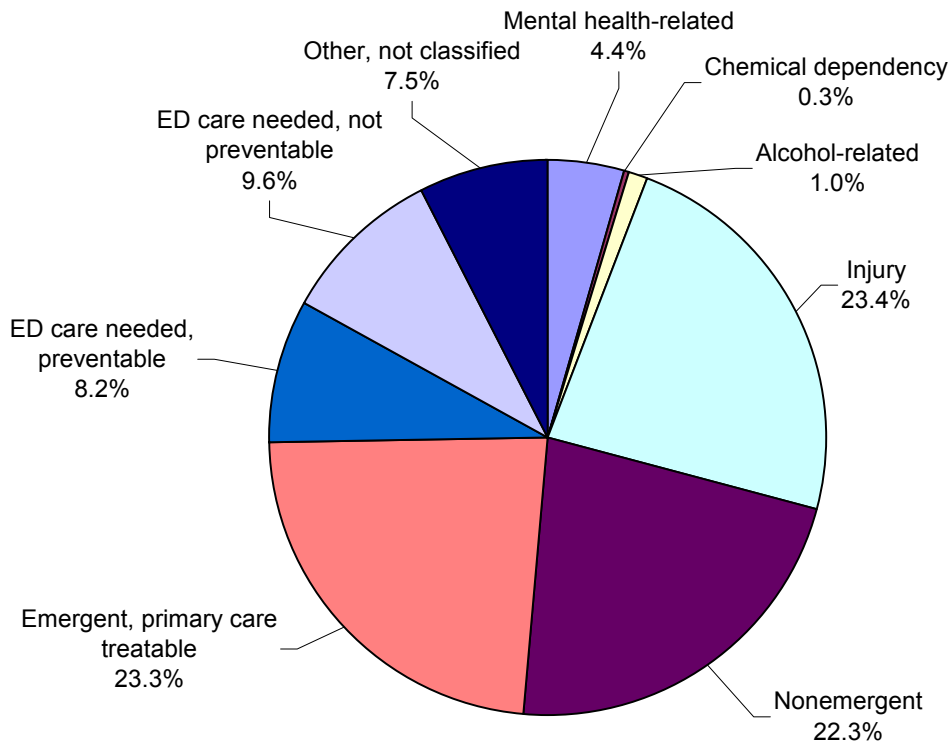
- 33% in nonemergent
- 67% in ED care needed, preventable

Therefore, if nine visits were coded for pyelonephritis not specified as acute or chronic, three visits would fall into the nonemergent category and six would be categorized as ED care needed, preventable.

## Findings

### *Percentages of All ED Visit Categories*

The OMAP data for managed care ED visits were sorted through the classification algorithm, and the type and frequency of visits were examined. The distribution of ED visit types aggregated for all 14 FCHPs in Oregon is shown in Figure 2.



**Figure 2. Percentage of ED visits for OHP enrollees by category, 2002–2003.**

More than two-thirds of OMAP managed care ED visits fall in one of three categories: injury (23.4 percent), nonemergent conditions (22.3 percent), and emergent, primary care treatable conditions (23.3 percent). The algorithm did not classify 7.5 percent of the ED visit primary diagnosis codes.

In addition to ED visits with a primary diagnosis of alcohol-related, other ED visits may have involved alcohol use. To determine the extent, OMPRO analyzed all ED visits by both the primary and secondary ICD-9 codes. Only about 2 percent of all visits were alcohol-related when considering both codes.



Table 3 shows the distribution of the FCHPs' ED visits across the nine categories. Each row accounts for 100 percent of each FCHP's ED visits for 2002–2003. The managed care aggregate is the distribution of 100 percent of OMAP managed care ED visits for all FCHPs for 2002–2003. FFS data are included at the bottom for comparative purposes.

The total number of ED visits analyzed was 532,322. There were 296,416 ED visits in 2002 and 235,906 in 2003. There were 287,266 OMAP managed care visits and 245,056 for FFS.

Table 4 shows the distribution of demographic categories among the nine types of ED visits for all FCHPs. The tables in Appendix C present data for the managed care aggregate and for each FCHP, with the distribution of demographic categories for each year (2002 and 2003) and for both years combined.

Although the percentage of ED visits in each category does not vary greatly from 2002 to 2003, there is a decrease in the number of OHP Standard enrollees because of the change in the OHP Standard plan requirements in March 2003 (see discussion on page 39). In the managed care population, there were 50,873 ED visits for OHP Standard in 2002 and 13,344 visits in 2003. OHP Plus had 116,243 ED visits in 2002 and 105,884 in 2003.

An analysis of the differences by gender shows that males have a higher percentage of ED visits for an injury. More than one-quarter (27.8 percent) of ED visits for males are for an injury, compared with one-fifth (20.3 percent) of ED visits for females. Females have a higher percentage of ED visits for nonemergent conditions (24.4 percent) than do males (19.4 percent).

English speakers have higher percentages than non-English speakers for ED visits for alcohol-related conditions, mental health-related conditions, and injuries. Non-English-speaking enrollees have a higher percentage (34.1 percent) of ED visits for emergent, primary care treatable conditions than do English-speaking enrollees (22.3 percent). The differences between English-speaking patients and non-English-speaking patients are explored further in the findings for the four algorithm categories on pages 35-36.

**Table 3. Types of ED visits for OHP enrollees by FCHP, 2002–2003.<sup>a</sup>**

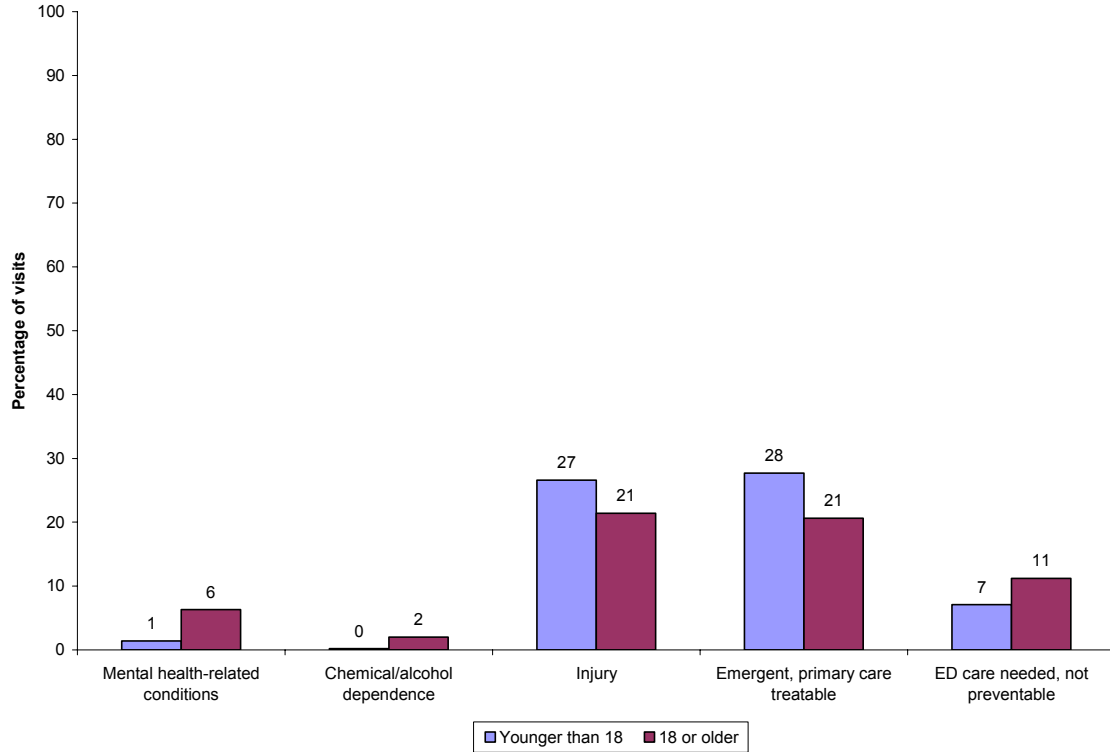
FCHP	Mental health-related condition		Chemical dependency		Alcohol-related condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Other, not classified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
CareOregon, Inc.	2.9	3,580	0.3	381	0.9	1,149	22.3	27,062	23.7	28,718	24.7	29,926	8.3	10,078	9.3	11,293	7.6	9,184
Cascade Comprehensive Care, Inc.	6.6	278	0.2	9	1.2	52	21.8	912	16.9	709	20.0	838	8.8	370	13.3	556	11.1	465
Central Oregon Independent Health Services	2.8	688	0.2	60	0.7	167	24.8	6,051	24.3	5,912	22.7	5,525	7.0	1,715	9.7	2,367	7.7	1,874
Doctors of Oregon Coast South	3.0	292	0.2	23	0.7	68	23.8	2,323	23.4	2,283	23.5	2,298	7.4	725	10.6	1,039	7.2	707
Douglas County IPA	2.5	496	0.3	52	0.7	139	21.0	4,131	25.0	4,912	26.1	5,135	8.8	1,731	8.1	1,597	7.6	1,493
FamilyCare, Inc.	3.2	339	0.3	32	0.8	84	27.9	2,952	20.6	2,182	22.0	2,328	8.1	858	9.1	957	8.0	842
InterCommunity Health Network	4.3	406	0.4	37	1.4	135	25.6	2,409	16.4	1,544	22.5	2,115	9.6	904	12.7	1,193	6.9	652
Kaiser Permanente Northwest Lane Individual Practice Association	4.8	159	0.3	9	1.8	59	25.4	840	16.1	532	20.3	670	10.9	359	12.7	420	7.8	258
Marion Polk Community Health Plan	5.3	1,210	0.5	115	1.5	349	28.8	6,590	17.7	4,046	20.3	4,640	8.1	1,860	10.3	2,348	7.5	1,726
Mid-Rogue IPA	2.4	585	0.4	87	1.1	276	24.2	5,926	22.6	5,545	22.3	5,475	9.4	2,295	10.3	2,537	7.3	1,789
Oregon Health Management Services	5.0	274	0.4	23	1.7	94	25.8	1,414	20.4	1,119	20.8	1,139	7.1	391	11.7	640	7.2	395
Providence Health Plan	5.3	259	0.5	26	2.0	99	27.3	1,342	19.8	974	20.3	995	7.2	354	10.4	512	7.1	350
Tuality Health Alliance	3.7	365	0.3	30	0.9	86	22.7	2,249	24.0	2,380	23.1	2,286	8.1	799	10.0	987	7.2	715
	2.9	204	0.1	8	0.8	52	24.1	1,668	23.2	1,604	24.5	1,699	8.8	612	8.3	578	7.2	501
Managed care aggregate	4.4	12,678	0.3	958	1.0	2,871	23.4	67,128	22.3	64,074	23.3	66,832	8.2	23,660	9.6	27,649	7.5	21,416
Fee-for-service	4.3	10,488	0.4	1,046	1.2	3,033	21.9	53,727	22.9	56,150	22.3	54,607	8.0	19,723	10.1	24,844	8.7	21,438

<sup>a</sup>Rows may not add up to exactly 100% due to rounding.

**Table 4. Types of ED visits for OHP enrollees by demographic category, all FCHPs, 2002–2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol-related condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Other, not classified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.4	1,498	0.0	47	0.2	189	26.6	29,095	22.8	24,906	27.7	30,240	8.5	9,276	7.1	7,744	5.8	6,329
≥18 but less than 65	6.3	11,180	0.5	911	1.5	2,682	21.4	38,033	22.0	39,169	20.6	36,592	8.1	14,384	11.2	19,905	8.5	15,087
<b>Ethnicity</b>																		
White	5.0	11,203	0.4	875	1.1	2,514	24.6	55,239	21.7	48,738	21.9	49,101	8.0	17,891	9.7	21,819	7.6	17,038
Asian	5.1	186	0.1	4	0.4	14	17.9	650	22.3	808	26.2	951	9.4	340	11.2	405	7.5	273
African-American	3.5	646	0.2	39	0.5	88	21.0	3,840	23.9	4,363	24.5	4,474	8.8	1,597	9.8	1,795	7.7	1,401
Hispanic	1.1	353	0.1	24	0.4	148	16.3	5,465	25.7	8,595	31.8	10,625	9.5	3,175	8.8	2,936	6.4	2,135
Native American	3.7	180	0.2	12	1.9	95	26.3	1,286	20.6	1,006	20.9	1,023	9.1	444	9.4	460	7.9	389
Pacific Islander	2.6	3	0.0	0	0.9	1	14.8	17	23.5	27	27.0	31	12.2	14	7.0	8	12.2	14
Other/unknown	4.3	107	0.2	4	0.4	11	25.2	631	21.4	536	25.0	627	7.9	199	9.1	227	6.6	166
<b>Gender</b>																		
Male	4.4	5,182	0.4	432	1.5	1,757	27.8	33,060	19.4	23,051	22.5	26,801	8.5	10,148	8.8	10,446	6.9	8,203
Female	4.5	7,496	0.3	526	0.7	1,114	20.3	34,067	24.4	41,020	23.8	40,025	8.0	13,510	10.2	17,201	7.9	13,211
<b>Type of program</b>																		
OHP Standard	5.0	3,237	0.6	412	2.3	1,493	24.7	15,836	21.7	13,909	20.2	12,940	7.3	4,683	11.0	7,078	7.2	4,629
OHP Plus	4.2	9,379	0.2	541	0.6	1,376	23.0	51,076	22.5	49,946	24.2	53,696	8.5	18,914	9.2	20,471	7.5	16,728
<b>Language</b>																		
English	4.8	12,548	0.4	952	1.1	2,838	24.2	63,736	21.9	57,705	22.3	58,651	8.1	21,303	9.7	25,504	7.6	19,986
Non-English	0.5	121	0.0	3	0.1	29	14.0	3,343	26.5	6,342	34.1	8,155	9.8	2,352	8.9	2,132	5.9	1,412
<b>Geography</b>																		
Urban	4.9	7,977	0.4	623	1.2	1,899	23.2	37,747	21.9	35,553	22.9	37,242	8.4	13,672	9.7	15,715	7.4	12,101
Rural	3.8	4,620	0.3	329	0.8	961	23.5	28,959	22.9	28,155	23.7	29,208	8.0	9,864	9.5	11,751	7.5	9,206
Managed care aggregate	4.4	12,678	0.3	958	1.0	2,871	23.4	67,128	22.3	64,074	23.3	66,832	8.2	23,660	9.6	27,649	7.5	21,416

There are differences in the percentages for certain types of visits according to age group. Figure 3 shows the percentages for ED visit types by patients younger than 18 years and those 18 years or older.

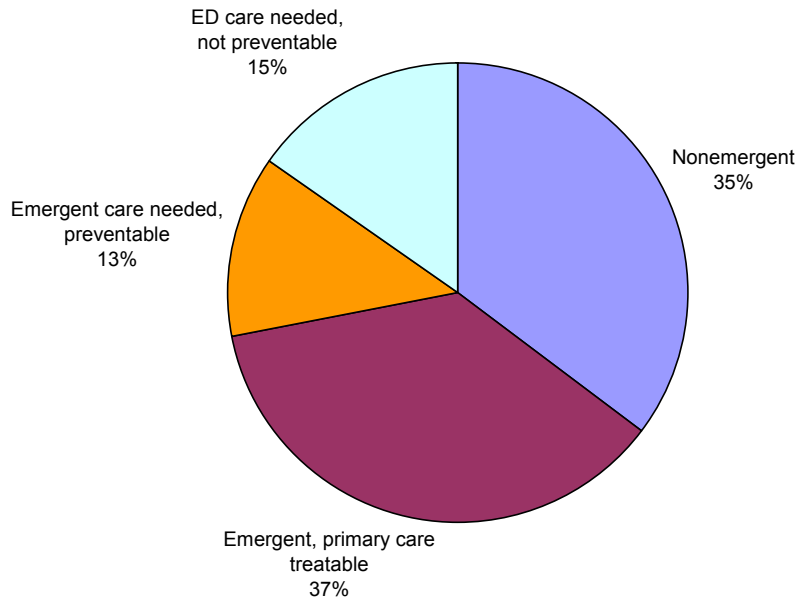


**Figure 3. Percentages for selected types of ED visits by age group, 2002–2003.**

As one would expect, adults have higher percentages for mental health-, chemical-, and alcohol-related ED visits. Children under 18 have a higher percentage of ED visits in the emergent, primary care treatable category than do adults. These visits are probably for childhood illnesses such as earache, fever, and respiratory infections. Children under 18 have a higher percentage for injury visits, as might be expected.

### Percentages of Four Algorithm Categories

ED visits sorted through the algorithm into the four nonemergent and emergent categories account for nearly two-thirds (63.4 percent) of all ED visits (see Figure 2, page 23). The analysis, from this point forward, refers to the four algorithm categories. Figure 4 shows the distribution of ED visits among these algorithm categories.



**Figure 4. Percentage of ED visits for OHP enrollees by algorithm category, all FCHPs, 2002–2003.**

Among the four algorithm categories, the predominant types of ED visits are for nonemergent and emergent, primary care treatable conditions, making up 35 percent and 37 percent of the total, respectively.

One of the study objectives is to identify FCHP variation from the managed care aggregate data. Table 5 shows the percentage of ED visits for each algorithm category for each FCHP, compared with the distribution for the managed care aggregate. Each row represents all ED visits for the four algorithm categories for each FCHP.

OMPRO conducted a z-test of the difference between the percentage for each plan and the percentage for the managed care aggregate within each category. Differences that are statistically significant from the aggregate at  $p < 0.05$  are marked with “up” or “down” arrows. The “–” mark indicates differences that are not statistically significant. When calculating for  $p < 0.01$ , the results were the same.

**Table 5. Types of ED visits for OHP enrollees by algorithm category and FCHP, 2002–2003.<sup>a, b</sup>**

FCHP	Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable					
	%	#	%	#	%	#	%	#				
CareOregon, Inc.	35.9	↑	28,718	37.4	↑	29,926	12.6	↓	10,078	14.1	↓	11,293
Cascade Comprehensive Care, Inc.	28.7	↓	709	33.9	↓	838	15.0	↑	370	22.5	↑	556
Central Oregon Independent Health Services	38.1	↑	5,912	35.6	↓	5,525	11.1	↓	1,715	15.3	–	2,367
Doctors of Oregon Coast South	36.0	–	2,283	36.2	–	2,298	11.4	↓	725	16.4	↑	1,039
Douglas County IPA	36.7	↑	4,912	38.4	↑	5,135	12.9	–	1,731	11.9	↓	1,597
FamilyCare, Inc.	34.5	–	2,182	36.8	–	2,328	13.6	–	858	15.1	–	957
InterCommunity Health Network	26.8	↓	1,544	36.7	–	2,115	15.7	↑	904	20.7	↑	1,193
Kaiser Permanente Northwest	26.9	↓	532	33.8	↓	670	18.1	↑	359	21.2	↑	420
Lane Individual Practice Association	31.4	↓	4,046	36.0	–	4,640	14.4	↑	1,860	18.2	↑	2,348
Marion Polk Community Health Plan	35.0	–	5,545	34.5	↓	5,475	14.5	↑	2,295	16.0	↑	2,537
Mid-Rogue IPA	34.0	–	1,119	34.6	↓	1,139	11.9	–	391	19.5	↑	640
Oregon Health Management Services	34.4	–	974	35.1	–	995	12.5	–	354	18.1	↑	512
Providence Health Plan	36.9	↑	2,380	35.4	↓	2,286	12.4	–	799	15.3	–	987
Tuality Health Alliance	35.7	–	1,604	37.8	–	1,699	13.6	–	612	12.9	↓	578
Managed care aggregate	35.2		64,074	36.7		66,832	13.0		23,660	15.2		27,649

<sup>a</sup>The arrows and dashes shown for each category indicate the results of a z-test of the difference between the percentage for each plan and the managed care aggregate percentage. All differences are statistically significant at  $p < 0.05$ . ↑ indicates the plan percentage is higher than the aggregate percentage, ↓ indicates the plan percentage is lower than the aggregate percentage, and – indicates the plan percentage does not vary significantly from the aggregate percentage.

<sup>b</sup>Rows may not add up to exactly 100% due to rounding.

Because the denominator is large, it is easy to find statistically significant differences between the percentages of a plan and of the managed care aggregate. Eight out of 14 (57.1 percent) FCHPs in the first three algorithm categories and 11 out of 14 FCHPs (78.5 percent) in the fourth algorithm category have variations that are statistically significant using the prescribed  $z$ -test and  $p$  levels. These differences were as small as 0.7 percent. The fact that more than half of the FCHPs demonstrated statistically significant variation suggests that the bounds for determining outlier status may be set too narrowly to determine important differences in performance, such that follow-up actions with specific outliers would be merited.

Statistical process control (SPC) charts often are used in quality improvement settings to view variation in performance. While SPC charts typically are produced to show data over time, they also may be useful in identifying important differences among categories.<sup>13</sup>

OMPRO produced SPC charts to view plans' performance against the managed care aggregate in each algorithm category. The charts (Figures 5–8) were produced by calculating the mean and standard deviation (sigma) of the plan percentages in each category. The control limits are set at three sigma above and below the mean.<sup>14</sup> Data points that lie outside the upper or lower control limits may be due to clinically significant special causes and not to common-cause variation.

Looking at the SPC charts in each category, no data points fall outside the control limits. Although there is statistical significance for differences between FCHPs and the managed care aggregate, the charts suggest that the plans are performing within the bounds of common-cause variation. If some plans' performance varied greatly from the others, it would be apparent in the charts, because the values would fall outside the three-sigma control limits.

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<sup>13</sup>Mohammed MA. Using statistical process control to improve the quality of health care. *Quality & Safety in Health Care* 13:243-5.

<sup>14</sup>According to accepted principles of statistics, 99.7 percent of normally distributed data fall within three sigma of the mean.

Percentage of ED visits for OHP enrollees by FCHP in the four algorithm categories, 2002–2003

◆ FCHP percentage      — FCHP mean      - - - 3-sigma control limits

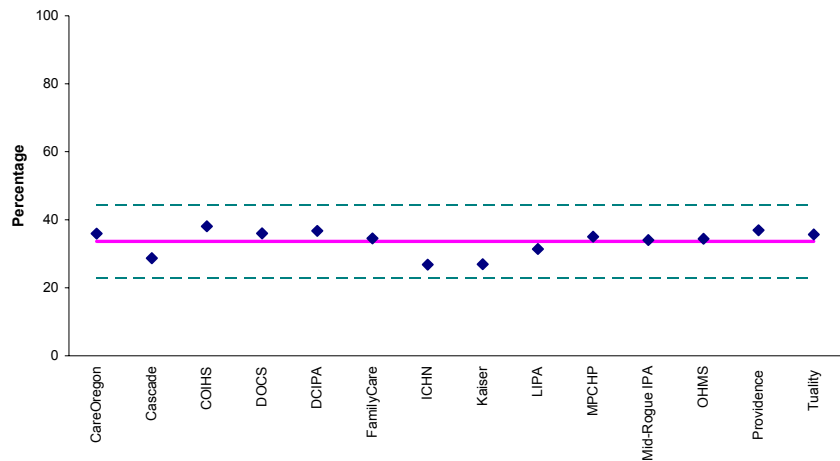


Figure 5. Nonemergent visits.

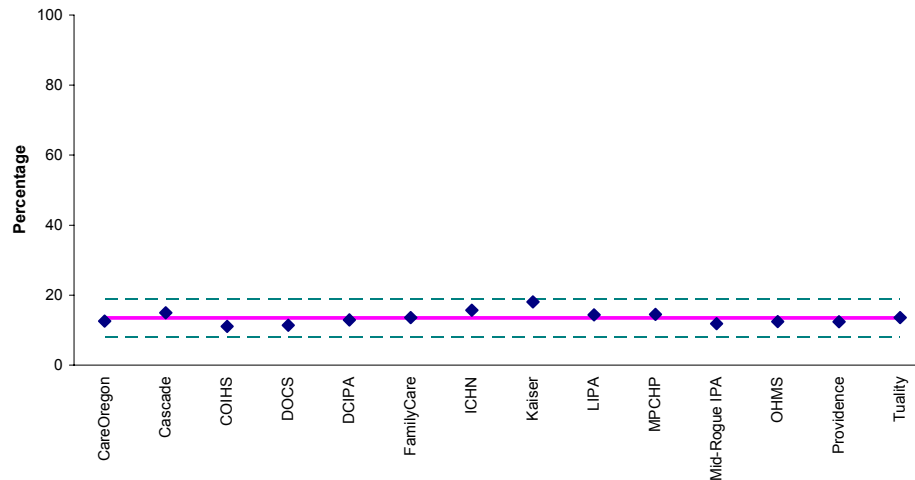


Figure 7. ED care needed, preventable visits.

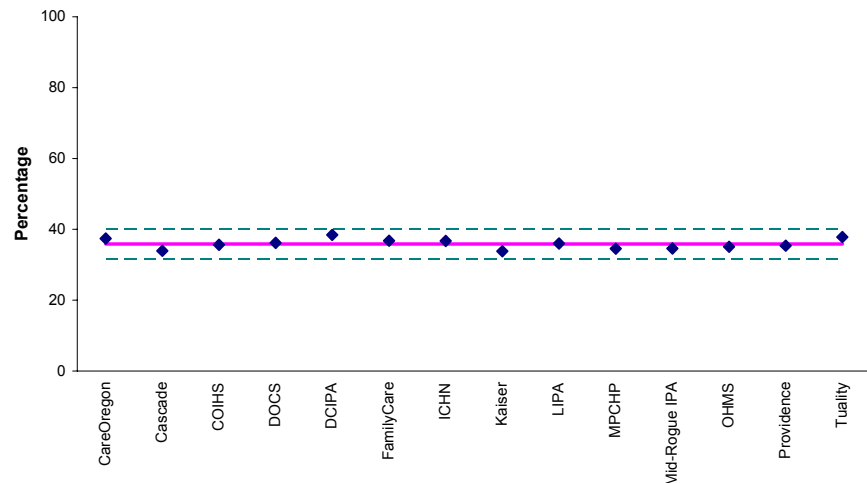


Figure 6. Emergent, primary care treatable visits.

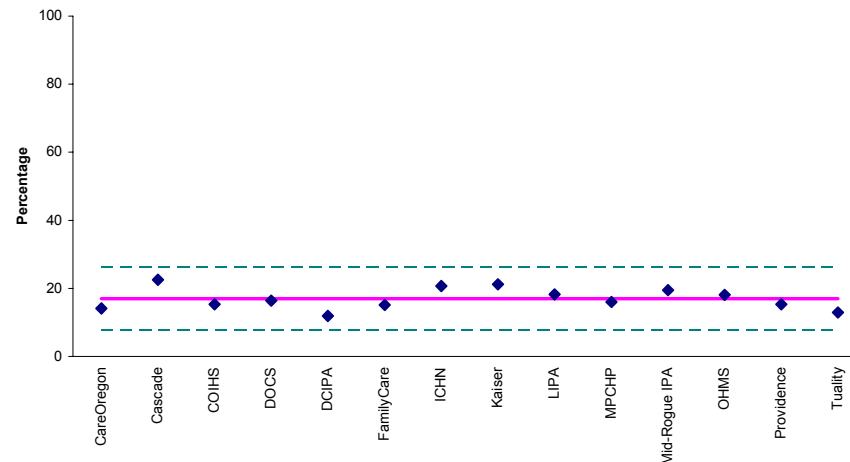
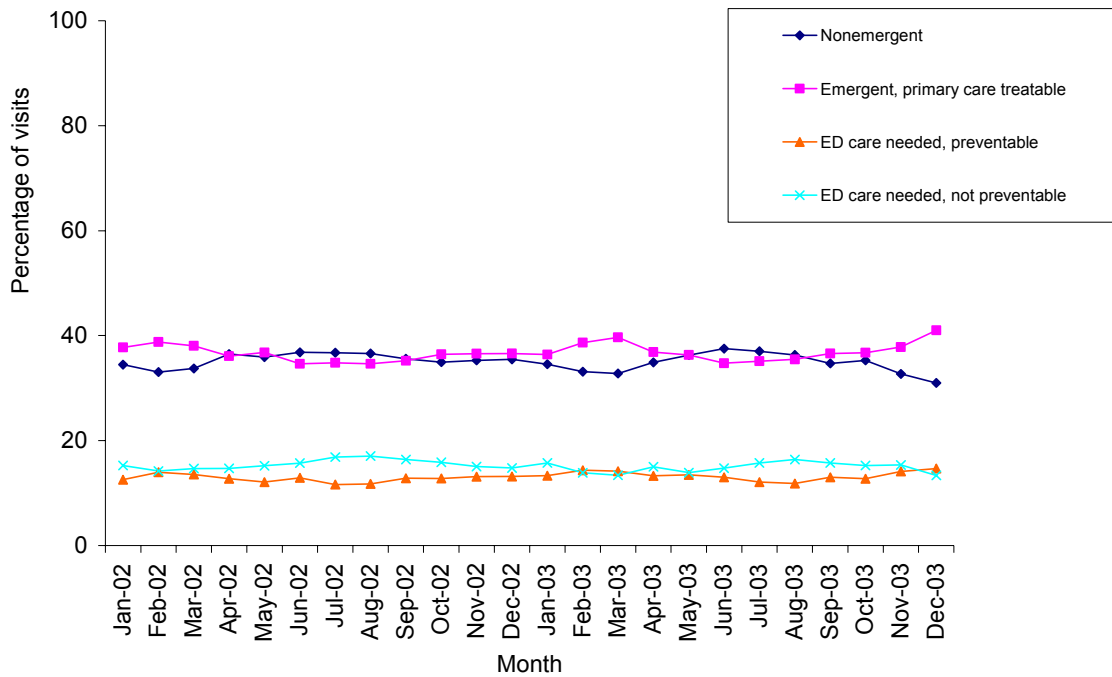


Figure 8. ED care needed, not preventable visits.



*Two-Year Trends*

To see whether there were changes in the types of ED visits after the OHP changes in March 2003, OMPRO analyzed the percentages of each of the four algorithm categories for each month over 2002 and 2003 (see Figure 9).



**Figure 9. Percentage of ED visits for OHP enrollees by algorithm category and month for all FCHPs, January 2002–December 2003.**

No cyclical or seasonal patterns are identified. There are no trends in the percentages of the types of ED visits, nor any identifiable trends resulting from OHP Standard program changes in March 2003 and the decreased enrollment that followed.

Graphs depicting two-year trends for each FCHP can be found in Appendix D. Overall, FCHPs with higher volumes of enrollees have more consistent percentages throughout the two-year period, and FCHPs with lower volumes of enrollees have more variation in the percentages. Changes toward the last months of the two-year period may be related to incomplete data for November and December 2003.

### *ACS Conditions*

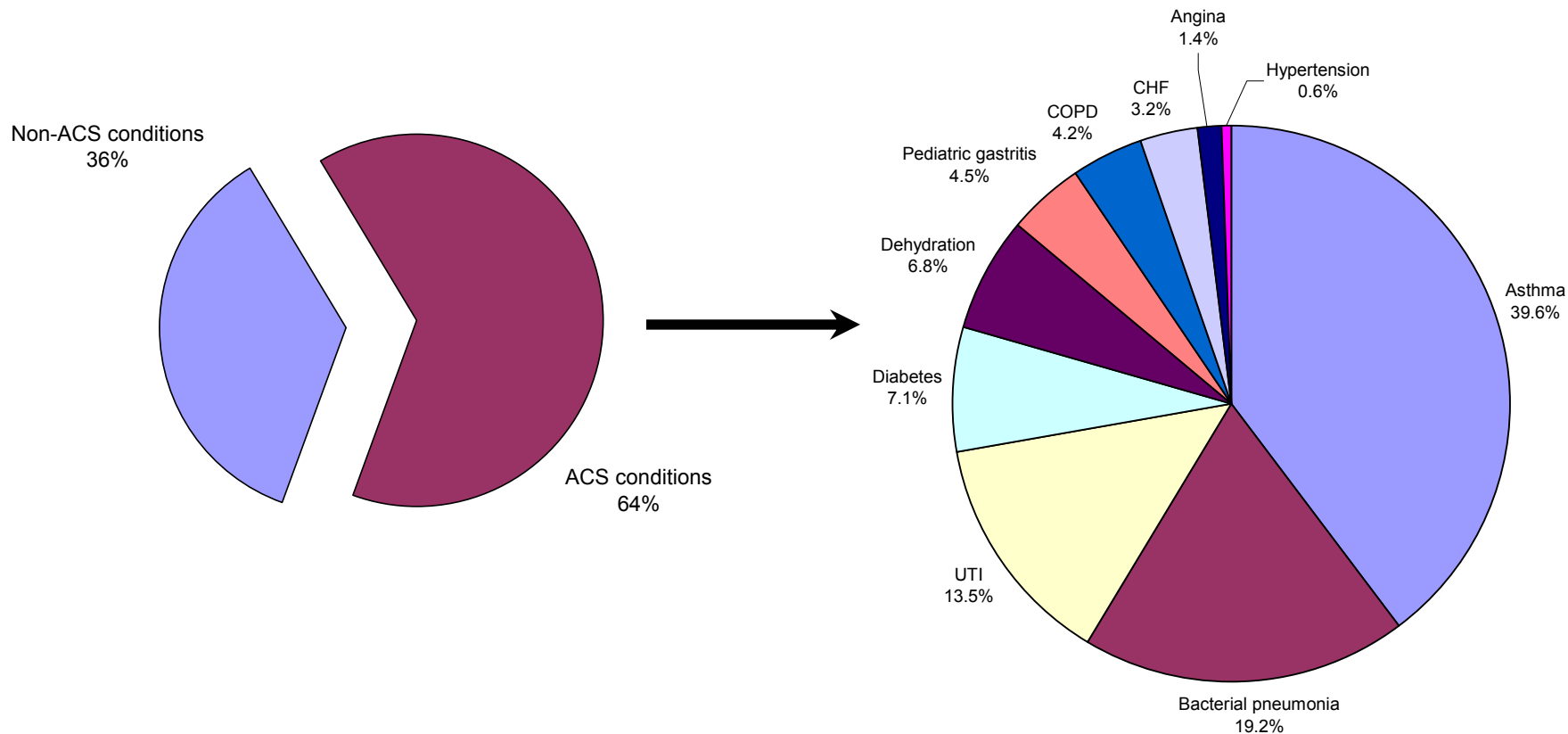
The ED care needed, preventable category is designed to capture ED utilization by people with ACS and other conditions as identified by AHRQ (see page 20). The percentage of this category for OMAP managed care is almost twice as high (13.0 percent) as the category percentage in the NYU study for which the algorithm was developed (7.3 percent).<sup>15</sup> The NYU study included all payers, and the study report does not specify the methodology used to identify an ED visit, so comparison with the OMAP data is limited. Even so, the difference was cause for further analysis of this category.

The ED care needed, preventable category includes conditions that worsened because the patient did not receive timely and effective outpatient care. Figure 10 shows that ACS conditions account for 64 percent of the ED visits in this category. Figure 11 shows that asthma and diabetes account for nearly half (46.7 percent) of all visits for ACS conditions.

OMPRO completed further analysis to identify ICD-9 codes that make up the ED care needed, preventable category for OMAP managed care and for each FCHP. Asthma accounts for the highest percentage of ED care needed, preventable visits for all 14 FCHPs. Bronchopneumonia accounts for the second highest percentage for 5 of the FCHPs. Appendix E breaks down the top ICD-9 codes for each FCHP for each of the four algorithm categories.

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<sup>15</sup>Billings J, Parikh N, Mijanovich T. Emergency department use in New York City: a substitute for primary care? The Commonwealth Fund Issue Brief. November 2000:3.

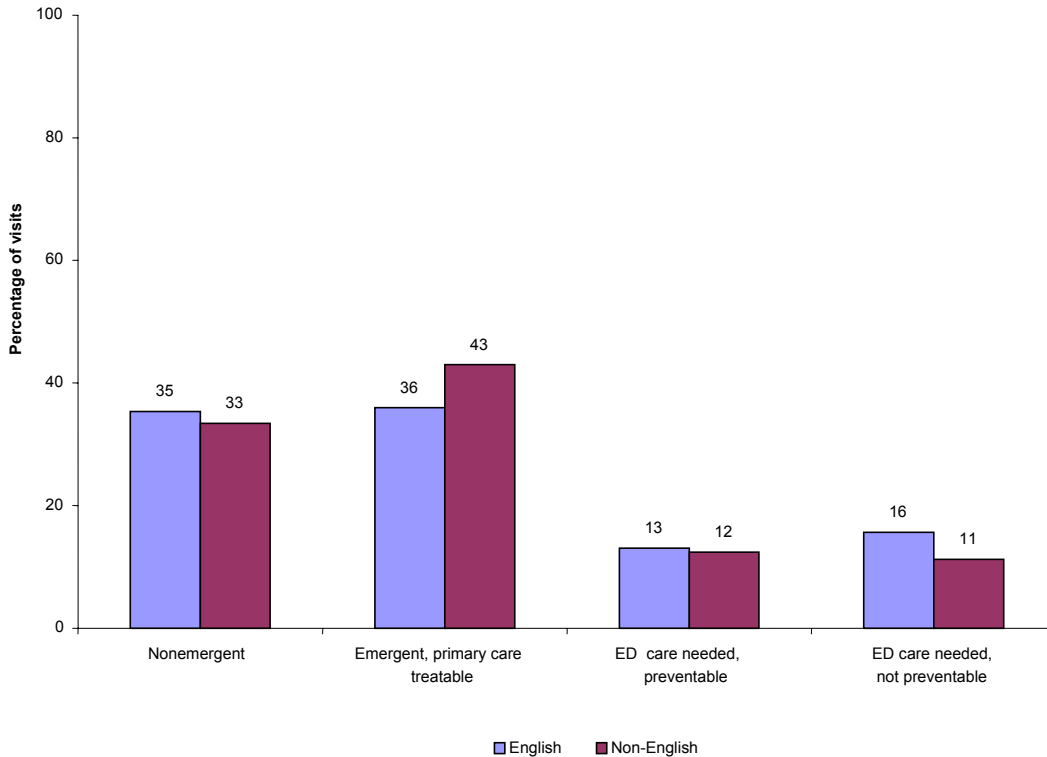


**Figure 10. OHP enrollee visits in the ED care needed, preventable category by ACS and non-ACS conditions.**

**Figure 11. Breakdown of ACS conditions in the ED care needed, preventable category.**

### English- and Non-English-Speaking Enrollees

The differences in ED utilization between English- and non-English-speaking enrollees are significant for all four algorithm categories (see Figure 12). Non-English-speaking enrollees have a higher percentage of visits categorized as emergent, primary care treatable, whereas English-speaking enrollees have a higher percentage of visits categorized as ED care needed, not preventable. These differences are statistically significant at  $p < 0.05$ .



**Figure 12. Percentage of ED visits for OHP enrollees by language category, 2002–2003.**

Table 6 shows plan-specific data for ED visits by algorithm category and language. Because of the significant difference between English- and non-English-speaking enrollees in the emergent, primary care treatable category, OMPRO tested the difference between these two groups in this category for each FCHP. The table identifies eight plans with a significantly higher percentage of visits for non-English speakers than for English speakers in the emergent, primary care treatable category ( $p < 0.05$ ).

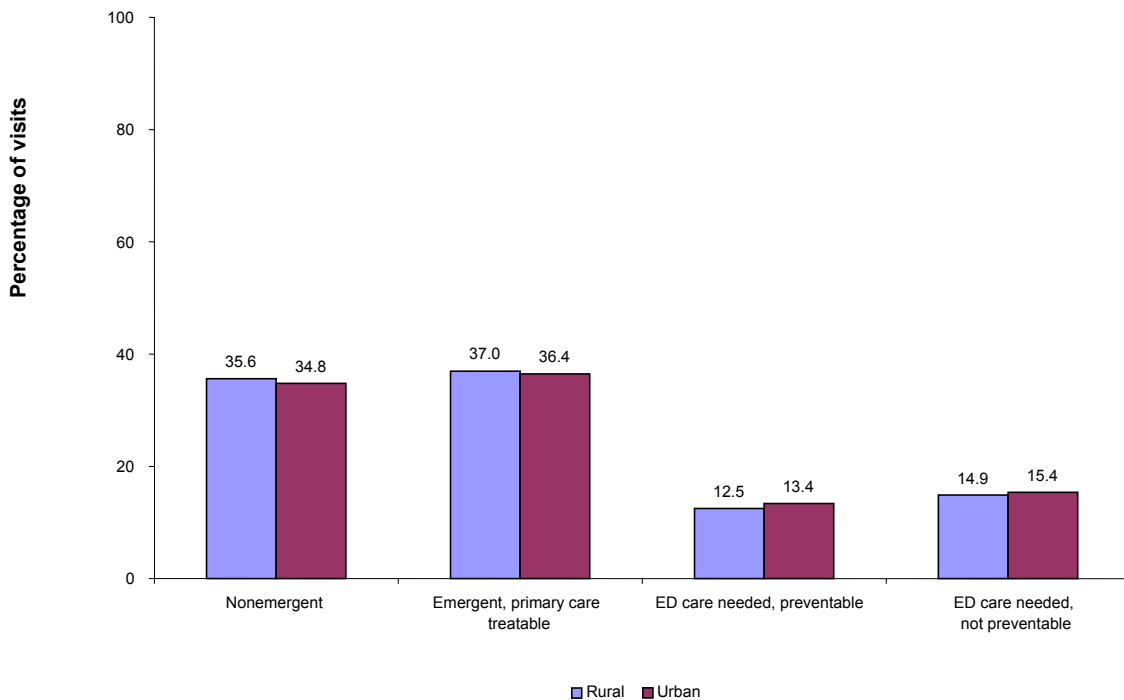
**Table 6. ED visits for OHP enrollees by algorithm classification, language category, and FCHP, 2002–2003.**

FCHP	Language	Nonemergent		Emergent, primary care treatable <sup>a</sup>		ED care needed, preventable		ED care needed, not preventable		
		%	#	%	#	%	#	%	#	
CareOregon, Inc.	English	36.3	24,378	36.3	↑	24,352	12.6	8,485	14.8	9,917
	Non-English	33.7	4,329	43.3		5,562	12.4	1,590	10.7	1,374
Cascade Comprehensive Care, Inc.	English	28.7	689	33.7	–	811	15.0	361	22.6	542
	Non-English	29.0	20	39.1		27	13.0	9	18.8	13
Central Oregon Independent Health Services	English	38.4	5,531	34.9	↑	5,031	11.0	1,588	15.6	2,247
	Non-English	34.0	379	44.0		491	11.3	126	10.7	119
Doctors of Oregon Coast South	English	36.0	2,271	36.2	↑	2,280	11.4	721	16.4	1,035
	Non-English	32.4	11	52.9		18	5.9	2	8.8	3
Douglas County IPA	English	36.8	4,893	38.4	–	5,105	12.9	1,722	12.0	1,591
	Non-English	29.7	19	46.9		30	12.5	8	10.9	7
FamilyCare, Inc.	English	34.6	2,065	36.5	↑	2,178	13.6	815	15.3	914
	Non-English	32.6	114	42.9		150	12.3	43	12.3	43
InterCommunity Health Network	English	26.7	1,497	36.6	–	2,055	15.8	886	20.9	1,172
	Non-English	31.2	44	41.8		59	12.8	18	14.2	20
Kaiser Permanente Northwest	English	26.6	494	33.7	–	625	18.2	337	21.5	398
	Non-English	29.9	38	36.2		46	16.5	21	17.3	22
Lane Individual Practice Association	English	31.3	3,919	35.8	↑	4,483	14.5	1,819	18.3	2,289
	Non-English	32.5	122	41.3		155	11.2	42	14.9	56
Marion Polk Community Health Plan	English	35.4	4,961	33.6	↑	4,715	14.6	2,051	16.4	2,297
	Non-English	31.9	582	41.7		761	13.4	245	13.1	239
Mid-Rogue IPA	English	34.0	1,113	34.6	–	1,133	11.9	388	19.5	639
	Non-English	40.0	6	40.0		6	20.0	3	0.0	0
Oregon Health Management Services	English	34.3	960	35.1	–	983	12.6	352	18.0	505
	Non-English	39.4	13	39.4		13	6.1	2	15.2	5
Providence Health Plan	English	37.0	2,167	35.0	↑	2,048	12.8	749	15.2	891
	Non-English	35.4	210	40.1		238	8.4	50	16.0	95
Tuality Health Alliance	English	36.3	1,357	36.5	↑	1,362	13.8	514	13.4	501
	Non-English	32.4	246	44.4		337	12.9	98	10.3	78

<sup>a</sup>The arrows and dashes shown for this category indicate the results of a z-test of the difference between the percentages for English- and non-English-speaking enrollees within each plan. All differences are statistically significant at  $p < 0.05$ . ↑ indicates the plan percentage is higher for non-English- than for English-speaking enrollees; – indicates the percentages for the two groups of enrollees do not vary significantly.

### Urban and Rural Enrollees

OMPRO analyzed differences in types of visits for rural and urban FCHP enrollees to determine whether where one lives is a factor in ED utilization. Enrollees were classified as rural or urban based on their ZIP Codes.<sup>16</sup> In Figure 13, a comparison of the percentages of each ED visit category shows significant differences between urban and rural enrollees (using the chi-square test for independence with  $p < 0.05$ ). Enrollees with rural ZIP Codes had a higher percentage of ED visits classified as nonemergent or as emergent, primary care treatable. Urban enrollees had a higher percentage of ED visits for conditions classified as ED care needed, preventable and not preventable. All differences are statistically significant; however, all differences are less than 1 percent.



**Figure 13. Percentage of ED visits for OHP enrollees by rural and urban ZIP codes and algorithm category, 2002–2003.**

### OHP Standard and OHP Plus Enrollees

OMPRO compared ED visits by OHP Plus and OHP Standard enrollees each month in 2002 and 2003 to observe whether changes in enrollee benefits in March 2003 affected the types of ED visits. Figures 14–17 depict the percentages of visits in each category by OHP Plus and OHP Standard enrollees over the two-year period.

<sup>16</sup>This analysis uses the definition of urban and rural areas created by the Office of Rural Health at Oregon Health & Science University. Rural areas are “all geographic areas 10 or more miles from the centroid of a population center of 30,000 or more.” For a list of urban and rural towns in Oregon based on this definition, see <http://www.ohsu.edu/oregonruralhealth/urbanruralcheck.pdf>. Accessed February 3, 2005.

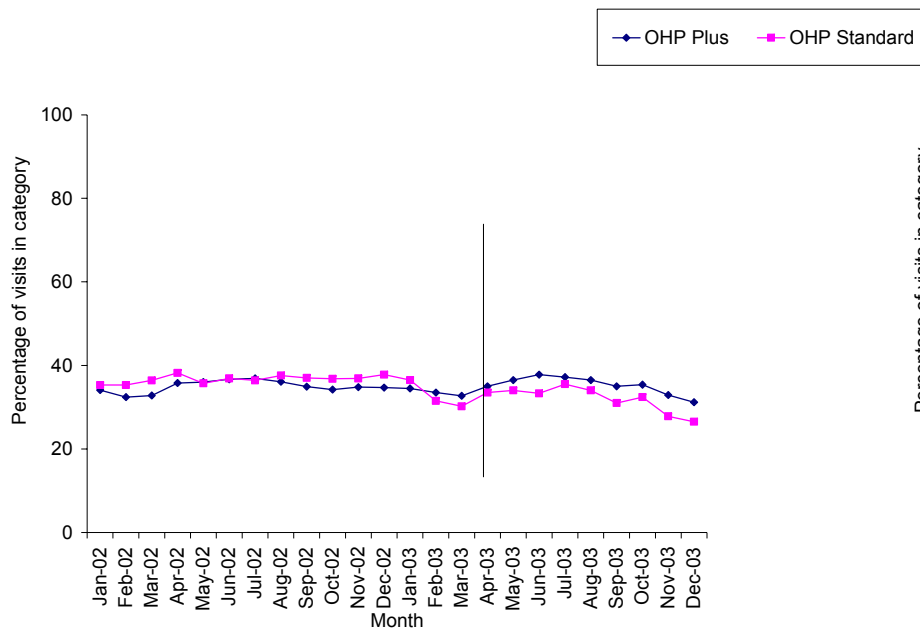


Figure 14. Percentage of nonemergent visits.

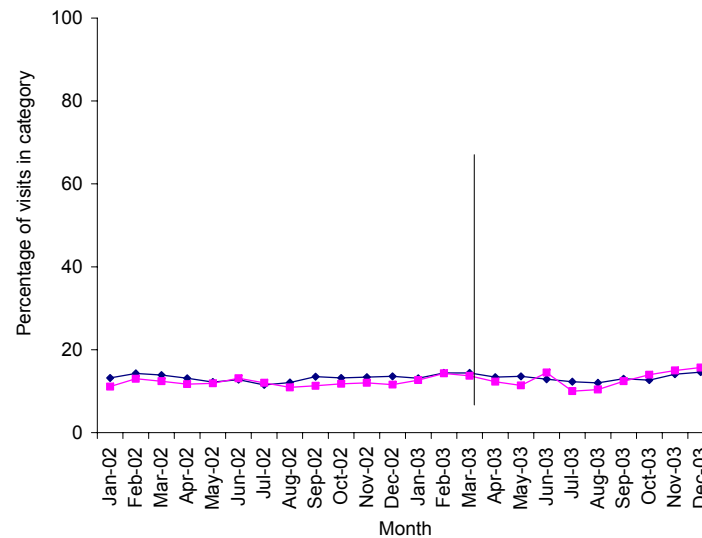


Figure 16. Percentage of ED care needed, preventable visits.

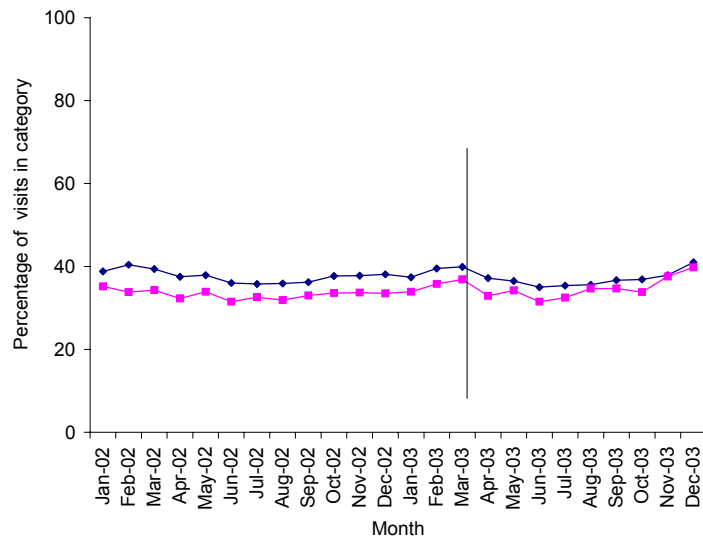


Figure 15. Percentage of emergent, primary care treatable visits.

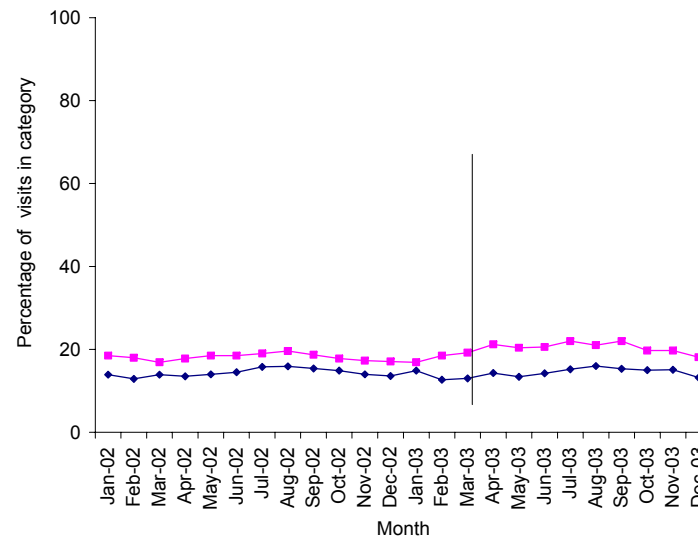
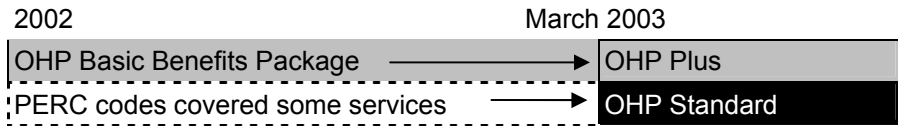


Figure 17. Percentage of ED care needed, not preventable visits.

In March 2003, the Basic Benefits Package, which had been the sole option for OHP enrollees, was renamed OHP Plus (see Figure 18). The OHP Standard program did not exist as such before March 2003; it came about as an “extension” of the population that would qualify for OMAP services. OHP Plus represents the regular Medicaid group, while the OHP Standard population includes people who would not normally qualify for Medicaid under the regular program, due to better health and/or higher income.



**Figure 18. Change in OHP benefit structure after March 2003.**

A group identified by similar Program Eligibility Reporting Codes (PERC) prior to March 2003 became the OHP Standard population for 2003. The OHP Standard benefits package includes fewer services than the OHP Plus. Further, the OHP Standard plan includes a more stringent requirement than the Basic Benefits Package regarding payment of the monthly enrollee premium. Under the OHP Standard plan, enrollees who fail to make the monthly premium payment are disenrolled immediately and are ineligible to re-enroll in the OHP for six months. OHP enrollment fell roughly 50 percent between January 2002 and October 2003.<sup>17</sup>

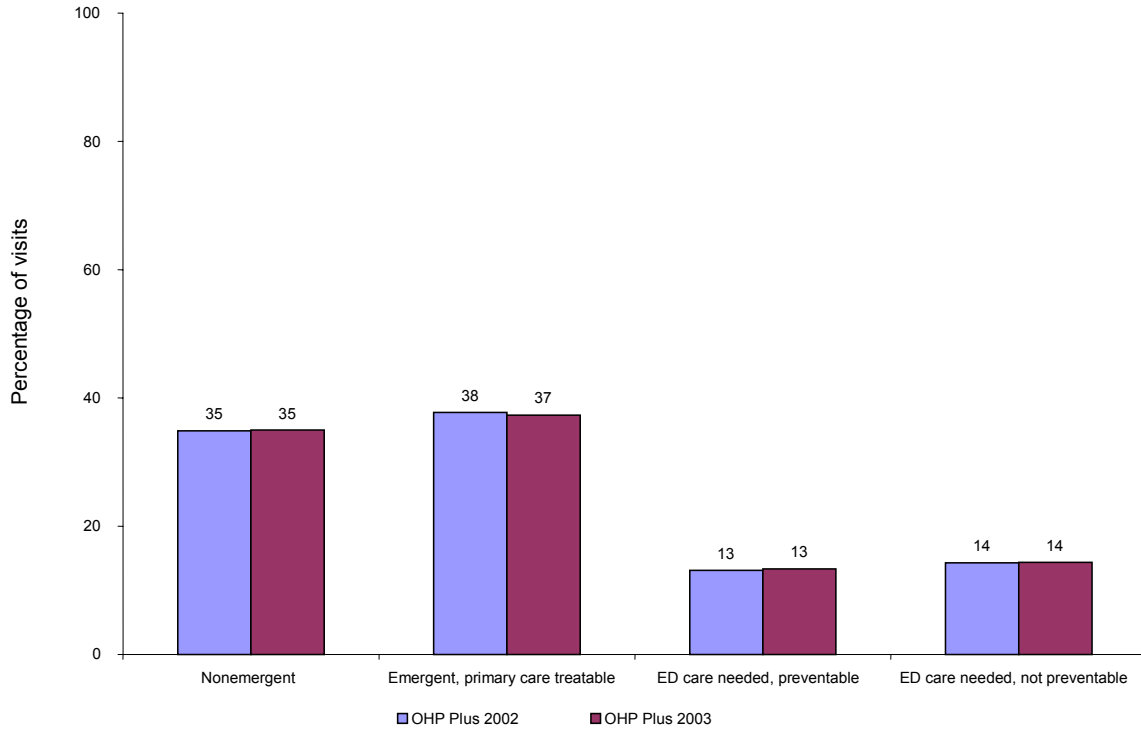
At the time of the changes in the OHP Standard plan (February–March 2003), the percentage of nonemergent visits decreases while the percentages of emergent, primary care treatable visits and ED care needed, preventable visits increase. Also, after February 2003, there seems to be a slight increase in the percentage of visits for which ED care was needed, but not preventable. This trend would have to be examined over time to see whether it is sustained. Further analysis with more complete data for the latter part of 2003 could determine any potential association between the pattern and changes in OHP benefits.

At the end of the study period, for both groups, the percentage of nonemergent visits decreases while the percentages of emergent, primary care treatable visits and ED care needed, preventable visits increase. Further examination of the changes in OHP and complete FCHP data sets for July 2003 to December 2003 would be necessary to determine whether these changes are due to random variation or are associated with the changes in the OHP benefit structure.

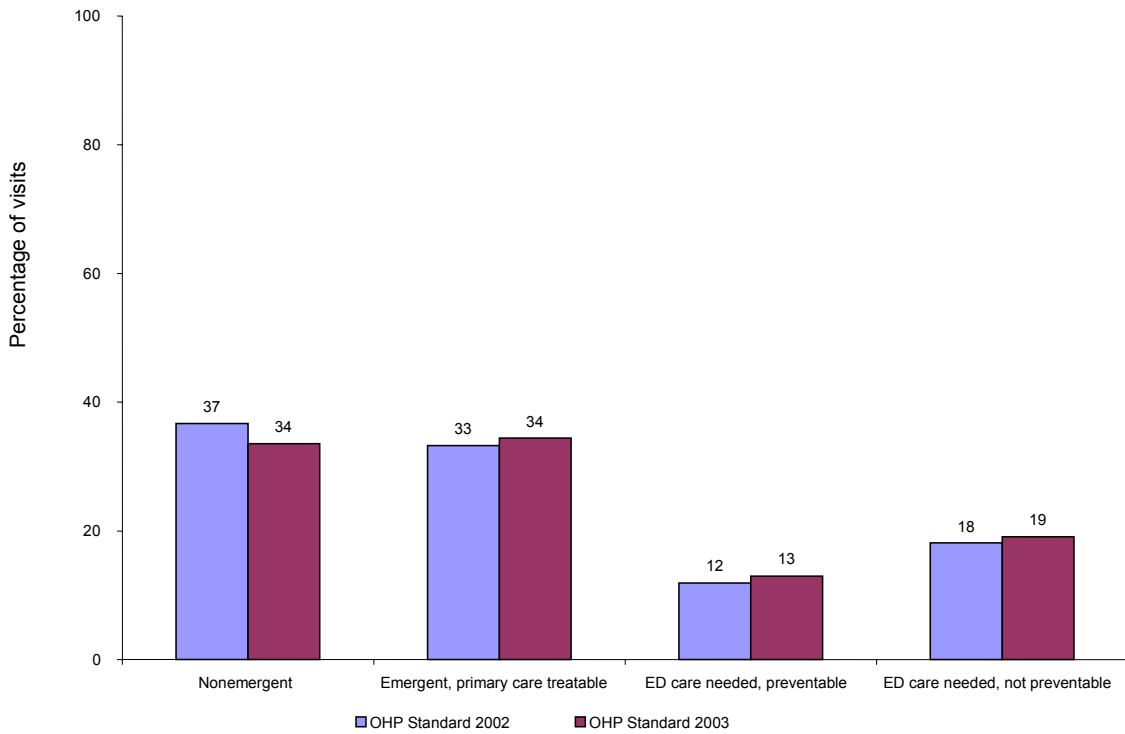
Analysis by year shows a shift in the percentages of the OHP Standard categories, whereas OHP Plus remained the same from 2002 to 2003 (see Figures 19 and 20).

<sup>17</sup>McConnell J, Wallace N. Impact of premium changes in the Oregon Health Plan. Office for Oregon Health Policy and Research. 2003:6.





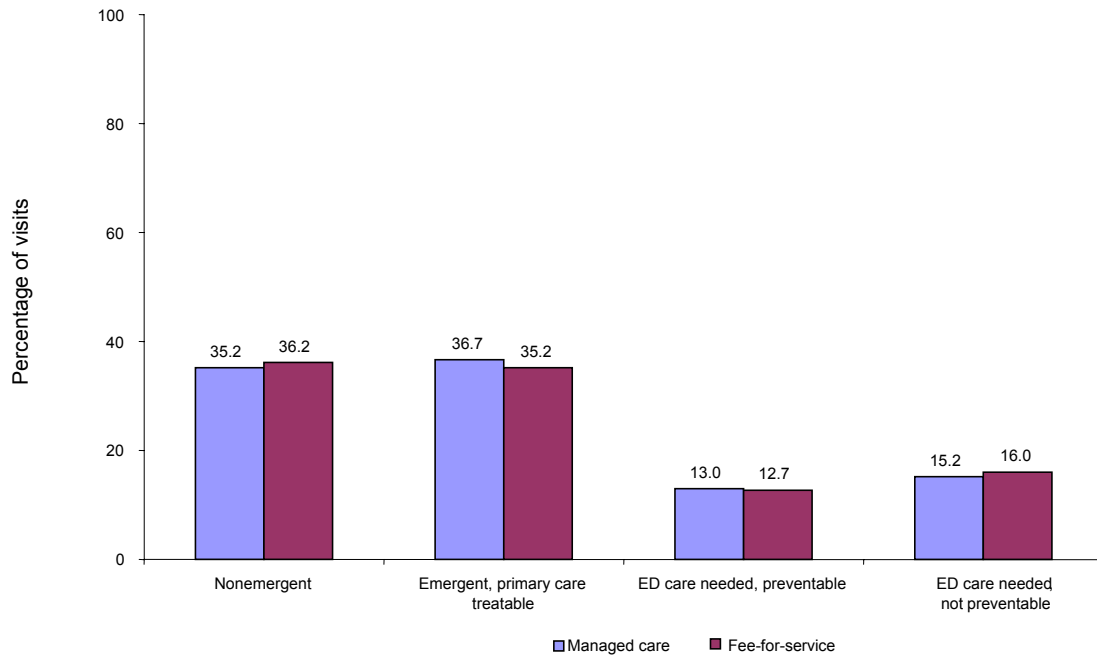
**Figure 19. Percentage of ED visits by algorithm category for OHP Plus enrollees by year.**



**Figure 20. Percentage of ED visits by algorithm category for OHP Standard enrollees by year.**

### Managed Care and FFS Enrollees

This study does not measure rates of ED visits; rather, it classifies ED visits as emergent or nonemergent and examines differences in percentages of those visits among FCHPs as potential indicators of quality and access. Although this analysis focuses on OHP enrollees in managed care, data for FFS enrollees were analyzed for comparative purposes (see Figure 21). When comparing percentages of each type of visit for the nonemergent and emergent conditions, the two groups of enrollees have similar distributions. The FFS group has a slightly higher percentage of visits classified as nonemergent (36.2 percent vs. 35.2 percent), and managed care has a slightly higher percentage of visits classified as emergent, primary care treatable (36.7 percent vs. 35.2 percent). These differences are statistically significant at  $p < 0.05$  using the chi-square test for independence.



**Figure 21. Percentage of ED visits for OHP enrollees by payer type and algorithm category, 2002–2003.**



## Discussion

OMAP requests that an FCHP be identified as an outlier if it has a statistically significant variation higher than the managed care aggregate in the categories of emergent, primary care treatable and ED care needed, preventable. The premise for this selection is that FCHPs could prevent some ED visits by treating patients with chronic diseases on an ambulatory basis. The study identifies no FCHP as an outlier using this definition.

In discussing the data and the algorithm with FCHPs, anecdotal information suggests that the nonemergent category may be influenced by process-related issues and patient decision making. Also, the design of the algorithm may be such that primary care medical management or clinical care affects the ED care needed, preventable category. For example, Kaiser Permanente Northwest has the second lowest percentage of ED visits in the nonemergent category (26.9 percent). When Kaiser enrollees go to an ED, they go to a Kaiser hospital and are triaged to the ED or to urgent care. Patients with nonemergent conditions are directed to urgent care and are not counted under the ED visits. Other hospitals may have ED “fast track” services to treat patients with less serious conditions. As a result, it is not clear, when looking at the data, which patients are seen as true ED patients or which are seen as fast track patients. Cascade Comprehensive Care has the third lowest percentage of ED visits in the nonemergent category, and some of its clinics have evening hours. Recent research has shown a correlation between clinics with evening hours and a lower rate of ED visits.<sup>18</sup> Factors such as access to an urgent care center or to primary care clinics with evening hours may influence the percentage of nonemergent ED visits.

Most FCHPs discussed processes that are in place to monitor and improve ED utilization among their enrollees. Several FCHPs receive faxes from local EDs on a daily basis to review patients and diagnoses. They call patients to discuss better options for seeking care or mail information about appropriate use of the ED. Patients with complicated healthcare problems are assigned case managers. One FCHP discovered through ED follow-up phone calls that their patients said that the doctors had told them to go to the ED. The FCHP physicians stated that they had not been referring the patients to the ED. Further review of the process of patients calling the clinics determined that the patients spoke with a front-office staff person, who said that the doctor could not return the phone call right away, and if the patient felt that this was an emergency, she or he should go to the ED.

The algorithm is designed to capture ACS conditions in the ED care needed, preventable category. The premise is that these visits, although requiring ED care, might have been avoided if the patient had received timely and effective primary care. This study found that the ACS conditions account for 64 percent of visits in the ED care needed, preventable category, and asthma accounts for almost 40 percent of the ACS conditions (see Figures 10 and 11 on page 34). Asthma is the most prevalent diagnosis in this category for all FCHPs (see Appendix E). Research on ACS conditions supports the premise that if a patient with any of these conditions received maintenance and prophylactic therapy by a primary care provider or specialist, the ED visit might be avoided.<sup>19</sup>

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<sup>18</sup>Lowe RA, Localio JR, Schwarz D, et al. Characteristics of primary care practices affect patients' emergency department use [abstract]. Society for Academic Emergency Medicine. 2003. Abstract 266.

<sup>19</sup>Falik M, Needleman J, Wells BL, Korb J. 551–61.

This may apply, for example, to the case of a person presenting to the ED with an acute asthma attack requiring emergent attention and emergency medications. According to the AHRQ, “adherence to the treatment guidelines which emphasize appropriate diagnosis of asthma, a physician-patient relationship, management of asthma symptoms with medications, appropriate prophylactic and maintenance therapy and adequate follow-up care can reduce admissions.”<sup>20</sup> Maintenance therapy would include use of a daily inhaled steroid and proper follow-up on admissions. Prophylactic therapy would include instruction on how to measure and monitor peak flow, identify what triggers an asthma attack, use rescue medications, and know when to call the physician or go to the ED.

In analyzing data among the four algorithm categories, one notable demographic difference is that the percentage of ED visits in the emergent, primary care treatable category is much higher for non-English-speaking enrollees (43 percent) than for English-speaking enrollees (36 percent). OMPRO analyzed each FCHP, comparing English-speaking with non-English-speaking enrollees in this category, and found that 8 of the 14 plans had a difference that was statistically significant. Because the reasons for these differences vary, each FCHP would need to examine its specific non-English-speaking population to determine opportunities for improvement.

One reason for these differences may relate to the availability of healthcare information in the language of a non-English-speaking patient, or of translation services when the patient calls the physician’s office for advice or at the time of an appointment. Other factors may be cultural rather than linguistic. That is, non-English-speaking people who have immigrated to the United States from other countries may not know the processes and customs of the U.S. healthcare system. They may not know what primary care physicians are, how to make appointments, whether they can call their doctor’s office after hours, or what is appropriate for an ED visit.

In Oregon, the non-English-speaking category is predominantly Hispanic. One FCHP medical director, who is still seeing patients, stated that first-generation Hispanic immigrants from Mexico are used to accessing health care at walk-in clinics when they are sick; they are not accustomed to making appointments and waiting to see a doctor, especially for preventive services. The medical director said that he had discussed the concepts of making and keeping appointments and of preventive care with his non-English-speaking patients, and it was only over time and through constant reassurance that he had developed a trusting relationship with those patients..

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<sup>20</sup>Agency for Healthcare Research and Quality. Prevention Quality Indicators, Version 2.1, Revision 3. March 2004.

## Conclusion and Recommendations

This study assumes that shifting proportions of ED visits away from the nonemergent, emergent, primary care treatable, and ED care needed, preventable categories toward the ED care needed, not preventable category may represent improved utilization and quality of care. No corrective action plans are recommended because no FCHPs were identified as outliers in the emergent, primary care treatable and the ED care needed, preventable categories. There are as yet no normative or ideal standards or proportions (other than the FCHP aggregate results in this study) that provide external benchmarks against which to measure performance, using the same measurement methodology.

OMPRO recommends that FCHPs

- continue or initiate monitoring procedures and targeted interventions, such as those noted in the discussion
- monitor internal benchmarks, as well as ED visit rate reports periodically produced by OMAP, as part of their continuous performance improvement programs
- incorporate the algorithm used in this study to evaluate improvement, since this report represents a baseline measurement of FCHP results
- focus interventions on preventing hospitalizations for asthma and on addressing ED utilization by non-English-speaking populations if FCHP-specific results indicate opportunities for improvement in these areas

OMPRO also recommends that OMAP incorporate the algorithm into its periodic ED visit reports to allow for comparability over time and for monitoring of discrepancies between FCHP-produced results and OMAP-produced results.

The data from this study were shared with OMAP and the FCHPs in May 2004 and July 2004. Since that time, OMAP, with CareOregon, FamilyCare, and Providence Health Plan, have received a grant to reduce healthcare disparities. CareOregon will focus on improving preventive services and screening for Hispanic enrollees with diabetes. Potential outcome measures would include preventable ED visits for these enrollees.

OMAP and the FCHPs recently changed one of their contracted performance measures from prenatal care to asthma care. The specific asthma measures include the rate of ED visits for patients diagnosed with asthma, the percentage of those with ED visits who had a follow-up ambulatory care visit within 30 days, the percentage with persistent asthma on daily inhaled anti-inflammatory medication, and the percentage with persistent asthma with more than six rescue medication prescriptions or dispensings within a year. The first data were reviewed in October 2004 and will provide the plans more information as they determine how best to improve asthma care for their constituents.

## Appendix A Data Elements Used in ED Utilization Comparative Assessment

Table A-1 displays the data elements and related fields used to extract the encounter records from the OMAP data set for this comparative assessment.

**Table A-1. Data elements and fields used in ED Utilization comparative assessment.**

Element	Data field	Comments
Member identifier	<ul style="list-style-type: none"> <li>• Prime ID (<b>NmbrPerPrimID</b>)</li> <li>• First name (<b>NameRecip1st</b>)</li> <li>• Last name (<b>NameRecipLast</b>)</li> <li>• Middle initial (<b>NameRecipMidInIt</b>)</li> </ul>	
Member age at time of visit for each visit	<ul style="list-style-type: none"> <li>• Date of ED visit (<b>DateCImServBeg</b>)</li> <li>• Date of birth (DOB) (<b>DateBrth</b>)</li> </ul>	Calculated fields. <b>QuanYrAge</b> —Data element is the difference between the date of ED visit and date of birth. Age categories: <ul style="list-style-type: none"> <li>• 0 through 17 years</li> <li>• 18 through 64 years</li> </ul>
Patient demographics	<ul style="list-style-type: none"> <li>• Gender (<b>CodeSex</b>)</li> <li>• ZIP code (<b>AddrResZip</b>)</li> <li>• County (<b>CodeCntyFipsRes</b>)</li> <li>• Language spoken (<b>CodeLangSpk</b>)</li> <li>• Race (<b>CodeRace</b>)</li> </ul>	
Program code for each member	<ul style="list-style-type: none"> <li>• Program Eligibility Recording Code (PERC): 2 characters (<b>CodeRptEligProg</b>)</li> </ul>	
Member length of enrollment in health plan immediately prior to ED visit	<ul style="list-style-type: none"> <li>• Date of ED visit (<b>DateCImServBeg</b>)</li> <li>• Date of enrollment (<b>DateCovPhpBeg</b>)</li> </ul>	Calculated field. Calculation is the difference between the date of enrollment and the date of ED visit. Length of enrollment categories: <ul style="list-style-type: none"> <li>• Continuously enrolled six months or longer</li> <li>• Continuously enrolled less than six months or not continuously enrolled</li> </ul>
Individual encounter or claim identifier for each visit	<ul style="list-style-type: none"> <li>• Encounter or claims ID number (<b>NmbrClmIntCtEnt</b>)</li> </ul>	
Diagnostic and procedural code for each visit	<ul style="list-style-type: none"> <li>• ICD-9 code—Primary and secondary diagnoses (<b>CodeDiagCondMedI1 and CodeDiagCondMedI2</b>)</li> <li>• Current Procedural Terminology (CPT<sup>®</sup>) code—primary procedure (<b>CodeProcServProf</b>)</li> </ul>	

**Table A-1 (cont.)**

<b>Element</b>	<b>Data field</b>	<b>Comments</b>
Plan identifier for each visit	<ul style="list-style-type: none"> <li>• Plan ID number (<b>NmbrldPlan</b>)</li> <li>• Billing provider—an individual or plan (<b>NmbrldProvBill</b>)</li> </ul>	
Provider identifier for each visit	<ul style="list-style-type: none"> <li>• Place of service—provider code (<b>NmbrldProv</b>)</li> <li>• Provider type (<b>CodeTypeProvText</b>)</li> </ul>	
Lag time for submitting data	<ul style="list-style-type: none"> <li>• Date of service (<b>DateCImServBeg</b>)</li> <li>• Date of submission (embedded in <b>NmbrCImIntCtEnt</b>)</li> </ul>	Calculated field. Calculation is the difference between date of service and date of submission.



## **Appendix B**

### **Assessment of the Accuracy and Completeness of the 2002–2003 Managed Care Encounter Data Submitted to OMAP**

OMPRO analysts compared the completeness and accuracy of the OMAP managed care encounter data to the Centers for Medicare & Medicaid Services (CMS) standards listed in the EQRO protocol *Validating Encounter Data, Final Protocol, Version 1.0*.

OMPRO found that OMAP managed care has rates of 99.99 percent or better for enrollee ID, enrollee name, enrollee date of birth, provider ID, provider location, principal diagnosis, and date of service. The managed care data for other diagnoses are 99.99 percent complete, above the CMS recommended rate of 90 percent complete when field is present.

In one field, MCO/PIHP ID, OMAP managed care data were below the recommended rate. This field is 99.6 percent valid, compared to the CMS recommended standard of 100 percent. The health plan listed in the encounter database was matched to the health plan listed in the enrollment database. In encounter records where a health plan is identified in both the encounter and enrollment data, 1.0 percent of claims have a mismatch between plan identified by enrollment data and plan identified in the encounter record. This is in addition to 2.6 percent of all encounters for which the health plan is not identified in one of the data files (enrollment or encounter record, but not both). After matching the field from the enrollment data, the field is 99.6 percent complete.

Table B-1 lists the results of checks for completeness and accuracy of OMAP ED utilization data for 2002–2003, with suggested standards from CMS.

Table B-2 lists the accuracy, completeness, and timeliness of the 2002–2003 OMAP managed care ED visit data by health plan. None of the health plans shows a clear pattern of missing data. CareOregon has the largest number of OMAP enrollees, but since OMPRO did not analyze rates for this study, the rates of missing fields cannot be calculated.

This detailed analysis will serve as a sort of baseline analysis as OMPRO moves into using the guidelines set out in the CMS protocols for external quality review of Medicaid managed care and prepaid inpatient health plans.

**Table B-1. Expectations, CMS recommendations, and results for 2002–2003 OMAP managed care ED visit data elements.**

<b>Data element</b>	<b>Expectation</b>	<b>CMS recommended standard</b>	<b>OMAP results</b>
Enrollee ID	Should be valid ID as found in the State eligibility file. Can use State's ID unless State also accepts SSN.	100% valid	>99.99% valid; missing enrollee ID in 2 of 287,420 claims
Enrollee Name	Should be captured in such a way that makes separating pieces of the name easy. There may be some confidentiality issues that make this difficult to obtain. If collectable, expect data to be present and of good quality.	85% present	99.99% present; 41 claims have no first name, last name, or middle initial  First name is >99.99% present; 29 claims have no first name but have middle initial  11 claims have first name in last name field (<0.01% of claims)
Enrollee Date of Birth	Should not be missing and should be a valid date.	<2% missing or invalid	0.01% or 41 claims have no DOB  <0.01% or 8 claims have DOB inconsistent with field for age at time of ED visit
MCO/PIHP ID	Critical data element.	100% valid	99.6% valid after matching health plan in enrollment data
Provider ID	Should be an enrolled provider listed in provider enrollment file.	95% valid	>99.99% valid; 1 claim is missing billing provider ID

Table B-1 (cont.)

Data element	Expectation	CMS recommended standard	OMAP results
Provider Location	Minimal requirement is county code, with ZIP Code being strongly advised.	<p>≥ 95% with valid county code</p> <p>≥ 95% with valid zip code (if available)</p>	100% valid
Principal Diagnosis	Well coded except by ancillary type providers.	>90% non-missing and valid codes (using ICD-9-CM lookup tables) for practitioner providers (not including transportation, lab, and other ancillary providers)	99.99% non-missing and valid; 1 claim did not contain a primary diagnosis with ICD-9-CM code and 4 others did not have a valid ICD-9-CM code. These four were cases where a fifth digit was missing from a valid code.
Other Diagnoses	This is not expected to be coded on all claims even with applicable provider types, but should be coded with a fairly high frequency.	90% valid when present	<p>&gt;99.99% valid when present</p> <p>55% of claims contain secondary diagnosis with ICD-9-CM code, of which 3 do not have a valid ICD-9-CM code</p> <p>One claim was an invalid code, 2 claims were cases where a fifth digit was missing from a valid code</p>
Date of Service	Dates should be evenly distributed across time.	If looking at a full year of data, 5-7% of the records should be distributed across each month	100% of claims have a valid date of service
Procedure Code	This is a critical data element and should always be coded.	99% present (not zero, blank, 8- or 9-filled). 100% should be valid, State-approved codes.	OMPRO did not require this field for the purposes of this study, and this field was not provided.

**Table B-2. Accuracy, completeness, and timeliness of data by health plan.**

Health plan	Accuracy—number of fields missing in category						Completeness of data submitted February 2004	Timeliness of submission of encounter data
	Enrollee ID	Name	DOB	Plan name	Provider ID	Dx1		
CareOregon, Inc.	—	9	9	4,678	—	1	Jan 1, 2002–Dec 31, 2003	Average time to submission 73 days.
Cascade Comprehensive Care, Inc.	—	—	—	—	—	—	Jan 1, 2002–Dec 31, 2003	Average time to submission 99 days.
Central Oregon Independent Health Services	—	2	2	228	—	—	Jan 1, 2002–Dec 31, 2003	Average time to submission 242 days.  There was sporadic claim submission activity until a large group of claims was submitted in October 2002. Then there was sporadic activity until the end of March 2003, when there were three successive large submissions. After that there was a large submission every one to two months (two or three in a week). There seemed to be no consistent system in place for the submission of claims.
Doctors of Oregon Coast South	—	1	1	381	—	—	Jan 1, 2002–Nov 30, 2003	Average time to submission 84 days.
Douglas County Independent Physicians Association	—	—	—	—	—	—	Jan 1, 2002–Dec 31, 2003	Average time to submission 44 days.
FamilyCare, Inc.	—	1	1	301	—	—	Jan 1, 2002–Dec 31, 2003	Average time to submission 95 days.

Health plan	Accuracy—number of fields missing in category						Completeness of data submitted February 2004	Timeliness of submission of encounter data
	Enrollee ID	Name	DOB	Plan name	Provider ID	Dx1		
InterCommunity Health Network	—	3	3	8	—	—	Jan 1, 2002–Nov 30, 2003	Average time to submission 155 days. During 2002, no claims were submitted until May. After that, there was no pattern for submission. There were months with two groups of claims submitted, then a month would be skipped, then a month with three groups of claims submitted, then a couple months where very large groups of claims are submitted. There seemed to be no consistent system in place for the submission of claims.
Kaiser Permanente Northwest	—	—	—	5	—	—	Jan 1, 2002–Jun 30, 2003	Average time to submission 221 days. During 2002, no claims were submitted until August. After that, there was a pattern of a group of claims submitted every two to three months.
Lane Individual Practice Association	—	7	7	368	—	—	Jan 1, 2002–Dec 31, 2003	Average time to submission 160 days. While claims were submitted regularly (two to three times a month), the volume of submitted claims was small relative to the number of ED visits occurring.
Marion Polk Community Health Plan	—	1	1	—	—	—	Jan 1, 2002–Nov 30, 2003	Average time to submission 156 days. During 2002, no claims were submitted until June. The pattern was relatively consistent after that, with one to two groups of claims submitted per month.
Mid-Rogue Independent Physician	—	—	—	106	—	—	Jan 1, 2002–Dec 31, 2003	Average time to submission 55 days.

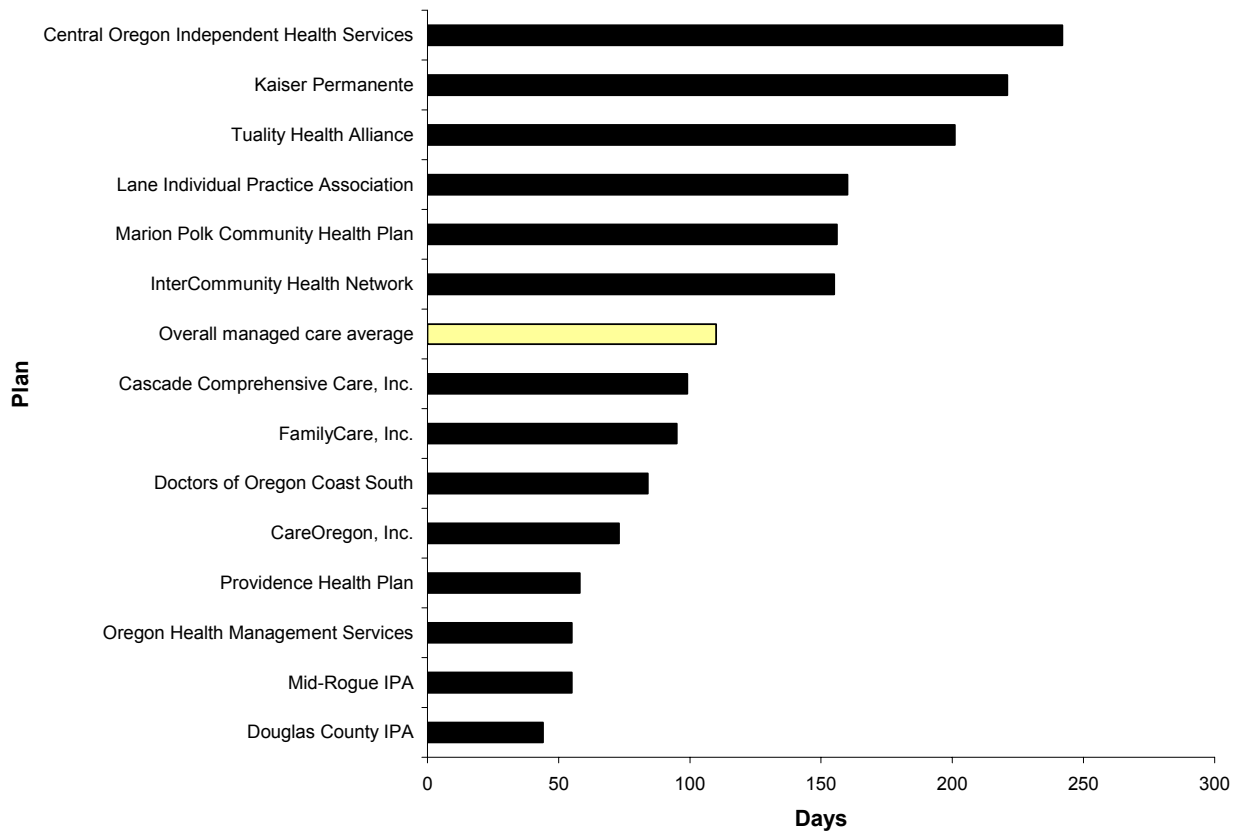
Health plan	Accuracy—number of fields missing in category						Completeness of data submitted February 2004	Timeliness of submission of encounter data
	Enrollee ID	Name	DOB	Plan name	Provider ID	Dx1		
Association								
Oregon Health Management Services	—	3	3	50	1	—	Jan 1, 2002–Dec 31, 2003	Average time to submission 55 days.
Providence Health Plan	—	1	1	250	—	—	Jan 1, 2002–Dec 31, 2003	Average time to submission 58 days.
Tuality Health Alliance	—	—	—	1	—	—	Jan 1, 2002–Dec 31, 2003	Average time to submission 201 days. There was no pattern for submission. The beginning of 2002 had groups of claims submitted each month. From May 2002-March 2003, only 138 claims were submitted (in that time, more than 3,100 ED visits occurred). There were large submissions in March, May, and June 2003. There seemed to be no consistent system in place for the submission of claims.

**Analysis of time from date of service to submission of claims**

OMPRO analyzed the average time it took for the health plans to submit encounters. OMAP requires that claims be made within 180 days of provision of services. It is assumed that encounters are generally complete after one year, so the average submission times were calculated for encounters with service dates in 2002. These encounters theoretically should have been submitted by the time OMAP extracted the data from the claims and encounter databases (February 2004). Health plans varied widely in the average time it took to submit encounters (see Figure B-1).

The average for all encounters submitted for 2002 is 110 days, well under the 180-day limit. However, three plans have an average time to submission greater than 180 days: Central Oregon Independent Health Services (242 days), Kaiser Permanente Northwest (221 days), and Tuality Health Alliance (201 days). Four plans have an average time to submission of less than 60 days: Douglas County IPA (44 days), Mid-Rogue IPA (55 days), Oregon Health Management Services (55 days), and Providence Health Plan (58 days).

**Figure B-1. Average time to submit claims for calendar year 2002.**



Looking at encounters submitted for services in 2002, 62.4 percent were submitted within 90 days of the ED visit, 84.3 percent were submitted within the 180-day limit, and 95.4 percent were submitted within one year. If analysis of ED visits is to be based on complete encounter submissions or on raw numbers, it would be appropriate to allow a one-year lag between the end of study period and the time of analysis. However, for the purposes of this

analysis, the lag time in encounter submission does not appear to have an effect on the type of visits, as they seem to be representative of all claims. In comparing the types of ED visits in 2002 with those in 2003, there is no significant difference in the categories based on the percentages of encounters submitted.

Comparing the first six months of 2003 with the first nine months of 2003 and with all of 2003, the percentages of types of ED visits are consistent across all time periods. Looking at average time to submission for different ICD-9 codes also shows no pattern in time to submitting encounters, i.e., no bias in terms of some types of visits taking longer to submit.

Health plan patterns for submitting ED visit encounters for 2002 were analyzed to validate OMAP analysis. Health plans with an average time to submission less than the overall average seem to submit groups of encounters at least once a month. The plans with the lowest average time to submission submit encounters two to three times per month.

No pattern of submissions is apparent for plans with a greater than average time to submission. These plans submit encounters within a range of 155 days to 242 days. Each of the six plans with high average time to submission has a unique situation, as described in Table B-2.



**Appendix C**  
**Data Tables by Plan and Year**  
**for ED Utilization by Demographics of Enrollees**  
**in OHP Managed Care Plans, 2002–2003**

**Table C-1. Types of ED visits for OHP enrollees by demographic category, all health plans, 2002.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol-related condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.4	817	0.0	23	0.2	106	26.2	15,261	23.1	13,455	28.0	16,307	8.4	4,889	7.0	4,090	5.6	3,255
≥18 but less than 65	6.3	6,870	0.5	556	1.6	1,789	22.0	24,144	22.0	24,083	20.4	22,351	7.9	8,646	11.2	12,248	8.1	8,843
<b>Ethnicity</b>																		
White	5.1	6,845	0.4	528	1.3	1,672	24.7	32,957	21.8	29,149	21.7	29,010	7.8	10,434	9.8	13,111	7.3	9,797
Asian	4.7	98	0.1	3	0.4	8	16.6	345	22.4	465	26.9	559	9.8	204	12.0	249	7.1	147
African American	3.8	380	0.3	26	0.6	57	21.0	2,070	24.2	2,387	24.1	2,385	8.6	846	10.1	998	7.4	727
Hispanic	1.1	205	0.1	12	0.5	84	16.1	2,899	25.8	4,637	32.0	5,742	9.3	1,672	8.8	1,585	6.2	1,122
Native American	3.4	95	0.3	7	2.3	63	26.5	738	20.8	579	20.9	583	9.2	256	9.1	255	7.7	214
Pacific Islander	1.5	1	0.0	0	1.5	1	15.2	10	22.7	15	27.3	18	13.6	9	7.6	5	10.6	7
Other/unknown	4.3	63	0.2	3	0.7	10	26.4	386	20.8	305	24.7	361	7.9	115	9.3	136	5.7	84
<b>Gender</b>																		
Male	4.6	3,282	0.4	280	1.7	1,172	27.8	19,753	19.6	13,936	22.1	15,668	8.2	5,837	8.8	6,265	6.8	4,833
Female	4.6	4,405	0.3	299	0.7	723	20.3	19,651	24.4	23,599	23.8	22,986	8.0	7,695	10.4	10,072	7.5	7,263
<b>Type of program</b>																		
OHP Standard	5.0	2,549	0.6	316	2.3	1,161	24.9	12,681	22.0	11,210	20.0	10,168	7.2	3,639	10.9	5,543	7.1	3,606
OHP Plus	4.4	5,089	0.2	259	0.6	732	22.9	26,575	22.5	26,183	24.4	28,364	8.5	9,855	9.2	10,728	7.3	8,458
<b>Language</b>																		
English	4.9	7,619	0.4	576	1.2	1,876	24.3	37,653	22.0	34,045	22.1	34,166	7.9	12,257	9.8	15,167	7.3	11,319
Non-English	0.5	62	0.0	1	0.1	16	13.3	1,724	26.8	3,471	34.6	4,478	9.8	1,274	9.0	1,165	5.9	765
<b>Geography</b>																		
Urban	5.2	4,844	0.4	376	1.3	1,230	23.4	21,879	21.8	20,381	22.6	21,177	8.2	7,676	9.9	9,237	7.2	6,774
Rural	3.8	2,792	0.3	199	0.9	659	23.6	17,320	23.1	16,962	23.6	17,294	7.9	5,800	9.6	7,021	7.2	5,272
Managed care aggregate	4.6	7,687	0.3	579	1.1	1,895	23.5	39,405	22.4	37,537	23.0	38,658	8.1	13,535	9.7	16,338	7.2	12,098

Data source for all tables: Health plan claims and encounter data from the Department of Human Services, Health Services, Office of Medical Assistance Programs for 2002–2003.

**Table C-2. Types of ED visits for OHP enrollees by demographic category, all health plans, 2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol-related condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.3	681	0.0	24	0.2	83	27.1	13,834	22.4	11,451	27.3	13,933	8.6	4,387	7.1	3,654	6.0	3,074
≥18 but less than 65	6.3	4,310	0.5	355	1.3	893	20.3	13,889	22.1	15,086	20.8	14,241	8.4	5,738	11.2	7,657	9.1	6,244
<b>Ethnicity</b>																		
White	4.8	4,358	0.4	347	0.9	842	24.5	22,282	21.5	19,589	22.1	20,091	8.2	7,457	9.6	8,708	8.0	7,241
Asian	5.7	88	0.1	1	0.4	6	19.6	305	22.1	343	25.2	392	8.8	136	10.0	156	8.1	126
African American	3.2	266	0.2	13	0.4	31	21.2	1,770	23.6	1,976	25.0	2,089	9.0	751	9.5	797	8.1	674
Hispanic	1.0	148	0.1	12	0.4	64	16.6	2,566	25.5	3,958	31.5	4,883	9.7	1,503	8.7	1,351	6.5	1,013
Native American	4.0	85	0.2	5	1.5	32	26.0	548	20.3	427	20.9	440	8.9	188	9.7	205	8.3	175
Pacific Islander	4.1	2	0.0	0	0.0	0	14.3	7	24.5	12	26.5	13	10.2	5	6.1	3	14.3	7
Other/unknown	4.2	44	0.1	1	0.1	1	23.4	245	22.1	231	25.5	266	8.0	84	8.7	91	7.8	82
<b>Gender</b>																		
Male	4.0	1,900	0.3	152	1.2	585	27.7	13,307	19.0	9,115	23.2	11,133	9.0	4,311	8.7	4,181	7.0	3,370
Female	4.3	3,091	0.3	227	0.5	391	20.2	14,416	24.4	17,421	23.8	17,039	8.1	5,815	10.0	7,129	8.3	5,948
<b>Type of program</b>																		
OHP Standard	5.2	688	0.7	96	2.5	332	23.6	3,155	20.2	2,699	20.8	2,772	7.8	1,044	11.5	1,535	7.7	1,023
OHP Plus	4.1	4,290	0.3	282	0.6	644	23.1	24,501	22.4	23,763	23.9	25,332	8.6	9,059	9.2	9,743	7.8	8,270
<b>Language</b>																		
English	4.5	4,929	0.3	376	0.9	962	24.0	26,083	21.8	23,660	22.6	24,485	8.3	9,046	9.5	10,337	8.0	8,667
Non-English	0.5	59	0.0	2	0.1	13	14.8	1,619	26.3	2,871	33.6	3,677	9.9	1,078	8.8	967	5.9	647
<b>Geography</b>																		
Urban	4.5	3,133	0.4	247	1.0	669	23.0	15,868	22.0	15,172	23.3	16,065	8.7	5,996	9.4	6,478	7.7	5,327
Rural	3.7	1,828	0.3	130	0.6	302	23.4	11,639	22.5	11,193	24.0	11,914	8.2	4,064	9.5	4,730	7.9	3,934
Managed care aggregate	4.2	4,991	0.3	379	0.8	976	23.2	27,723	22.2	26,537	23.6	28,174	8.5	10,125	9.5	11,311	7.8	9,318

**Table C-3. Types of ED visits for OHP enrollees by demographic category, all health plans, 2002–2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol-related condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.4	1,498	0.0	47	0.2	189	26.6	29,095	22.8	24,906	27.7	30,240	8.5	9,276	7.1	7,744	5.8	6,329
≥18 but less than 65	6.3	11,180	0.5	911	1.5	2,682	21.4	38,033	22.0	39,169	20.6	36,592	8.1	14,384	11.2	19,905	8.5	15,087
<b>Ethnicity</b>																		
White	5.0	11,203	0.4	875	1.1	2,514	24.6	55,239	21.7	48,738	21.9	49,101	8.0	17,891	9.7	21,819	7.6	17,038
Asian	5.1	186	0.1	4	0.4	14	17.9	650	22.3	808	26.2	951	9.4	340	11.2	405	7.5	273
African American	3.5	646	0.2	39	0.5	88	21.0	3,840	23.9	4,363	24.5	4,474	8.8	1,597	9.8	1,795	7.7	1,401
Hispanic	1.1	353	0.1	24	0.4	148	16.3	5,465	25.7	8,595	31.8	10,625	9.5	3,175	8.8	2,936	6.4	2,135
Native American	3.7	180	0.2	12	1.9	95	26.3	1,286	20.6	1,006	20.9	1,023	9.1	444	9.4	460	7.9	389
Pacific Islander	2.6	3	0.0	0	0.9	1	14.8	17	23.5	27	27.0	31	12.2	14	7.0	8	12.2	14
Other/unknown	4.3	107	0.2	4	0.4	11	25.2	631	21.4	536	25.0	627	7.9	199	9.1	227	6.6	166
<b>Gender</b>																		
Male	4.4	5,182	0.4	432	1.5	1,757	27.8	33,060	19.4	23,051	22.5	26,801	8.5	10,148	8.8	10,446	6.9	8,203
Female	4.5	7,496	0.3	526	0.7	1,114	20.3	34,067	24.4	41,020	23.8	40,025	8.0	13,510	10.2	17,201	7.9	13,211
<b>Type of program</b>																		
OHP Standard	5.0	3,237	0.6	412	2.3	1,493	24.7	15,836	21.7	13,909	20.2	12,940	7.3	4,683	11.0	7,078	7.2	4,629
OHP Plus	4.2	9,379	0.2	541	0.6	1,376	23.0	51,076	22.5	49,946	24.2	53,696	8.5	18,914	9.2	20,471	7.5	16,728
<b>Language</b>																		
English	4.8	12,548	0.4	952	1.1	2,838	24.2	63,736	21.9	57,705	22.3	58,651	8.1	21,303	9.7	25,504	7.6	19,986
Non-English	0.5	121	0.0	3	0.1	29	14.0	3,343	26.5	6,342	34.1	8,155	9.8	2,352	8.9	2,132	5.9	1,412
<b>Geography</b>																		
Urban	4.9	7,977	0.4	623	1.2	1,899	23.2	37,747	21.9	35,553	22.9	37,242	8.4	13,672	9.7	15,715	7.4	12,101
Rural	3.8	4,620	0.3	329	0.8	961	23.5	28,959	22.9	28,155	23.7	29,208	8.0	9,864	9.5	11,751	7.5	9,206
Managed care aggregate	4.4	12,678	0.3	958	1.0	2,871	23.4	67,128	22.3	64,074	23.3	66,832	8.2	23,660	9.6	27,649	7.5	21,416

**Table C-4. Types of ED visits for OHP enrollees by demographic category, CareOregon, Inc., 2002.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol-related condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.8	201	0.0	5	0.1	37	22.4	5,850	24.7	6,438	30.6	7,981	8.9	2,319	7.0	1,830	5.5	1,433
≥18 but less than 65	4.4	2,020	0.5	237	1.7	769	22.0	10,186	23.4	10,844	21.0	9,743	7.7	3,568	11.0	5,095	8.3	3,826
<b>Ethnicity</b>																		
White	3.6	1,871	0.4	209	1.3	684	24.2	12,442	23.1	11,843	22.4	11,528	7.8	3,993	9.6	4,950	7.5	3,839
Asian	2.7	37	0.1	2	0.4	5	16.4	229	24.2	338	28.2	393	9.2	128	12.2	170	6.7	94
African American	2.8	213	0.3	24	0.5	39	20.4	1,527	24.9	1,866	24.7	1,852	8.4	629	10.2	763	7.6	571
Hispanic	0.5	57	0.0	5	0.4	44	13.4	1,404	27.3	2,873	34.1	3,588	9.7	1,022	8.4	888	6.0	631
Native American	2.7	24	0.2	2	2.8	25	26.5	240	22.5	204	20.9	189	6.4	58	9.8	89	8.2	74
Pacific Islander	2.7	1	0.0	0	2.7	1	8.1	3	21.6	8	27.0	10	16.2	6	5.4	2	16.2	6
Other/unknown	2.6	18	0.0	0	1.2	8	27.8	191	21.7	149	23.7	163	7.4	51	9.3	64	6.4	44
<b>Gender</b>																		
Male	3.1	986	0.4	115	1.7	527	25.5	8,042	21.6	6,833	23.6	7,441	8.3	2,622	8.9	2,798	7.0	2,220
Female	3.0	1,235	0.3	127	0.7	279	19.6	7,994	25.6	10,448	25.2	10,283	8.0	3,264	10.1	4,127	7.4	3,039
<b>Type of program</b>																		
OHP Standard	3.7	870	0.6	136	2.1	498	24.4	5,667	23.6	5,474	20.4	4,748	7.1	1,645	10.7	2,495	7.3	1,701
OHP Plus	2.7	1,345	0.2	106	0.6	308	21.1	10,311	24.0	11,757	26.4	12,924	8.6	4,228	9.0	4,411	7.2	3,548
<b>Language</b>																		
English	3.4	2,188	0.4	241	1.3	796	23.6	14,974	23.4	14,829	22.9	14,533	7.9	4,990	9.7	6,139	7.5	4,766
Non-English	0.3	29	0.0	0	0.1	9	11.8	1,050	27.5	2,446	35.8	3,184	10.1	895	8.8	785	5.5	485
<b>Geography</b>																		
Urban	3.4	1,810	0.4	194	1.3	658	21.9	11,518	23.8	12,507	24.2	12,753	8.2	4,297	9.7	5,119	7.2	3,781
Rural	2.0	392	0.2	46	0.8	146	22.9	4,440	24.2	4,699	25.2	4,885	8.1	1,564	9.2	1,778	7.5	1,455
Overall CareOregon	3.1	2,221	0.3	242	1.1	806	22.2	16,036	23.9	17,282	24.5	17,723	8.1	5,887	9.6	6,925	7.3	5,259

**Table C-5. Types of ED visits for OHP enrollees by demographic category, CareOregon, Inc., 2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol-related condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.9	207	0.0	8	0.1	34	24.6	5,632	23.6	5,402	28.7	6,579	8.8	2,013	7.1	1,620	6.3	1,439
≥18 but less than 65	4.4	1,152	0.5	131	1.2	309	20.7	5,394	23.2	6,034	21.6	5,624	8.4	2,178	10.5	2,748	9.5	2,486
<b>Ethnicity</b>																		
White	3.4	1,104	0.4	128	0.8	269	24.6	7,947	22.4	7,236	22.8	7,346	8.1	2,621	9.0	2,890	8.4	2,705
Asian	3.5	34	0.1	1	0.3	3	21.4	205	24.0	230	25.5	245	8.9	85	9.3	89	7.1	68
African American	2.2	133	0.1	5	0.4	24	20.8	1,254	24.0	1,445	25.5	1,538	9.2	557	9.5	571	8.3	497
Hispanic	0.6	54	0.0	3	0.4	37	15.5	1,329	26.3	2,253	32.7	2,798	9.7	831	8.2	704	6.5	556
Native American	3.1	23	0.3	2	1.2	9	26.2	194	21.6	160	20.7	153	8.5	63	10.3	76	8.1	60
Pacific Islander	0.0	0	0.0	0	0.0	0	21.4	3	28.6	4	28.6	4	14.3	2	7.1	1	0.0	0
Other/unknown	2.5	11	0.0	0	0.2	1	21.3	94	24.2	107	26.9	119	7.5	33	8.6	38	8.8	39
<b>Gender</b>																		
Male	2.7	542	0.2	46	1.1	213	26.1	5,183	20.2	4,022	25.0	4,962	9.2	1,821	8.3	1,656	7.1	1,417
Female	2.8	817	0.3	93	0.4	130	20.1	5,843	25.5	7,414	24.9	7,241	8.1	2,370	9.3	2,712	8.6	2,508
<b>Type of program</b>																		
OHP Standard	3.3	82	0.6	16	1.9	47	26.0	651	20.4	511	20.6	514	8.0	199	10.2	254	9.1	227
OHP Plus	2.8	1,277	0.3	122	0.6	296	22.3	10,348	23.5	10,900	25.1	11,666	8.6	3,987	8.9	4,106	8.0	3,689
<b>Language</b>																		
English	3.2	1,333	0.3	138	0.8	341	23.8	9,970	22.8	9,549	23.4	9,819	8.3	3,495	9.0	3,778	8.4	3,502
Non-English	0.4	25	0.0	1	0.0	2	14.8	1,043	26.8	1,883	33.8	2,378	9.9	695	8.4	589	6.0	421
<b>Geography</b>																		
Urban	3.0	1,096	0.3	103	0.8	297	22.3	8,246	23.3	8,629	24.8	9,182	8.7	3,211	8.9	3,307	8.0	2,945
Rural	2.2	255	0.3	35	0.4	45	23.2	2,719	23.4	2,744	25.3	2,962	8.3	970	8.8	1,034	8.1	953
Overall CareOregon	2.8	1,359	0.3	139	0.7	343	22.5	11,026	23.3	11,436	24.9	12,203	8.6	4,191	8.9	4,368	8.0	3,925

**Table C-6. Types of ED visits for OHP enrollees by demographic category, CareOregon, Inc., 2002–2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol-related condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.8	408	0.0	13	0.1	71	23.4	11,482	24.1	11,840	29.7	14,560	8.8	4,332	7.0	3,450	5.9	2,872
≥18 but less than 65	4.4	3,172	0.5	368	1.5	1,078	21.5	15,580	23.3	16,878	21.2	15,367	7.9	5,746	10.8	7,843	8.7	6,312
<b>Ethnicity</b>																		
White	3.6	2,975	0.4	337	1.1	953	24.4	20,389	22.8	19,079	22.6	18,874	7.9	6,614	9.4	7,840	7.8	6,544
Asian	3.0	71	0.1	3	0.3	8	18.4	434	24.1	568	27.1	638	9.0	213	11.0	259	6.9	162
African American	2.6	346	0.2	29	0.5	63	20.6	2,781	24.5	3,311	25.1	3,390	8.8	1,186	9.9	1,334	7.9	1,068
Hispanic	0.6	111	0.0	8	0.4	81	14.3	2,733	26.9	5,126	33.5	6,386	9.7	1,853	8.3	1,592	6.2	1,187
Native American	2.9	47	0.2	4	2.1	34	26.4	434	22.1	364	20.8	342	7.4	121	10.0	165	8.1	134
Pacific Islander	2.0	1	0.0	0	2.0	1	11.8	6	23.5	12	27.5	14	15.7	8	5.9	3	11.8	6
Other/unknown	2.6	29	0.0	0	0.8	9	25.2	285	22.7	256	25.0	282	7.4	84	9.0	102	7.3	83
<b>Gender</b>																		
Male	3.0	1,528	0.3	161	1.4	740	25.7	13,225	21.1	10,855	24.1	12,403	8.6	4,443	8.7	4,454	7.1	3,637
Female	2.9	2,052	0.3	220	0.6	409	19.8	13,837	25.5	17,862	25.1	17,524	8.1	5,634	9.8	6,839	7.9	5,547
<b>Type of program</b>																		
OHP Standard	3.7	952	0.6	152	2.1	545	24.6	6,318	23.3	5,985	20.4	5,262	7.2	1,844	10.7	2,749	7.5	1,928
OHP Plus	2.8	2,622	0.2	228	0.6	604	21.7	20,659	23.8	22,657	25.8	24,590	8.6	8,215	8.9	8,517	7.6	7,237
<b>Language</b>																		
English	3.3	3,521	0.4	379	1.1	1,137	23.7	24,944	23.1	24,378	23.1	24,352	8.1	8,485	9.4	9,917	7.8	8,268
Non-English	0.3	54	0.0	1	0.1	11	13.1	2,093	27.2	4,329	34.9	5,562	10.0	1,590	8.6	1,374	5.7	906
<b>Geography</b>																		
Urban	3.2	2,906	0.3	297	1.1	955	22.0	19,764	23.6	21,136	24.5	21,935	8.4	7,508	9.4	8,426	7.5	6,726
Rural	2.1	647	0.3	81	0.6	191	23.0	7,159	23.9	7,443	25.2	7,847	8.1	2,534	9.0	2,812	7.7	2,408
Overall CareOregon	2.9	3,580	0.3	381	0.9	1,149	22.3	27,062	23.7	28,718	24.7	29,926	8.3	10,078	9.3	11,293	7.6	9,184

**Table C-7. Types of ED visits for OHP enrollees by demographic category, Cascade Comprehensive Care, Inc., 2002.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	4.4	31	0.0	0	0.6	4	24.2	171	20.1	142	21.9	155	9.6	68	10.6	75	8.6	61
≥18 but less than 65	7.5	115	0.5	7	1.4	22	21.0	323	17.4	268	19.0	293	8.5	131	14.1	217	10.6	164
<b>Ethnicity</b>																		
White	6.8	130	0.4	7	1.2	24	22.5	432	17.7	341	19.4	373	8.6	166	13.2	254	10.2	196
Asian	0.0	0	0.0	0	0.0	0	33.3	3	22.2	2	0.0	0	11.1	1	11.1	1	22.2	2
African American	4.5	2	0.0	0	0.0	0	18.2	8	22.7	10	20.5	9	9.1	4	13.6	6	11.4	5
Hispanic	6.5	11	0.0	0	0.0	0	16.5	28	22.4	38	25.3	43	9.4	16	11.2	19	8.8	15
Native American	4.0	3	0.0	0	2.7	2	17.3	13	20.0	15	22.7	17	13.3	10	10.7	8	9.3	7
Pacific Islander	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Other/unknown	0.0	0	0.0	0	0.0	0	43.5	10	13.0	3	26.1	6	4.3	1	13.0	3	0.0	0
<b>Gender</b>																		
Male	7.0	63	0.2	2	1.5	13	29.2	262	13.6	122	17.9	160	10.0	90	11.4	102	9.2	82
Female	6.1	83	0.4	5	1.0	13	17.2	232	21.3	288	21.3	288	8.1	110	14.0	189	10.6	143
<b>Type of program</b>																		
OHP Standard	4.3	26	0.3	2	1.5	9	24.8	151	18.2	111	19.4	118	6.9	42	14.8	90	9.9	60
OHP Plus	7.3	120	0.3	5	1.0	17	20.9	341	18.2	298	20.2	330	9.7	158	12.3	201	10.1	165
<b>Language</b>																		
English	6.5	143	0.3	7	1.2	26	22.1	485	18.2	399	19.8	435	8.9	196	12.9	283	9.9	218
Non-English	3.6	2	0.0	0	0.0	0	16.4	9	20.0	11	23.6	13	7.3	4	16.4	9	12.7	7
<b>Geography</b>																		
Urban	0.0	0	0.0	0	0.0	0	0.0	0	50.0	1	50.0	1	0.0	0	0.0	0	0.0	0
Rural	6.5	146	0.3	7	1.2	26	21.9	492	18.2	409	19.9	447	8.9	199	13.0	292	10.0	225
Overall Cascade	6.5	146	0.3	7	1.2	26	22.0	494	18.2	410	19.9	448	8.9	200	13.0	292	10.0	225



**Table C-8. Types of ED visits for OHP enrollees by demographic category, Cascade Comprehensive Care, Inc., 2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	3.0	20	0.0	0	0.5	3	28.2	187	16.8	111	22.1	146	8.8	58	11.2	74	9.5	63
≥18 but less than 65	8.8	112	0.2	2	1.8	23	18.1	231	14.7	188	19.0	243	8.8	112	14.9	190	13.8	177
<b>Ethnicity</b>																		
White	7.0	116	0.1	2	1.2	20	21.7	359	15.1	250	20.0	331	8.4	139	13.9	231	12.6	209
Asian	33.3	2	0.0	0	0.0	0	0.0	0	33.3	2	16.7	1	16.7	1	0.0	0	0.0	0
African American	13.8	4	0.0	0	0.0	0	13.8	4	10.3	3	27.6	8	10.3	3	17.2	5	6.9	2
Hispanic	1.4	2	0.0	0	0.7	1	22.3	31	18.7	26	23.0	32	10.8	15	11.5	16	11.5	16
Native American	8.4	8	0.0	0	5.3	5	22.1	21	17.9	17	15.8	15	10.5	10	9.5	9	10.5	10
Pacific Islander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	100.0	1
Other/unknown	0.0	0	0.0	0	0.0	0	23.1	3	15.4	2	23.1	3	15.4	2	7.7	1	15.4	2
<b>Gender</b>																		
Male	6.9	53	0.0	0	2.2	17	24.0	184	13.9	107	19.4	149	9.0	69	13.7	105	10.9	84
Female	6.7	79	0.2	2	0.8	9	19.9	234	16.4	193	20.5	241	8.7	102	13.5	159	13.3	156
<b>Type of program</b>																		
OHP Standard	6.0	26	0.2	1	3.7	16	20.8	90	14.8	64	20.3	88	8.1	35	15.0	65	11.1	48
OHP Plus	7.0	106	0.1	1	0.7	10	21.8	328	15.7	236	19.9	300	9.0	135	13.1	198	12.7	192
<b>Language</b>																		
English	7.0	132	0.1	2	1.4	26	21.6	408	15.3	290	19.9	376	8.7	165	13.7	259	12.4	235
Non-English	0.0	0	0.0	0	0.0	0	21.3	10	19.1	9	29.8	14	10.6	5	8.5	4	10.6	5
<b>Geography</b>																		
Urban	0.0	0	0.0	0	0.0	0	20.0	3	13.3	2	33.3	5	26.7	4	0.0	0	6.7	1
Rural	6.9	132	0.1	2	1.4	26	21.5	414	15.5	298	20.0	384	8.6	166	13.7	263	12.4	239
Overall Cascade	6.8	132	0.1	2	1.3	26	21.5	418	15.4	299	20.1	390	8.8	170	13.6	264	12.4	240

**Table C-9. Types of ED visits for OHP enrollees by demographic category, Cascade Comprehensive Care, Inc., 2002–2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	3.7	51	0.0	0	0.5	7	26.2	358	18.5	253	22.0	301	9.2	126	10.9	149	9.1	124
≥18 but less than 65	8.1	227	0.3	9	1.6	45	19.7	554	16.2	456	19.0	536	8.6	243	14.4	407	12.1	341
<b>Ethnicity</b>																		
White	6.9	246	0.3	9	1.2	44	22.1	791	16.5	591	19.7	704	8.5	305	13.5	485	11.3	405
Asian	13.3	2	0.0	0	0.0	0	20.0	3	26.7	4	6.7	1	13.3	2	6.7	1	13.3	2
African American	8.2	6	0.0	0	0.0	0	16.4	12	17.8	13	23.3	17	9.6	7	15.1	11	9.6	7
Hispanic	4.2	13	0.0	0	0.3	1	19.1	59	20.7	64	24.3	75	10.0	31	11.3	35	10.0	31
Native American	6.5	11	0.0	0	4.1	7	20.0	34	18.8	32	18.8	32	11.8	20	10.0	17	10.0	17
Pacific Islander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	100.0	1
Other/unknown	0.0	0	0.0	0	0.0	0	36.1	13	13.9	5	25.0	9	8.3	3	11.1	4	5.6	2
<b>Gender</b>																		
Male	7.0	116	0.1	2	1.8	30	26.8	446	13.8	229	18.6	309	9.6	159	12.4	207	10.0	166
Female	6.4	162	0.3	7	0.9	22	18.4	466	19.0	481	20.9	529	8.4	212	13.8	348	11.8	299
<b>Type of program</b>																		
OHP Standard	5.0	52	0.3	3	2.4	25	23.1	241	16.8	175	19.8	206	7.4	77	14.9	155	10.4	108
OHP Plus	7.2	226	0.2	6	0.9	27	21.3	669	17.0	534	20.1	630	9.3	293	12.7	399	11.4	357
<b>Language</b>																		
English	6.7	275	0.2	9	1.3	52	21.9	893	16.9	689	19.9	811	8.8	361	13.3	542	11.1	453
Non-English	2.0	2	0.0	0	0.0	0	18.6	19	19.6	20	26.5	27	8.8	9	12.7	13	11.8	12
<b>Geography</b>																		
Urban	0.0	0	0.0	0	0.0	0	17.6	3	17.6	3	35.3	6	23.5	4	0.0	0	5.9	1
Rural	6.7	278	0.2	9	1.2	52	21.7	906	17.0	707	19.9	831	8.8	365	13.3	555	11.1	464
Overall Cascade	6.6	278	0.2	9	1.2	52	21.8	912	16.9	709	20.0	838	8.8	370	13.3	556	11.1	465

**Table C-10. Types of ED visits for OHP enrollees by demographic category, Central Oregon Independent Health Services, 2002.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.8	52	0.1	6	0.1	5	29.2	1,794	23.0	1,413	27.3	1,677	7.0	429	6.7	412	5.7	353
≥18 but less than 65	4.0	407	0.3	33	1.2	120	22.3	2,283	25.5	2,612	19.6	2,007	6.8	700	11.5	1,174	8.8	904
<b>Ethnicity</b>																		
White	3.1	434	0.3	36	0.8	108	25.5	3,616	24.6	3,492	21.6	3,061	6.7	946	9.8	1,397	7.8	1,100
Asian	0.0	0	0.0	0	0.0	0	18.9	10	22.6	12	30.2	16	17.0	9	7.5	4	3.8	2
African American	1.4	1	0.0	0	1.4	1	29.0	20	20.3	14	18.8	13	4.3	3	13.0	9	11.6	8
Hispanic	0.8	11	0.1	2	0.1	2	18.6	264	25.8	366	30.9	438	8.2	116	8.1	115	7.2	102
Native American	1.1	6	0.2	1	2.6	14	26.5	144	22.1	120	22.6	123	9.0	49	9.2	50	6.8	37
Pacific Islander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	33.3	1	66.7	2	0.0	0	0.0	0
Other/unknown	6.5	7	0.0	0	0.0	0	21.3	23	19.4	21	29.6	32	4.6	5	11.1	12	7.4	8
<b>Gender</b>																		
Male	2.2	144	0.3	18	1.1	72	31.0	2,002	20.5	1,325	21.9	1,416	7.4	476	9.0	579	6.6	426
Female	3.2	315	0.2	21	0.5	53	20.9	2,075	27.2	2,701	22.9	2,268	6.6	654	10.1	1,007	8.4	831
<b>Type of program</b>																		
OHP Standard	3.5	153	0.5	21	1.9	84	26.0	1,123	24.1	1,038	19.1	825	6.4	275	11.2	483	7.2	312
OHP Plus	2.5	301	0.2	18	0.3	41	24.5	2,933	24.8	2,967	23.7	2,844	7.1	850	9.1	1,093	7.8	938
<b>Language</b>																		
English	2.9	455	0.2	38	0.8	123	25.4	3,936	24.5	3,806	21.9	3,396	6.8	1,049	9.8	1,521	7.7	1,198
Non-English	0.5	4	0.1	1	0.1	1	16.1	137	25.6	218	33.8	287	9.5	81	7.5	64	6.7	57
<b>Geography</b>																		
Urban	5.0	204	0.4	16	1.0	42	26.4	1,079	22.1	905	19.9	814	7.1	291	9.1	372	8.9	365
Rural	2.1	253	0.2	23	0.7	83	24.4	2,974	25.4	3,098	23.4	2,855	6.8	834	9.9	1,207	7.2	885
Overall COIHS	2.8	459	0.2	39	0.8	125	24.9	4,077	24.6	4,026	22.5	3,684	6.9	1,130	9.7	1,586	7.7	1,257

**Table C-11. Types of ED visits for OHP enrollees by demographic category, Central Oregon Independent Health Services, 2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.0	38	0.1	3	0.2	8	29.8	1,164	22.6	883	26.7	1,043	7.0	272	7.5	294	5.3	207
≥18 but less than 65	4.7	191	0.4	18	0.8	34	19.9	810	24.7	1,004	19.6	798	7.7	313	12.0	487	10.1	410
<b>Ethnicity</b>																		
White	3.2	213	0.3	19	0.6	40	26.0	1,740	23.4	1,564	21.4	1,433	7.3	486	9.8	658	8.1	544
Asian	3.7	1	0.0	0	0.0	0	29.6	8	22.2	6	25.9	7	3.7	1	7.4	2	7.4	2
African American	6.1	3	0.0	0	0.0	0	24.5	12	26.5	13	22.4	11	4.1	2	10.2	5	6.1	3
Hispanic	0.7	6	0.2	2	0.0	0	16.4	150	25.6	235	33.6	308	8.2	75	9.5	87	5.9	54
Native American	2.8	6	0.0	0	0.9	2	23.1	49	22.2	47	28.3	60	8.0	17	9.4	20	5.2	11
Pacific Islander	0.0	0	0.0	0	0.0	0	16.7	1	50.0	3	16.7	1	16.7	1	0.0	0	0.0	0
Other/unknown	0.0	0	0.0	0	0.0	0	21.5	14	27.7	18	29.2	19	4.6	3	12.3	8	4.6	3
<b>Gender</b>																		
Male	2.1	63	0.2	6	0.6	18	32.4	970	19.1	572	22.8	682	7.6	228	8.0	238	7.2	214
Female	3.3	166	0.3	15	0.5	24	20.1	1,004	26.4	1,314	23.2	1,159	7.2	357	10.9	544	8.1	403
<b>Type of program</b>																		
OHP Standard	2.9	7	0.8	2	1.3	3	25.6	61	16.8	40	21.8	52	9.7	23	13.0	31	8.0	19
OHP Plus	2.9	222	0.2	19	0.5	39	24.7	1,909	23.8	1,838	23.1	1,783	7.3	560	9.7	747	7.8	598
<b>Language</b>																		
English	3.1	226	0.3	20	0.6	42	25.6	1,895	23.3	1,725	22.1	1,635	7.3	539	9.8	726	8.0	591
Non-English	0.3	2	0.2	1	0.0	0	13.6	78	28.1	161	35.7	204	7.9	45	9.6	55	4.5	26
<b>Geography</b>																		
Urban	4.4	87	0.4	8	0.5	9	27.5	541	21.4	421	20.6	405	7.3	143	9.6	189	8.5	167
Rural	2.4	142	0.2	13	0.6	33	23.9	1,428	24.3	1,456	23.9	1,429	7.4	441	9.9	590	7.5	450
Overall COIHS	2.9	229	0.3	21	0.5	42	24.7	1,974	23.6	1,886	23.1	1,841	7.3	585	9.8	781	7.7	617

**Table C-12. Types of ED visits for OHP enrollees by demographic category, Central Oregon Independent Health Services, 2002–2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.9	90	0.1	9	0.1	13	29.4	2,958	22.8	2,296	27.1	2,720	7.0	701	7.0	706	5.6	560
≥18 but less than 65	4.2	598	0.4	51	1.1	154	21.6	3,093	25.3	3,616	19.6	2,805	7.1	1,013	11.6	1,661	9.2	1,314
<b>Ethnicity</b>																		
White	3.1	647	0.3	55	0.7	148	25.6	5,356	24.2	5,056	21.5	4,494	6.9	1,432	9.8	2,055	7.9	1,644
Asian	1.3	1	0.0	0	0.0	0	22.5	18	22.5	18	28.8	23	12.5	10	7.5	6	5.0	4
African American	3.4	4	0.0	0	0.8	1	27.1	32	22.9	27	20.3	24	4.2	5	11.9	14	9.3	11
Hispanic	0.7	17	0.2	4	0.1	2	17.7	414	25.8	601	32.0	746	8.2	191	8.7	202	6.7	156
Native American	1.6	12	0.1	1	2.1	16	25.5	193	22.1	167	24.2	183	8.7	66	9.3	70	6.3	48
Pacific Islander	0.0	0	0.0	0	0.0	0	11.1	1	33.3	3	22.2	2	33.3	3	0.0	0	0.0	0
Other/unknown	4.0	7	0.0	0	0.0	0	21.4	37	22.5	39	29.5	51	4.6	8	11.6	20	6.4	11
<b>Gender</b>																		
Male	2.2	207	0.3	24	1.0	90	31.5	2,972	20.1	1,897	22.2	2,098	7.5	704	8.6	817	6.8	640
Female	3.2	481	0.2	36	0.5	77	20.6	3,079	26.9	4,015	23.0	3,427	6.8	1,011	10.4	1,551	8.3	1,234
<b>Type of program</b>																		
OHP Standard	3.5	160	0.5	23	1.9	87	26.0	1,184	23.7	1,078	19.3	877	6.5	298	11.3	514	7.3	331
OHP Plus	2.7	523	0.2	37	0.4	80	24.6	4,842	24.4	4,805	23.5	4,627	7.2	1,410	9.3	1,840	7.8	1,536
<b>Language</b>																		
English	3.0	681	0.3	58	0.7	165	25.4	5,831	24.1	5,531	21.9	5,031	6.9	1,588	9.8	2,247	7.8	1,789
Non-English	0.4	6	0.1	2	0.1	1	15.1	215	26.7	379	34.5	491	8.9	126	8.4	119	5.8	83
<b>Geography</b>																		
Urban	4.8	291	0.4	24	0.8	51	26.7	1,620	21.9	1,326	20.1	1,219	7.2	434	9.3	561	8.8	532
Rural	2.2	395	0.2	36	0.6	116	24.2	4,402	25.0	4,554	23.5	4,284	7.0	1,275	9.9	1,797	7.3	1,335
Overall COIHS	2.8	688	0.2	60	0.7	167	24.8	6,051	24.3	5,912	22.7	5,525	7.0	1,715	9.7	2,367	7.7	1,874

**Table C-13. Types of ED visits for OHP enrollees by demographic category, Doctors of Oregon Coast South, 2002.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED needed, preventable		ED needed, preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.7	27	0.1	1	0.4	6	32.5	532	22.0	360	24.8	406	5.7	93	7.3	119	5.6	92
≥18 but less than 65	3.8	163	0.2	8	1.0	43	19.1	819	25.3	1,084	23.0	988	8.2	351	11.9	511	7.6	324
<b>Ethnicity</b>																		
White	3.2	177	0.2	9	0.8	47	23.1	1,279	24.4	1,351	23.1	1,279	7.5	415	10.7	592	7.0	387
Asian	18.5	5	0.0	0	0.0	0	18.5	5	22.2	6	14.8	4	7.4	2	11.1	3	7.4	2
African American	0.0	0	0.0	0	4.5	1	22.7	5	27.3	6	18.2	4	4.5	1	4.5	1	18.2	4
Hispanic	0.7	1	0.0	0	0.0	0	21.7	33	26.3	40	31.6	48	5.9	9	8.6	13	5.3	8
Native American	1.1	1	0.0	0	1.1	1	18.3	17	21.5	20	25.8	24	12.9	12	8.6	8	10.8	10
Pacific Islander	0.0	0	0.0	0	0.0	0	0.0	0	25.0	1	50.0	2	0.0	0	25.0	1	0.0	0
Other/unknown	6.1	6	0.0	0	0.0	0	12.2	12	22.4	22	33.7	33	6.1	6	14.3	14	5.1	5
<b>Gender</b>																		
Male	3.4	79	0.2	5	1.3	30	28.6	673	20.2	475	22.1	519	7.4	173	9.6	226	7.4	173
Female	3.1	111	0.1	4	0.5	19	19.0	678	27.1	970	24.5	876	7.6	271	11.3	404	6.8	243
<b>Type of program</b>																		
OHP Standard	2.4	39	0.2	4	1.3	21	22.1	358	26.7	432	23.0	372	6.6	107	11.5	186	6.2	100
OHP Plus	3.5	151	0.1	5	0.7	28	23.1	991	23.5	1,008	23.7	1,019	7.8	337	10.2	440	7.3	315
<b>Language</b>																		
English	3.2	190	0.1	8	0.8	49	22.8	1,347	24.3	1,437	23.5	1,386	7.5	443	10.6	628	7.0	414
Non-English	0.0	0	0.0	0	0.0	0	12.5	3	29.2	7	37.5	9	4.2	1	8.3	2	8.3	2
<b>Geography</b>																		
Urban	0.0	0	0.0	0	0.0	0	13.3	2	26.7	4	20.0	3	13.3	2	20.0	3	6.7	1
Rural	3.2	190	0.2	9	0.8	49	22.8	1,345	24.3	1,435	23.5	1,387	7.5	442	10.6	624	7.0	414
Overall Doctors of the Coast South	3.2	190	0.2	9	0.8	49	22.8	1,351	24.4	1,445	23.5	1,395	7.5	445	10.6	630	7.0	416

**Table C-14. Types of ED visits for OHP enrollees by demographic category, Doctors of Oregon Coast South, 2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.7	8	0.0	0	0.1	1	36.4	429	19.3	227	24.8	292	6.3	74	6.5	76	6.0	71
≥18 but less than 65	3.5	94	0.5	14	0.7	18	20.5	543	23.0	611	23.1	612	7.8	206	12.6	333	8.3	220
<b>Ethnicity</b>																		
White	2.7	96	0.4	14	0.5	18	25.3	913	22.0	791	23.5	848	7.4	268	10.7	385	7.5	269
Asian	0.0	0	0.0	0	0.0	0	10.0	1	20.0	2	30.0	3	20.0	2	0.0	0	20.0	2
African American	0.0	0	0.0	0	0.0	0	45.5	5	27.3	3	9.1	1	0.0	0	0.0	0	18.2	2
Hispanic	0.9	1	0.0	0	0.0	0	25.5	27	21.7	23	27.4	29	2.8	3	12.3	13	9.4	10
Native American	1.6	1	0.0	0	1.6	1	30.2	19	20.6	13	20.6	13	9.5	6	9.5	6	6.3	4
Pacific Islander	0.0	0	0.0	0	0.0	0	100.0	1	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Other/unknown	11.4	4	0.0	0	0.0	0	17.1	6	17.1	6	25.7	9	2.9	1	14.3	5	11.4	4
<b>Gender</b>																		
Male	2.2	32	0.1	2	1.0	14	31.5	455	18.6	268	21.4	309	7.9	114	9.8	142	7.4	107
Female	2.9	70	0.5	12	0.2	5	21.7	517	23.9	570	24.9	594	7.0	166	11.2	267	7.7	184
<b>Type of program</b>																		
OHP Standard	2.9	20	1.0	7	1.0	7	24.2	169	22.8	159	22.5	157	7.6	53	11.6	81	6.4	45
OHP Plus	2.6	82	0.2	7	0.4	12	25.7	802	21.7	678	23.9	745	7.2	226	10.5	328	7.8	243
<b>Language</b>																		
English	2.7	102	0.4	14	0.5	19	25.4	965	21.9	834	23.5	894	7.3	278	10.7	407	7.6	290
Non-English	0.0	0	0.0	0	0.0	0	30.4	7	17.4	4	39.1	9	4.3	1	4.3	1	4.3	1
<b>Geography</b>																		
Urban	7.7	1	0.0	0	0.0	0	38.5	5	15.4	2	15.4	2	0.0	0	15.4	2	7.7	1
Rural	2.7	101	0.4	14	0.5	19	25.3	963	22.0	835	23.6	897	7.3	279	10.7	405	7.6	289
Overall Doctors of the Coast South	2.7	102	0.4	14	0.5	19	25.4	972	21.9	838	23.6	903	7.3	280	10.7	409	7.6	291

**Table C-15. Types of ED visits for OHP enrollees by demographic category, Doctors of Oregon Coast South, 2002–2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.2	35	0.0	1	0.2	7	34.2	961	20.9	587	24.8	698	5.9	167	6.9	195	5.8	163
≥18 but less than 65	3.7	257	0.3	22	0.9	61	19.6	1,362	24.4	1,695	23.0	1,600	8.0	557	12.2	844	7.8	544
<b>Ethnicity</b>																		
White	3.0	273	0.3	23	0.7	65	24.0	2,192	23.4	2,142	23.3	2,127	7.5	683	10.7	977	7.2	656
Asian	13.5	5	0.0	0	0.0	0	16.2	6	21.6	8	18.9	7	10.8	4	8.1	3	10.8	4
African American	0.0	0	0.0	0	3.0	1	30.3	10	27.3	9	15.2	5	3.0	1	3.0	1	18.2	6
Hispanic	0.8	2	0.0	0	0.0	0	23.3	60	24.4	63	29.8	77	4.7	12	10.1	26	7.0	18
Native American	1.3	2	0.0	0	1.3	2	23.1	36	21.2	33	23.7	37	11.5	18	9.0	14	9.0	14
Pacific Islander	0.0	0	0.0	0	0.0	0	20.0	1	20.0	1	40.0	2	0.0	0	20.0	1	0.0	0
Other/unknown	7.5	10	0.0	0	0.0	0	13.5	18	21.1	28	31.6	42	5.3	7	14.3	19	6.8	9
<b>Gender</b>																		
Male	2.9	111	0.2	7	1.2	44	29.7	1,128	19.6	743	21.8	828	7.6	287	9.7	368	7.4	280
Female	3.0	181	0.3	16	0.4	24	20.0	1,195	25.8	1,540	24.7	1,470	7.3	437	11.3	671	7.2	427
<b>Type of program</b>																		
OHP Standard	2.5	59	0.5	11	1.2	28	22.7	527	25.5	591	22.8	529	6.9	160	11.5	267	6.3	145
OHP Plus	3.1	233	0.2	12	0.5	40	24.2	1,793	22.7	1,686	23.8	1,764	7.6	563	10.4	768	7.5	558
<b>Language</b>																		
English	3.0	292	0.2	22	0.7	68	23.8	2,312	23.4	2,271	23.5	2,280	7.4	721	10.7	1,035	7.3	704
Non-English	0.0	0	0.0	0	0.0	0	21.3	10	23.4	11	38.3	18	4.3	2	6.4	3	6.4	3
<b>Geography</b>																		
Urban	3.6	1	0.0	0	0.0	0	25.0	7	21.4	6	17.9	5	7.1	2	17.9	5	7.1	2
Rural	3.0	291	0.2	23	0.7	68	23.8	2,308	23.4	2,270	23.6	2,284	7.4	721	10.6	1,029	7.2	703
Overall Doctors of the Coast South	3.0	292	0.2	23	0.7	68	23.8	2,323	23.4	2,283	23.5	2,298	7.4	725	10.6	1,039	7.2	707



**Table C-16. Types of ED visits for OHP enrollees by demographic category, Douglas County IPA, 2002.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.2	46	0.0	0	0.1	5	23.9	934	25.4	991	30.4	1,189	8.6	334	5.7	222	4.7	185
≥18 but less than 65	3.7	273	0.5	40	1.4	101	21.3	1,572	24.3	1,790	22.5	1,661	8.5	629	9.1	674	8.6	632
<b>Ethnicity</b>																		
White	2.9	305	0.4	40	0.9	101	22.3	2,385	24.6	2,630	25.1	2,678	8.5	910	8.0	851	7.3	774
Asian	0.0	0	0.0	0	0.0	0	20.0	6	20.0	6	23.3	7	10.0	3	20.0	6	6.7	2
African American	4.2	2	0.0	0	0.0	0	27.1	13	25.0	12	25.0	12	8.3	4	6.3	3	4.2	2
Hispanic	1.3	4	0.0	0	0.3	1	16.8	50	25.8	77	31.5	94	8.7	26	7.7	23	7.7	23
Native American	3.8	6	0.0	0	2.5	4	22.6	36	23.3	37	25.8	41	8.8	14	6.3	10	6.9	11
Pacific Islander	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Other/unknown	2.9	2	0.0	0	0.0	0	23.5	16	26.5	18	26.5	18	7.4	5	5.9	4	7.4	5
<b>Gender</b>																		
Male	2.6	120	0.5	21	1.6	72	27.1	1,233	22.5	1,022	24.9	1,135	7.9	359	6.8	310	6.1	278
Female	3.0	199	0.3	19	0.5	34	18.9	1,273	26.2	1,760	25.5	1,715	9.0	604	8.7	587	8.0	539
<b>Type of program</b>																		
OHP Standard	3.2	104	0.6	20	2.0	65	24.4	793	24.2	786	21.9	711	7.5	245	8.6	280	7.5	242
OHP Plus	2.7	213	0.2	20	0.5	41	21.3	1,710	24.8	1,989	26.6	2,135	8.9	716	7.7	616	7.2	573
<b>Language</b>																		
English	2.8	319	0.4	40	0.9	106	22.2	2,498	24.7	2,770	25.2	2,832	8.5	959	7.9	892	7.3	815
Non-English	0.0	0	0.0	0	0.0	0	16.7	8	22.9	11	37.5	18	8.3	4	10.4	5	4.2	2
<b>Geography</b>																		
Urban	2.9	1	0.0	0	0.0	0	20.0	7	31.4	11	25.7	9	8.6	3	5.7	2	5.7	2
Rural	2.8	315	0.4	40	0.9	106	22.2	2,495	24.6	2,764	25.3	2,837	8.5	958	8.0	893	7.2	813
Overall Douglas IPA	2.8	319	0.4	40	0.9	106	22.2	2,506	24.7	2,781	25.3	2,850	8.5	963	8.0	897	7.2	817

**Table C-17. Types of ED visits for OHP enrollees by demographic category, Douglas County IPA, 2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.6	25	0.0	2	0.0	2	21.0	856	25.2	1,027	32.5	1,324	9.1	373	6.6	271	4.9	200
≥18 but less than 65	3.5	152	0.2	10	0.7	31	17.8	769	25.5	1,105	22.2	960	9.1	394	9.9	430	11.0	476
<b>Ethnicity</b>																		
White	2.2	170	0.2	12	0.4	31	19.5	1,518	25.5	1,987	26.9	2,102	9.0	699	8.4	656	8.1	629
Asian	0.0	0	0.0	0	0.0	0	29.4	5	23.5	4	23.5	4	11.8	2	0.0	0	11.8	2
African American	0.0	0	0.0	0	0.0	0	15.6	7	24.4	11	33.3	15	11.1	5	8.9	4	6.7	3
Hispanic	0.3	1	0.0	0	0.3	1	17.6	54	23.5	72	31.7	97	10.8	33	7.8	24	7.8	24
Native American	2.2	4	0.0	0	0.6	1	16.3	29	26.4	47	25.8	46	11.8	21	7.9	14	9.0	16
Pacific Islander	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Other/unknown	3.4	2	0.0	0	0.0	0	20.7	12	19.0	11	34.5	20	13.8	8	5.2	3	3.4	2
<b>Gender</b>																		
Male	1.8	56	0.1	4	0.7	22	23.4	741	22.7	720	27.9	886	9.5	300	7.8	247	6.1	195
Female	2.3	121	0.2	8	0.2	11	16.9	884	27.0	1,411	26.7	1,399	8.9	467	8.7	453	9.2	481
<b>Type of program</b>																		
OHP Standard	3.1	16	0.2	1	1.8	9	18.2	93	28.2	144	22.1	113	9.4	48	8.6	44	8.4	43
OHP Plus	2.0	161	0.1	11	0.3	24	19.4	1,532	25.2	1,983	27.5	2,166	9.1	718	8.3	656	8.0	633
<b>Language</b>																		
English	2.1	177	0.1	12	0.4	33	19.3	1,619	25.4	2,123	27.1	2,273	9.1	763	8.3	699	8.0	674
Non-English	0.0	0	0.0	0	0.0	0	17.6	6	23.5	8	35.3	12	11.8	4	5.9	2	5.9	2
<b>Geography</b>																		
Urban	14.3	1	0.0	0	0.0	0	28.6	2	14.3	1	14.3	1	0.0	0	0.0	0	28.6	2
Rural	2.1	176	0.1	12	0.4	33	19.3	1,621	25.4	2,125	27.2	2,277	9.1	765	8.3	698	8.0	673
Overall Douglas IPA	2.1	177	0.1	12	0.4	33	19.3	1,625	25.3	2,131	27.2	2,285	9.1	768	8.3	700	8.0	676

**Table C-18. Types of ED visits for OHP enrollees by demographic category, Douglas County IPA, 2002–2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.9	71	0.0	2	0.1	7	22.4	1,790	25.3	2,018	31.5	2,513	8.9	707	6.2	493	4.8	385
≥18 but less than 65	3.6	425	0.4	50	1.1	132	20.0	2,341	24.7	2,895	22.4	2,621	8.7	1,023	9.4	1,104	9.5	1,108
<b>Ethnicity</b>																		
White	2.6	475	0.3	52	0.7	132	21.1	3,903	25.0	4,617	25.9	4,780	8.7	1,609	8.2	1,507	7.6	1,403
Asian	0.0	0	0.0	0	0.0	0	23.4	11	21.3	10	23.4	11	10.6	5	12.8	6	8.5	4
African American	2.2	2	0.0	0	0.0	0	21.5	20	24.7	23	29.0	27	9.7	9	7.5	7	5.4	5
Hispanic	0.8	5	0.0	0	0.3	2	17.2	104	24.7	149	31.6	191	9.8	59	7.8	47	7.8	47
Native American	3.0	10	0.0	0	1.5	5	19.3	65	24.9	84	25.8	87	10.4	35	7.1	24	8.0	27
Pacific Islander	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Other/unknown	3.2	4	0.0	0	0.0	0	22.2	28	23.0	29	30.2	38	10.3	13	5.6	7	5.6	7
<b>Gender</b>																		
Male	2.3	176	0.3	25	1.2	94	25.6	1,974	22.6	1,742	26.2	2,021	8.5	659	7.2	557	6.1	473
Female	2.7	320	0.2	27	0.4	45	18.0	2,157	26.5	3,171	26.0	3,114	9.0	1,071	8.7	1,040	8.5	1,020
<b>Type of program</b>																		
OHP Standard	3.2	120	0.6	21	2.0	74	23.6	886	24.8	930	21.9	824	7.8	293	8.6	324	7.6	285
OHP Plus	2.4	374	0.2	31	0.4	65	20.4	3,242	25.0	3,972	27.1	4,301	9.0	1,434	8.0	1,272	7.6	1,206
<b>Language</b>																		
English	2.5	496	0.3	52	0.7	139	21.0	4,117	25.0	4,893	26.0	5,105	8.8	1,722	8.1	1,591	7.6	1,489
Non-English	0.0	0	0.0	0	0.0	0	17.1	14	23.2	19	36.6	30	9.8	8	8.5	7	4.9	4
<b>Geography</b>																		
Urban	4.8	2	0.0	0	0.0	0	21.4	9	28.6	12	23.8	10	7.1	3	4.8	2	9.5	4
Rural	2.5	491	0.3	52	0.7	139	21.0	4,116	24.9	4,889	26.1	5,114	8.8	1,723	8.1	1,591	7.6	1,486
Overall Douglas IPA	2.5	496	0.3	52	0.7	139	21.0	4,131	25.0	4,912	26.1	5,135	8.8	1,731	8.1	1,597	7.6	1,493

**Table C-19. Types of ED visits for OHP enrollees by demographic category, FamilyCare, Inc., 2002.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.7	15	0.0	1	0.0	0	29.0	616	22.6	481	27.4	583	7.7	164	6.4	137	6.1	130
≥18 but less than 65	4.4	174	0.5	20	1.3	50	25.9	1,023	20.8	821	19.9	788	8.0	316	10.2	402	9.1	358
<b>Ethnicity</b>																		
White	3.5	173	0.4	20	0.9	47	27.6	1,383	21.2	1,061	21.8	1,090	7.6	382	8.9	445	8.1	403
Asian	1.0	1	1.0	1	1.0	1	16.5	17	20.4	21	28.2	29	8.7	9	8.7	9	14.6	15
African American	1.7	8	0.0	0	0.4	2	24.4	114	22.0	103	24.8	116	10.5	49	9.4	44	6.8	32
Hispanic	1.3	5	0.0	0	0.0	0	22.1	82	24.0	89	28.8	107	8.4	31	7.5	28	7.8	29
Native American	2.2	2	0.0	0	0.0	0	31.5	29	25.0	23	20.7	19	3.3	3	9.8	9	7.6	7
Pacific Islander	0.0	0	0.0	0	0.0	0	50.0	1	0.0	0	0.0	0	0.0	0	50.0	1	0.0	0
Other/unknown	0.0	0	0.0	0	0.0	0	33.3	13	12.8	5	25.6	10	12.8	5	10.3	4	5.1	2
<b>Gender</b>																		
Male	3.6	92	0.5	12	1.0	25	32.5	837	18.2	468	21.1	545	8.1	208	7.4	191	7.8	200
Female	2.8	97	0.3	9	0.7	25	22.9	802	23.8	835	23.6	826	7.8	273	9.9	348	8.2	288
<b>Type of program</b>																		
OHP Standard	3.9	79	0.6	12	1.5	31	29.2	593	19.6	398	19.2	390	7.3	148	9.8	199	8.8	178
OHP Plus	2.7	109	0.2	9	0.5	19	25.9	1,042	22.2	895	24.2	974	8.2	331	8.4	337	7.7	308
<b>Language</b>																		
English	3.2	188	0.4	21	0.9	50	27.5	1,602	21.2	1,236	22.1	1,291	7.9	458	8.9	517	8.0	466
Non-English	0.4	1	0.0	0	0.0	0	14.6	36	26.0	64	32.5	80	8.9	22	8.5	21	8.9	22
<b>Geography</b>																		
Urban	3.2	119	0.4	14	1.0	39	26.1	972	20.9	776	22.2	825	8.7	323	8.8	327	8.7	323
Rural	3.0	69	0.3	7	0.5	11	28.3	658	22.2	515	23.1	537	6.7	155	9.0	209	7.0	163
Overall Family Care, Inc.	3.1	189	0.3	21	0.8	50	27.0	1,639	21.4	1,302	22.6	1,371	7.9	480	8.9	539	8.0	488

**Table C-20. Types of ED visits for OHP enrollees by demographic category, FamilyCare, Inc., 2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.1	23	0.0	1	0.2	4	34.5	718	19.1	397	23.5	490	8.7	181	6.9	143	6.0	124
≥18 but less than 65	5.3	127	0.4	10	1.2	30	24.6	595	20.0	483	19.4	468	8.2	197	11.4	275	9.5	230
<b>Ethnicity</b>																		
White	3.6	126	0.3	10	0.8	27	29.9	1,039	19.1	665	20.3	707	8.6	298	9.5	329	8.0	279
Asian	3.6	3	0.0	0	2.4	2	26.2	22	16.7	14	21.4	18	6.0	5	10.7	9	13.1	11
African American	3.2	11	0.0	0	0.3	1	30.4	105	21.2	73	22.0	76	7.0	24	8.7	30	7.2	25
Hispanic	1.2	5	0.0	0	0.5	2	21.7	92	23.6	100	29.7	126	9.0	38	8.5	36	5.9	25
Native American	3.3	4	0.0	0	1.7	2	32.2	39	19.0	23	18.2	22	8.3	10	8.3	10	9.1	11
Pacific Islander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	100.0	1	0.0	0	0.0	0	0.0	0
Other/unknown	2.6	1	2.6	1	0.0	0	42.1	16	7.9	3	21.1	8	7.9	3	7.9	3	7.9	3
<b>Gender</b>																		
Male	2.2	40	0.3	6	1.3	23	34.5	627	16.8	306	21.0	381	9.1	165	8.1	148	6.7	122
Female	4.1	110	0.2	5	0.4	11	25.6	686	21.4	573	21.5	576	8.0	213	10.1	270	8.7	232
<b>Type of program</b>																		
OHP Standard	7.1	28	0.5	2	1.5	6	25.1	99	19.2	76	18.7	74	7.8	31	11.6	46	8.4	33
OHP Plus	3.0	122	0.2	9	0.7	28	29.5	1,209	19.6	803	21.6	883	8.5	348	9.1	372	7.8	319
<b>Language</b>																		
English	3.4	146	0.3	11	0.8	32	29.6	1,261	19.5	829	20.8	887	8.4	357	9.3	397	7.9	336
Non-English	1.7	4	0.0	0	0.8	2	21.4	51	21.0	50	29.4	70	8.8	21	9.2	22	7.6	18
<b>Geography</b>																		
Urban	3.6	95	0.2	4	0.8	21	28.2	737	20.3	531	21.4	559	8.8	231	9.0	234	7.7	201
Rural	2.9	54	0.4	7	0.7	13	30.5	570	18.5	346	21.2	397	7.9	148	9.8	184	8.1	151
Overall Family Care, Inc.	3.3	150	0.2	11	0.8	34	29.2	1,313	19.6	880	21.3	957	8.4	378	9.3	418	7.9	354

**Table C-21. Types of ED visits for OHP enrollees by demographic category, FamilyCare, Inc., 2002–2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.9	38	0.0	2	0.1	4	31.7	1,334	20.9	878	25.5	1,073	8.2	345	6.7	280	6.0	254
≥18 but less than 65	4.7	301	0.5	30	1.3	80	25.4	1,618	20.5	1,304	19.7	1,256	8.1	513	10.6	677	9.2	588
<b>Ethnicity</b>																		
White	3.5	299	0.4	30	0.9	74	28.5	2,422	20.3	1,726	21.2	1,797	8.0	680	9.1	774	8.0	682
Asian	2.1	4	0.5	1	1.6	3	20.9	39	18.7	35	25.1	47	7.5	14	9.6	18	13.9	26
African American	2.3	19	0.0	0	0.4	3	26.9	219	21.6	176	23.6	192	9.0	73	9.1	74	7.0	57
Hispanic	1.3	10	0.0	0	0.3	2	21.9	174	23.8	189	29.3	233	8.7	69	8.1	64	6.8	54
Native American	2.8	6	0.0	0	0.9	2	31.9	68	21.6	46	19.2	41	6.1	13	8.9	19	8.5	18
Pacific Islander	0.0	0	0.0	0	0.0	0	33.3	1	0.0	0	33.3	1	0.0	0	33.3	1	0.0	0
Other/unknown	1.3	1	1.3	1	0.0	0	37.7	29	10.4	8	23.4	18	10.4	8	9.1	7	6.5	5
<b>Gender</b>																		
Male	3.0	132	0.4	18	1.1	48	33.3	1,464	17.6	774	21.1	926	8.5	373	7.7	339	7.3	322
Female	3.4	207	0.2	14	0.6	36	24.1	1,488	22.8	1,408	22.7	1,402	7.9	486	10.0	618	8.4	520
<b>Type of program</b>																		
OHP Standard	4.4	107	0.6	14	1.5	37	28.6	692	19.6	474	19.1	464	7.4	179	10.1	245	8.7	211
OHP Plus	2.8	231	0.2	18	0.6	47	27.7	2,251	20.9	1,698	22.9	1,857	8.4	679	8.7	709	7.7	627
<b>Language</b>																		
English	3.3	334	0.3	32	0.8	82	28.4	2,863	20.5	2,065	21.6	2,178	8.1	815	9.1	914	8.0	802
Non-English	1.0	5	0.0	0	0.4	2	18.0	87	23.6	114	31.0	150	8.9	43	8.9	43	8.3	40
<b>Geography</b>																		
Urban	3.4	214	0.3	18	0.9	60	27.0	1,709	20.6	1,307	21.9	1,384	8.8	554	8.9	561	8.3	524
Rural	2.9	123	0.3	14	0.6	24	29.3	1,228	20.5	861	22.3	934	7.2	303	9.4	393	7.5	314
Overall Family Care, Inc.	3.2	339	0.3	32	0.8	84	27.9	2,952	20.6	2,182	22.0	2,328	8.1	858	9.1	957	8.0	842

**Table C-22. Types of ED visits for OHP enrollees by demographic category, InterCommunity Health Network, 2002.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.6	33	0.1	2	0.3	6	31.0	645	19.6	409	25.0	520	8.9	186	8.6	179	4.9	103
≥18 but less than 65	5.5	247	0.4	20	2.1	93	22.4	1,003	16.3	730	22.1	989	9.7	433	14.4	644	7.2	322
<b>Ethnicity</b>																		
White	4.4	266	0.4	22	1.6	98	25.0	1,519	17.2	1,048	22.8	1,388	9.5	579	12.6	768	6.5	396
Asian	6.7	1	0.0	0	0.0	0	46.7	7	6.7	1	13.3	2	13.3	2	6.7	1	6.7	1
African American	5.3	3	0.0	0	0.0	0	19.3	11	26.3	15	24.6	14	7.0	4	10.5	6	7.0	4
Hispanic	2.7	8	0.0	0	0.3	1	25.7	77	19.3	58	27.3	82	8.3	25	11.3	34	5.0	15
Native American	0.0	0	0.0	0	0.0	0	31.3	21	14.9	10	20.9	14	10.4	7	13.4	9	9.0	6
Pacific Islander	0.0	0	0.0	0	0.0	0	100.0	2	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Other/unknown	5.0	2	0.0	0	0.0	0	27.5	11	20.0	8	20.0	8	5.0	2	15.0	6	7.5	3
<b>Gender</b>																		
Male	3.8	102	0.2	6	2.4	64	31.3	840	14.6	391	20.7	554	9.2	247	11.3	302	6.5	174
Female	4.6	178	0.4	16	0.9	35	20.8	808	19.3	748	24.6	955	9.6	372	13.4	522	6.4	250
<b>Type of program</b>																		
OHP Standard	4.2	74	0.3	5	3.6	63	26.1	460	15.9	281	21.4	377	8.6	152	13.8	244	6.1	108
OHP Plus	4.3	203	0.4	17	0.8	36	24.8	1,181	17.8	850	23.6	1,125	9.7	464	12.0	574	6.6	315
<b>Language</b>																		
English	4.3	280	0.3	22	1.5	98	25.3	1,627	17.2	1,107	22.9	1,471	9.4	606	12.6	810	6.5	416
Non-English	0.0	0	0.0	0	0.0	0	13.6	16	25.4	30	31.4	37	11.9	14	11.9	14	5.9	7
<b>Geography</b>																		
Urban	5.0	171	0.5	16	2.0	67	27.3	931	17.7	603	21.5	732	8.3	283	11.5	392	6.3	214
Rural	3.4	102	0.2	5	1.1	32	22.6	688	16.9	513	24.6	749	10.8	330	13.7	417	6.8	206
Overall InterCommunity Health Network	4.3	280	0.3	22	1.5	99	25.1	1,648	17.3	1,139	23.0	1,509	9.4	619	12.6	824	6.5	425

**Table C-23. Types of ED visits for OHP enrollees by demographic category, InterCommunity Health Network, 2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	2.6	24	0.2	2	0.1	1	34.4	321	17.0	158	22.9	213	8.7	81	8.2	76	6.0	56
≥18 but less than 65	5.4	102	0.7	13	1.8	35	23.2	440	13.0	247	20.7	393	10.7	204	15.4	293	9.0	171
<b>Ethnicity</b>																		
White	4.4	112	0.6	15	1.4	35	27.0	691	14.0	359	21.3	545	10.5	269	13.0	332	8.0	204
Asian	0.0	0	0.0	0	0.0	0	0.0	0	12.5	1	25.0	2	0.0	0	37.5	3	25.0	2
African American	2.6	1	0.0	0	2.6	1	20.5	8	15.4	6	20.5	8	15.4	6	10.3	4	12.8	5
Hispanic	1.4	2	0.0	0	0.0	0	27.6	40	20.7	30	26.9	39	4.8	7	15.2	22	3.4	5
Native American	15.2	5	0.0	0	0.0	0	18.2	6	9.1	3	21.2	7	6.1	2	12.1	4	18.2	6
Pacific Islander	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Other/unknown	14.6	6	0.0	0	0.0	0	39.0	16	9.8	4	14.6	6	2.4	1	7.3	3	12.2	5
<b>Gender</b>																		
Male	4.6	54	0.7	8	1.9	22	31.8	377	12.3	146	19.1	227	9.4	111	12.1	144	8.2	97
Female	4.4	72	0.4	7	0.9	14	23.4	384	15.8	259	23.1	379	10.5	173	13.7	225	7.9	130
<b>Type of program</b>																		
OHP Standard	6.2	37	0.3	2	3.3	20	26.9	161	11.5	69	19.4	116	10.7	64	14.7	88	7.0	42
OHP Plus	4.0	89	0.6	13	0.7	16	26.9	597	15.1	334	21.9	487	9.9	219	12.6	280	8.3	184
<b>Language</b>																		
English	4.6	126	0.5	15	1.3	36	27.1	750	14.1	390	21.1	584	10.1	280	13.1	362	8.0	221
Non-English	0.0	0	0.0	0	0.0	0	17.7	11	22.6	14	35.5	22	6.5	4	9.7	6	8.1	5
<b>Geography</b>																		
Urban	5.5	74	0.9	12	1.8	24	28.9	386	14.0	187	20.1	269	9.6	128	11.3	151	7.9	106
Rural	3.6	41	0.2	2	0.7	8	23.6	272	14.3	165	22.9	264	10.7	124	14.9	172	9.2	106
Overall InterCommunity Health Network	4.5	126	0.5	15	1.3	36	26.9	761	14.3	405	21.4	606	10.1	285	13.0	369	8.0	227



**Table C-24. Types of ED visits for OHP enrollees by demographic category, InterCommunity Health Network, 2002–2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.9	57	0.1	4	0.2	7	32.0	966	18.8	567	24.3	733	8.9	267	8.5	255	5.3	159
≥18 but less than 65	5.5	349	0.5	33	2.0	128	22.6	1,443	15.3	977	21.7	1,382	10.0	637	14.7	937	7.7	493
<b>Ethnicity</b>																		
White	4.4	378	0.4	37	1.5	133	25.6	2,210	16.3	1,407	22.4	1,933	9.8	848	12.7	1,100	6.9	600
Asian	4.3	1	0.0	0	0.0	0	30.4	7	8.7	2	17.4	4	8.7	2	17.4	4	13.0	3
African American	4.2	4	0.0	0	1.0	1	19.8	19	21.9	21	22.9	22	10.4	10	10.4	10	9.4	9
Hispanic	2.2	10	0.0	0	0.2	1	26.3	117	19.8	88	27.2	121	7.2	32	12.6	56	4.5	20
Native American	5.0	5	0.0	0	0.0	0	27.0	27	13.0	13	21.0	21	9.0	9	13.0	13	12.0	12
Pacific Islander	0.0	0	0.0	0	0.0	0	100.0	2	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Other/unknown	9.9	8	0.0	0	0.0	0	33.3	27	14.8	12	17.3	14	3.7	3	11.1	9	9.9	8
<b>Gender</b>																		
Male	4.0	156	0.4	14	2.2	86	31.5	1,217	13.9	537	20.2	781	9.3	358	11.5	446	7.0	271
Female	4.5	250	0.4	23	0.9	49	21.6	1,192	18.2	1,007	24.1	1,334	9.9	545	13.5	747	6.9	380
<b>Type of program</b>																		
OHP Standard	4.7	111	0.3	7	3.5	83	26.3	621	14.8	350	20.9	493	9.1	216	14.0	332	6.3	150
OHP Plus	4.2	292	0.4	30	0.7	52	25.5	1,778	17.0	1,184	23.1	1,612	9.8	683	12.2	854	7.1	499
<b>Language</b>																		
English	4.4	406	0.4	37	1.5	134	25.8	2,377	16.3	1,497	22.3	2,055	9.6	886	12.7	1,172	6.9	637
Non-English	0.0	0	0.0	0	0.0	0	15.0	27	24.4	44	32.8	59	10.0	18	11.1	20	6.7	12
<b>Geography</b>																		
Urban	5.2	245	0.6	28	1.9	91	27.7	1,317	16.6	790	21.1	1,001	8.7	411	11.4	543	6.7	320
Rural	3.4	143	0.2	7	1.0	40	22.9	960	16.2	678	24.1	1,013	10.8	454	14.0	589	7.4	312
Overall InterCommunity Health Network	4.3	406	0.4	37	1.4	135	25.6	2,409	16.4	1,544	22.5	2,115	9.6	904	12.7	1,193	6.9	652

**Table C-25. Types of ED visits for OHP enrollees by demographic category, Kaiser Permanente Northwest, 2002.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	2.9	26	0.0	0	0.6	5	33.7	298	17.2	152	20.5	181	9.6	85	8.5	75	7.0	62
≥18 but less than 65	5.7	100	0.4	7	2.4	42	22.6	396	15.0	262	19.7	345	11.0	192	15.4	270	7.9	138
<b>Ethnicity</b>																		
White	5.5	109	0.3	6	1.8	36	26.9	532	14.8	293	19.2	380	10.5	207	13.4	264	7.5	149
Asian	2.3	1	0.0	0	0.0	0	18.6	8	16.3	7	20.9	9	18.6	8	9.3	4	14.0	6
African American	3.3	10	0.0	0	2.0	6	25.5	77	17.5	53	20.5	62	9.3	28	13.2	40	8.6	26
Hispanic	1.3	3	0.4	1	2.2	5	21.1	48	20.7	47	25.1	57	10.1	23	13.2	30	5.7	13
Native American	4.9	3	0.0	0	0.0	0	26.2	16	16.4	10	19.7	12	14.8	9	8.2	5	9.8	6
Pacific Islander	0.0	0	0.0	0	0.0	0	25.0	1	25.0	1	50.0	2	0.0	0	0.0	0	0.0	0
Other/unknown	0.0	0	0.0	0	0.0	0	54.5	12	18.2	4	22.7	5	0.0	0	4.5	1	0.0	0
<b>Gender</b>																		
Male	5.9	62	0.2	2	2.0	21	31.5	329	13.5	141	17.7	185	11.0	115	11.1	116	6.9	72
Female	4.0	64	0.3	5	1.6	26	22.9	365	17.1	273	21.4	341	10.2	162	14.4	230	8.0	128
<b>Type of program</b>																		
OHP Standard	5.5	40	0.7	5	3.6	26	26.5	192	15.9	115	17.0	123	8.4	61	15.9	115	6.6	48
OHP Plus	4.5	86	0.1	2	1.1	21	26.2	495	15.7	297	21.1	399	11.3	214	12.1	228	7.9	150
<b>Language</b>																		
English	5.1	126	0.3	7	1.8	46	26.7	666	15.4	383	19.6	488	10.5	262	13.0	325	7.7	192
Non-English	0.0	0	0.0	0	0.7	1	19.9	28	22.0	31	27.0	38	10.6	15	14.2	20	5.7	8
<b>Geography</b>																		
Urban	4.9	116	0.3	7	1.8	42	26.1	623	15.8	378	19.9	476	10.5	251	12.9	309	7.8	186
Rural	4.4	10	0.0	0	2.2	5	28.5	65	14.9	34	20.2	46	10.5	24	14.0	32	5.3	12
Overall Kaiser	4.8	126	0.3	7	1.8	47	26.3	694	15.7	414	20.0	526	10.5	277	13.1	345	7.6	200

**Table C-26. Types of ED visits for OHP enrollees by demographic category, Kaiser Permanente Northwest, 2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified		
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	
<b>Age</b>																			
<18 years	2.2	5	0.0	0	0.4	1	28.8	65	17.7	40	20.4	46	13.7	31	8.0	18	8.8	20	
≥18 but less than 65	6.3	28	0.4	2	2.5	11	18.2	81	17.5	78	22.0	98	11.5	51	13.0	58	8.5	38	
<b>Ethnicity</b>																			
White	6.7	32	0.4	2	2.1	10	22.5	107	18.3	87	20.2	96	10.5	50	11.2	53	8.0	38	
Asian	0.0	0	0.0	0	0.0	0	0.0	0	28.6	2	28.6	2	14.3	1	14.3	1	14.3	1	
African American	1.1	1	0.0	0	0.0	0	22.7	20	12.5	11	27.3	24	12.5	11	11.4	10	12.5	11	
Hispanic	0.0	0	0.0	0	1.4	1	18.8	13	18.8	13	26.1	18	18.8	13	8.7	6	7.2	5	
Native American	0.0	0	0.0	0	4.0	1	24.0	6	16.0	4	16.0	4	12.0	3	16.0	4	12.0	3	
Pacific Islander	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	
Other/unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	25.0	1	75.0	3	0.0	0	0.0	0	
<b>Gender</b>																			
Male	5.9	15	0.0	0	2.7	7	28.5	73	14.1	36	18.8	48	11.7	30	10.9	28	7.4	19	
Female	4.4	18	0.5	2	1.2	5	17.7	73	19.6	81	23.2	96	12.6	52	11.4	47	9.4	39	
<b>Type of program</b>																			
OHP Standard	18.6	11	0.0	0	8.5	5	16.9	10	11.9	7	16.9	10	10.2	6	15.3	9	1.7	1	
OHP Plus	3.5	21	0.3	2	1.2	7	22.3	135	18.2	110	22.1	134	12.4	75	10.9	66	9.2	56	
<b>Language</b>																			
English	5.2	33	0.3	2	1.9	12	21.6	138	17.4	111	21.4	137	11.7	75	11.4	73	9.1	58	
Non-English	0.0	0	0.0	0	0.0	0	25.8	8	22.6	7	25.8	8	19.4	6	6.5	2	0.0	0	
<b>Geography</b>																			
Urban	4.6	28	0.3	2	2.0	12	21.3	131	18.0	111	21.1	130	12.8	79	11.4	70	8.5	52	
Rural	8.0	4	0.0	0	0.0	0	28.0	14	12.0	6	26.0	13	6.0	3	10.0	5	10.0	5	
Overall Kaiser	4.9	33	0.3	2	1.8	12	21.8	146	17.6	118	21.5	144	12.2	82	11.2	75	8.7	58	

**Table C-27. Types of ED visits for OHP enrollees by demographic category, Kaiser Permanente Northwest, 2002–2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	2.8	31	0.0	0	0.5	6	32.7	363	17.3	192	20.5	227	10.5	116	8.4	93	7.4	82
≥18 but less than 65	5.8	128	0.4	9	2.4	53	21.7	477	15.5	340	20.2	443	11.1	243	14.9	328	8.0	176
<b>Ethnicity</b>																		
White	5.8	141	0.3	8	1.9	46	26.1	639	15.5	380	19.4	476	10.5	257	12.9	317	7.6	187
Asian	2.0	1	0.0	0	0.0	0	16.0	8	18.0	9	22.0	11	18.0	9	10.0	5	14.0	7
African American	2.8	11	0.0	0	1.5	6	24.9	97	16.4	64	22.1	86	10.0	39	12.8	50	9.5	37
Hispanic	1.0	3	0.3	1	2.0	6	20.6	61	20.3	60	25.3	75	12.2	36	12.2	36	6.1	18
Native American	3.5	3	0.0	0	1.2	1	25.6	22	16.3	14	18.6	16	14.0	12	10.5	9	10.5	9
Pacific Islander	0.0	0	0.0	0	0.0	0	25.0	1	25.0	1	50.0	2	0.0	0	0.0	0	0.0	0
Other/unknown	0.0	0	0.0	0	0.0	0	46.2	12	15.4	4	23.1	6	11.5	3	3.8	1	0.0	0
<b>Gender</b>																		
Male	5.9	77	0.2	2	2.2	28	30.9	402	13.6	177	17.9	233	11.2	145	11.1	144	7.0	91
Female	4.1	82	0.3	7	1.5	31	21.8	438	17.6	354	21.8	437	10.7	214	13.8	277	8.3	167
<b>Type of program</b>																		
OHP Standard	6.5	51	0.6	5	4.0	31	25.8	202	15.6	122	17.0	133	8.5	67	15.8	124	6.3	49
OHP Plus	4.3	107	0.2	4	1.1	28	25.2	630	16.3	407	21.3	533	11.6	289	11.8	294	8.2	206
<b>Language</b>																		
English	5.1	159	0.3	9	1.9	58	25.7	804	15.8	494	19.9	625	10.8	337	12.7	398	8.0	250
Non-English	0.0	0	0.0	0	0.6	1	20.9	36	22.1	38	26.7	46	12.2	21	12.8	22	4.7	8
<b>Geography</b>																		
Urban	4.8	144	0.3	9	1.8	54	25.1	754	16.3	489	20.2	606	11.0	330	12.6	379	7.9	238
Rural	5.0	14	0.0	0	1.8	5	28.4	79	14.4	40	21.2	59	9.7	27	13.3	37	6.1	17
Overall Kaiser	4.8	159	0.3	9	1.8	59	25.4	840	16.1	532	20.3	670	10.9	359	12.7	420	7.8	258

**Table C-28. Types of ED visits for OHP enrollees by demographic category, Lane Individual Practice Association, 2002.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	2.1	81	0.0	1	0.4	15	35.9	1,400	18.3	712	22.4	874	7.5	291	7.2	279	6.2	242
≥18 but less than 65	7.2	625	0.7	63	2.2	190	27.0	2,352	15.8	1,376	18.9	1,645	8.5	739	11.5	1,004	8.2	715
<b>Ethnicity</b>																		
White	5.9	669	0.5	61	1.7	190	29.9	3,381	16.2	1,833	19.6	2,216	8.1	920	10.2	1,152	7.8	876
Asian	7.1	6	0.0	0	0.0	0	23.8	20	19.0	16	22.6	19	9.5	8	15.5	13	2.4	2
African American	2.7	8	0.3	1	0.0	0	28.6	84	20.1	59	21.1	62	9.2	27	11.2	33	6.8	20
Hispanic	2.4	14	0.0	0	0.5	3	27.1	158	21.2	124	26.0	152	6.8	40	10.1	59	5.8	34
Native American	2.7	6	0.4	1	5.3	12	32.7	74	14.2	32	19.5	44	10.6	24	8.0	18	6.6	15
Pacific Islander	0.0	0	0.0	0	0.0	0	0.0	0	50.0	1	0.0	0	0.0	0	50.0	1	0.0	0
Other/unknown	2.5	3	0.8	1	0.0	0	29.7	35	19.5	23	22.9	27	9.3	11	6.8	8	8.5	10
<b>Gender</b>																		
Male	5.6	315	0.6	32	2.3	127	34.2	1,908	14.5	806	19.0	1,062	7.7	429	9.1	505	7.0	392
Female	5.6	391	0.5	32	1.1	78	26.2	1,844	18.2	1,282	20.7	1,457	8.6	602	11.1	778	8.0	565
<b>Type of program</b>																		
OHP Standard	6.8	292	0.9	40	3.2	137	28.6	1,224	15.4	661	18.8	804	7.9	340	11.3	482	7.0	299
OHP Plus	5.0	412	0.3	21	0.8	67	30.3	2,509	17.2	1,419	20.6	1,704	8.3	688	9.6	796	7.9	655
<b>Language</b>																		
English	5.7	704	0.5	64	1.7	205	30.0	3,698	16.3	2,010	19.7	2,432	8.2	1,010	10.1	1,249	7.6	942
Non-English	0.4	1	0.0	0	0.0	0	19.1	54	26.1	74	30.0	85	7.4	21	11.7	33	5.3	15
<b>Geography</b>																		
Urban	5.7	632	0.5	54	1.7	184	29.5	3,273	16.6	1,846	20.1	2,236	8.2	906	10.2	1,135	7.6	846
Rural	4.9	71	0.6	9	1.4	20	31.7	459	16.2	234	19.1	276	8.4	122	10.2	147	7.5	108
Overall Lane IPA	5.6	706	0.5	64	1.6	205	29.8	3,752	16.6	2,088	20.0	2,518	8.2	1,031	10.2	1,284	7.6	957

**Table C-29. Types of ED visits for OHP enrollees by demographic category, Lane Individual Practice Association, 2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.8	57	0.1	3	0.2	5	38.2	1,228	18.3	587	21.8	699	6.9	222	7.0	225	5.8	187
≥18 but less than 65	6.3	447	0.7	48	2.0	139	22.8	1,610	19.4	1,371	20.1	1,423	8.6	607	11.9	839	8.2	582
<b>Ethnicity</b>																		
White	5.1	465	0.5	48	1.5	139	27.8	2,523	18.8	1,710	20.3	1,848	8.0	731	10.5	957	7.3	666
Asian	7.0	5	0.0	0	0.0	0	25.4	18	19.7	14	26.8	19	8.5	6	8.5	6	4.2	3
African American	5.5	16	0.7	2	0.3	1	25.6	74	21.5	62	19.0	55	8.7	25	10.0	29	8.7	25
Hispanic	2.0	11	0.2	1	0.2	1	23.6	127	22.5	121	24.9	134	8.7	47	8.4	45	9.5	51
Native American	2.4	5	0.0	0	1.5	3	33.2	68	14.1	29	22.4	46	7.3	15	11.2	23	7.8	16
Pacific Islander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	100.0	1
Other/unknown	2.3	2	0.0	0	0.0	0	32.6	28	23.3	20	23.3	20	4.7	4	5.8	5	8.1	7
<b>Gender</b>																		
Male	4.6	191	0.5	21	2.2	91	34.5	1,433	15.1	625	19.2	799	8.6	356	8.8	367	6.5	268
Female	5.1	313	0.5	30	0.9	53	22.9	1,405	21.8	1,333	21.6	1,323	7.7	473	11.4	697	8.2	501
<b>Type of program</b>																		
OHP Standard	5.9	140	0.8	20	3.2	77	24.9	594	17.7	423	20.2	482	8.0	191	11.5	275	7.7	184
OHP Plus	4.6	361	0.4	31	0.9	67	28.5	2,234	19.4	1,526	20.8	1,632	8.1	636	10.0	782	7.4	582
<b>Language</b>																		
English	5.0	504	0.5	50	1.4	143	27.8	2,789	19.0	1,909	20.4	2,051	8.1	809	10.4	1,040	7.4	747
Non-English	0.0	0	0.0	0	0.0	0	20.7	48	20.7	48	30.2	70	9.1	21	9.9	23	9.5	22
<b>Geography</b>																		
Urban	5.1	459	0.6	50	1.5	140	27.2	2,463	19.1	1,732	20.6	1,868	8.2	738	10.2	927	7.4	672
Rural	3.6	42	0.1	1	0.3	4	30.7	363	18.3	216	20.7	245	7.5	88	10.9	129	7.9	93
Overall Lane IPA	4.9	504	0.5	51	1.4	144	27.6	2,838	19.0	1,958	20.6	2,122	8.1	829	10.4	1,064	7.5	769

**Table C-30. Types of ED visits for OHP enrollees by demographic category, Lane Individual Practice Association, 2002–2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.9	138	0.1	4	0.3	20	37.0	2,628	18.3	1,299	22.1	1,573	7.2	513	7.1	504	6.0	429
≥18 but less than 65	6.8	1,072	0.7	111	2.1	329	25.1	3,962	17.4	2,747	19.4	3,068	8.5	1,346	11.7	1,843	8.2	1,297
<b>Ethnicity</b>																		
White	5.6	1,134	0.5	109	1.6	329	29.0	5,904	17.4	3,543	19.9	4,064	8.1	1,651	10.3	2,109	7.6	1,542
Asian	7.1	11	0.0	0	0.0	0	24.5	38	19.4	30	24.5	38	9.0	14	12.3	19	3.2	5
African American	4.1	24	0.5	3	0.2	1	27.1	158	20.8	121	20.1	117	8.9	52	10.6	62	7.7	45
Hispanic	2.2	25	0.1	1	0.4	4	25.4	285	21.8	245	25.5	286	7.8	87	9.3	104	7.6	85
Native American	2.6	11	0.2	1	3.5	15	32.9	142	14.2	61	20.9	90	9.0	39	9.5	41	7.2	31
Pacific Islander	0.0	0	0.0	0	0.0	0	0.0	0	33.3	1	0.0	0	0.0	0	33.3	1	33.3	1
Other/unknown	2.5	5	0.5	1	0.0	0	30.9	63	21.1	43	23.0	47	7.4	15	6.4	13	8.3	17
<b>Gender</b>																		
Male	5.2	506	0.5	53	2.2	218	34.3	3,341	14.7	1,431	19.1	1,861	8.1	785	9.0	872	6.8	660
Female	5.4	704	0.5	62	1.0	131	24.7	3,249	19.9	2,615	21.1	2,780	8.2	1,075	11.2	1,475	8.1	1,066
<b>Type of program</b>																		
OHP Standard	6.5	432	0.9	60	3.2	214	27.3	1,818	16.3	1,084	19.3	1,286	8.0	531	11.4	757	7.2	483
OHP Plus	4.8	773	0.3	52	0.8	134	29.4	4,743	18.3	2,945	20.7	3,336	8.2	1,324	9.8	1,578	7.7	1,237
<b>Language</b>																		
English	5.4	1,208	0.5	114	1.6	348	29.0	6,487	17.5	3,919	20.1	4,483	8.1	1,819	10.2	2,289	7.6	1,689
Non-English	0.2	1	0.0	0	0.0	0	19.8	102	23.7	122	30.1	155	8.2	42	10.9	56	7.2	37
<b>Geography</b>																		
Urban	5.4	1,091	0.5	104	1.6	324	28.5	5,736	17.7	3,578	20.4	4,104	8.2	1,644	10.2	2,062	7.5	1,518
Rural	4.3	113	0.4	10	0.9	24	31.3	822	17.1	450	19.8	521	8.0	210	10.5	276	7.7	201
Overall Lane IPA	5.3	1,210	0.5	115	1.5	349	28.8	6,590	17.7	4,046	20.3	4,640	8.1	1,860	10.3	2,348	7.5	1,726

**Table C-31. Types of ED visits for OHP enrollees by demographic category, Marion Polk Community Health Plan, 2002.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.9	47	0.1	3	0.2	9	29.4	1,544	21.3	1,121	25.3	1,329	9.5	501	7.3	381	6.0	316
≥18 but less than 65	3.1	243	0.6	43	1.9	149	21.9	1,701	22.5	1,745	20.9	1,623	9.1	707	12.5	971	7.6	588
<b>Ethnicity</b>																		
White	2.5	249	0.4	39	1.3	134	26.0	2,630	22.3	2,249	21.3	2,153	8.7	878	10.4	1,052	7.1	718
Asian	1.1	1	0.0	0	2.2	2	15.6	14	17.8	16	27.8	25	16.7	15	14.4	13	4.4	4
African American	4.3	8	0.0	0	1.6	3	24.6	46	18.7	35	23.0	43	9.6	18	11.8	22	6.4	12
Hispanic	1.1	25	0.2	4	0.7	16	19.8	450	22.0	500	29.0	659	10.5	238	10.3	233	6.3	144
Native American	2.4	7	1.0	3	0.7	2	26.4	77	18.2	53	18.2	53	16.8	49	8.6	25	7.9	23
Pacific Islander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	66.7	2	33.3	1	0.0	0	0.0	0
Other/unknown	0.0	0	0.0	0	1.3	1	35.4	28	17.7	14	21.5	17	11.4	9	8.9	7	3.8	3
<b>Gender</b>																		
Male	2.0	111	0.4	20	1.7	96	29.9	1,678	18.4	1,032	21.9	1,225	9.8	550	9.3	520	6.6	372
Female	2.4	179	0.4	26	0.8	62	21.1	1,567	24.7	1,833	23.3	1,726	8.9	659	11.2	831	7.2	532
<b>Type of program</b>																		
OHP Standard	2.5	84	0.7	23	2.8	94	24.8	838	22.4	759	20.3	687	8.0	270	12.5	422	6.1	208
OHP Plus	2.1	205	0.2	23	0.7	64	25.0	2,392	21.8	2,091	23.5	2,254	9.7	934	9.6	922	7.3	695
<b>Language</b>																		
English	2.4	289	0.4	46	1.3	156	25.6	3,030	21.9	2,589	21.8	2,577	9.2	1,086	10.5	1,242	6.9	813
Non-English	0.1	1	0.0	0	0.2	2	17.9	213	23.2	275	31.5	374	10.4	123	9.2	109	7.6	90
<b>Geography</b>																		
Urban	2.5	205	0.4	31	1.6	129	24.4	1,989	21.0	1,712	22.3	1,816	9.8	798	11.2	914	6.9	564
Rural	1.7	83	0.3	15	0.6	29	25.9	1,246	23.6	1,138	23.4	1,127	8.4	405	9.0	434	7.0	339
Overall MPCHP	2.2	290	0.4	46	1.2	158	24.9	3,245	22.0	2,866	22.7	2,951	9.3	1,209	10.4	1,352	6.9	904



**Table C-32. Types of ED visits for OHP enrollees by demographic category, Marion Polk Community Health Plan, 2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.8	39	0.0	2	0.1	6	29.4	1,428	21.8	1,059	24.0	1,166	9.3	451	7.8	379	6.8	328
≥18 but less than 65	3.9	256	0.6	39	1.7	112	18.9	1,253	24.4	1,620	20.5	1,358	9.6	635	12.1	806	8.4	557
<b>Ethnicity</b>																		
White	3.1	269	0.4	37	1.2	102	24.4	2,149	23.1	2,028	20.6	1,807	9.1	798	10.3	908	7.9	692
Asian	1.6	1	0.0	0	0.0	0	24.6	15	19.7	12	23.0	14	13.1	8	9.8	6	8.2	5
African American	4.0	6	0.7	1	0.7	1	23.8	36	17.9	27	21.2	32	9.3	14	15.2	23	7.3	11
Hispanic	0.8	17	0.1	3	0.5	11	17.9	396	25.1	554	28.1	622	10.4	230	10.0	221	7.1	157
Native American	0.5	1	0.0	0	2.1	4	32.1	62	20.7	40	16.6	32	11.4	22	8.8	17	7.8	15
Pacific Islander	0.0	0	0.0	0	0.0	0	6.7	1	26.7	4	26.7	4	13.3	2	13.3	2	13.3	2
Other/unknown	1.4	1	0.0	0	0.0	0	29.7	22	18.9	14	17.6	13	16.2	12	12.2	9	4.1	3
<b>Gender</b>																		
Male	2.0	95	0.4	20	1.4	68	27.7	1,343	19.5	945	21.8	1,058	10.1	489	9.7	473	7.5	363
Female	3.0	200	0.3	21	0.8	50	20.1	1,338	26.1	1,734	22.1	1,466	9.0	598	10.7	712	7.9	522
<b>Type of program</b>																		
OHP Standard	2.4	45	0.6	12	3.1	58	21.1	399	24.4	461	20.4	385	7.5	142	12.9	243	7.5	142
OHP Plus	2.6	250	0.3	29	0.6	60	23.8	2,275	23.0	2,207	22.3	2,133	9.8	943	9.8	938	7.7	740
<b>Language</b>																		
English	2.8	290	0.4	41	1.1	114	24.2	2,487	23.1	2,372	20.8	2,138	9.4	965	10.3	1,055	7.9	808
Non-English	0.4	5	0.0	0	0.3	4	15.6	191	25.1	307	31.6	387	10.0	122	10.6	130	6.3	77
<b>Geography</b>																		
Urban	2.9	208	0.4	32	1.3	93	23.1	1,677	21.9	1,595	21.4	1,558	10.1	733	10.9	790	8.0	581
Rural	2.1	87	0.2	9	0.6	25	23.8	997	25.6	1,072	22.9	958	8.4	350	9.4	392	7.2	300
Overall MPCHP	2.6	295	0.4	41	1.0	118	23.3	2,681	23.3	2,679	22.0	2,524	9.4	1,086	10.3	1,185	7.7	885

**Table C-33. Types of ED visits for OHP enrollees by demographic category, Marion Polk Community Health Plan, 2002–2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.9	86	0.0	5	0.1	15	29.4	2,972	21.6	2,180	24.7	2,495	9.4	952	7.5	760	6.4	644
≥18 but less than 65	3.5	499	0.6	82	1.8	261	20.5	2,954	23.4	3,365	20.7	2,981	9.3	1,342	12.3	1,777	7.9	1,145
<b>Ethnicity</b>																		
White	2.7	518	0.4	76	1.2	236	25.3	4,779	22.6	4,277	21.0	3,960	8.9	1,676	10.4	1,960	7.5	1,410
Asian	1.3	2	0.0	0	1.3	2	19.2	29	18.5	28	25.8	39	15.2	23	12.6	19	6.0	9
African American	4.1	14	0.3	1	1.2	4	24.3	82	18.3	62	22.2	75	9.5	32	13.3	45	6.8	23
Hispanic	0.9	42	0.2	7	0.6	27	18.9	846	23.5	1,054	28.6	1,281	10.4	468	10.1	454	6.7	301
Native American	1.6	8	0.6	3	1.2	6	28.7	139	19.2	93	17.5	85	14.6	71	8.7	42	7.8	38
Pacific Islander	0.0	0	0.0	0	0.0	0	5.6	1	22.2	4	33.3	6	16.7	3	11.1	2	11.1	2
Other/unknown	0.7	1	0.0	0	0.7	1	32.7	50	18.3	28	19.6	30	13.7	21	10.5	16	3.9	6
<b>Gender</b>																		
Male	2.0	206	0.4	40	1.6	164	28.9	3,021	18.9	1,977	21.8	2,283	9.9	1,039	9.5	993	7.0	735
Female	2.7	379	0.3	47	0.8	112	20.7	2,905	25.4	3,567	22.7	3,192	8.9	1,257	11.0	1,543	7.5	1,054
<b>Type of program</b>																		
OHP Standard	2.4	129	0.7	35	2.9	152	23.5	1,237	23.1	1,220	20.3	1,072	7.8	412	12.6	665	6.6	350
OHP Plus	2.4	455	0.3	52	0.6	124	24.4	4,667	22.4	4,298	22.9	4,387	9.8	1,877	9.7	1,860	7.5	1,435
<b>Language</b>																		
English	2.6	579	0.4	87	1.2	270	25.0	5,517	22.4	4,961	21.3	4,715	9.3	2,051	10.4	2,297	7.3	1,621
Non-English	0.2	6	0.0	0	0.2	6	16.8	404	24.1	582	31.6	761	10.2	245	9.9	239	6.9	167
<b>Geography</b>																		
Urban	2.7	413	0.4	63	1.4	222	23.8	3,666	21.4	3,307	21.9	3,374	9.9	1,531	11.0	1,704	7.4	1,145
Rural	1.9	170	0.3	24	0.6	54	24.9	2,243	24.5	2,210	23.2	2,085	8.4	755	9.2	826	7.1	639
Overall MPCHP	2.4	585	0.4	87	1.1	276	24.2	5,926	22.6	5,545	22.3	5,475	9.4	2,295	10.3	2,537	7.3	1,789

**Table C-34. Types of ED visits for OHP enrollees by demographic category, Mid-Rogue Independent Physician Association, 2002.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.7	14	0.0	0	0.2	2	35.6	286	21.4	172	21.8	175	6.2	50	7.8	63	5.1	41
≥18 but less than 65	5.6	125	0.5	12	2.6	58	21.2	471	21.3	472	20.9	464	6.9	153	13.5	300	7.3	162
<b>Ethnicity</b>																		
White	4.6	132	0.4	12	2.0	57	24.8	713	21.2	608	21.1	605	6.8	196	12.2	349	6.9	198
Asian	0.0	0	0.0	0	0.0	0	16.7	1	33.3	2	16.7	1	0.0	0	33.3	2	0.0	0
African American	20.0	2	0.0	0	0.0	0	10.0	1	20.0	2	20.0	2	10.0	1	10.0	1	10.0	1
Hispanic	4.6	4	0.0	0	3.4	3	27.6	24	25.3	22	21.8	19	4.6	4	9.2	8	3.4	3
Native American	3.4	1	0.0	0	0.0	0	51.7	15	17.2	5	13.8	4	3.4	1	6.9	2	3.4	1
Pacific Islander	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Other/unknown	0.0	0	0.0	0	0.0	0	17.6	3	29.4	5	41.2	7	0.0	0	11.8	2	0.0	0
<b>Gender</b>																		
Male	5.9	71	0.6	7	2.5	30	31.7	384	17.3	210	18.0	218	7.4	90	10.3	125	6.4	78
Female	3.8	68	0.3	5	1.7	30	20.6	373	24.0	434	23.3	421	6.3	113	13.2	239	6.9	125
<b>Type of program</b>																		
OHP Standard	5.0	49	0.8	8	4.0	39	25.3	248	20.1	197	20.2	198	6.0	59	12.9	127	5.8	57
OHP Plus	4.4	89	0.2	4	1.0	21	25.0	508	21.9	446	21.7	440	7.1	144	11.6	235	7.1	145
<b>Language</b>																		
English	4.6	139	0.4	12	2.0	60	25.1	755	21.3	643	21.1	637	6.7	203	12.1	363	6.6	200
Non-English	0.0	0	0.0	0	0.0	0	22.2	2	22.2	2	22.2	2	0.0	0	0.0	0	33.3	3
<b>Geography</b>																		
Urban	14.3	1	0.0	0	0.0	0	14.3	1	14.3	1	42.9	3	14.3	1	0.0	0	0.0	0
Rural	4.6	137	0.4	12	2.0	59	25.1	753	21.4	640	21.1	632	6.7	202	12.0	361	6.7	201
Overall Mid-Rogue IPA	4.6	139	0.4	12	2	60	25.1	757	21.4	645	21.2	639	6.7	203	12	363	6.7	203

**Table C-35. Types of ED visits for OHP enrollees by demographic category, Mid-Rogue Independent Physician Association, 2003.**

Categories	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.6	12	0.0	0	0.8	6	38.5	287	18.0	134	20.1	150	7.5	56	6.8	51	6.7	50
≥18 but less than 65	7.2	123	0.6	11	1.6	28	21.5	370	19.7	339	20.4	350	7.6	131	13.1	225	8.3	142
<b>Ethnicity</b>																		
White	5.5	128	0.4	10	1.5	34	27.1	633	19.1	447	19.9	465	7.5	176	11.3	265	7.6	178
Asian	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	33.3	2	16.7	1	0.0	0	50.0	3
African American	0.0	0	0.0	0	0.0	0	25.0	1	25.0	1	50.0	2	0.0	0	0.0	0	0.0	0
Hispanic	4.9	4	1.2	1	0.0	0	19.5	16	22.0	18	28.0	23	11.0	9	7.3	6	6.1	5
Native American	13.6	3	0.0	0	0.0	0	13.6	3	9.1	2	22.7	5	4.5	1	18.2	4	18.2	4
Pacific Islander	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Other/unknown	0.0	0	0.0	0	0.0	0	23.5	4	23.5	4	23.5	4	5.9	1	11.8	2	11.8	2
<b>Gender</b>																		
Male	6.3	64	0.7	7	1.7	17	32.2	325	14.7	148	17.5	177	7.8	79	9.9	100	9.1	92
Female	4.9	71	0.3	4	1.2	17	22.8	332	22.3	326	22.1	323	7.5	109	12.1	177	6.9	100
<b>Type of program</b>																		
OHP Standard	5.5	27	1.0	5	3.9	19	22.0	108	17.3	85	22.4	110	6.9	34	14.6	72	6.5	32
OHP Plus	5.5	108	0.3	6	0.8	15	27.8	547	19.6	386	19.7	388	7.8	154	10.3	203	8.1	160
<b>Language</b>																		
English	5.5	135	0.4	11	1.4	34	26.6	653	19.2	470	20.2	496	7.5	185	11.3	276	7.8	191
Non-English	0.0	0	0.0	0	0.0	0	20.0	3	26.7	4	26.7	4	20.0	3	0.0	0	6.7	1
<b>Geography</b>																		
Urban	0.0	0	0.0	0	0.0	0	16.7	1	50.0	3	16.7	1	16.7	1	0.0	0	0.0	0
Rural	5.5	135	0.4	11	1.4	34	26.7	653	19.2	469	20.3	496	7.5	184	11.2	274	7.8	192
Overall Mid-Rogue IPA	5.5	135	0.4	11	1.4	34	26.6	657	19.2	474	20.3	500	7.6	188	11.2	277	7.8	192

**Table C-36. Types of ED visits for OHP enrollees by demographic category, Mid-Rogue Independent Physician Association, 2002–2003.**

Categories	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.7	26	0.0	0	0.5	8	37.0	573	19.8	306	21.0	325	6.8	106	7.4	114	5.9	91
≥18 but less than 65	6.3	248	0.6	23	2.2	86	21.4	841	20.6	811	20.7	814	7.2	284	13.3	525	7.7	304
<b>Ethnicity</b>																		
White	5.0	260	0.4	22	1.7	91	25.9	1,346	20.3	1,055	20.6	1,070	7.1	372	11.8	614	7.2	376
Asian	0.0	0	0.0	0	0.0	0	8.3	1	16.7	2	25.0	3	8.3	1	16.7	2	25.0	3
African American	14.3	2	0.0	0	0.0	0	14.3	2	21.4	3	28.6	4	7.1	1	7.1	1	7.1	1
Hispanic	4.7	8	0.6	1	1.8	3	23.7	40	23.7	40	24.9	42	7.7	13	8.3	14	4.7	8
Native American	7.8	4	0.0	0	0.0	0	35.3	18	13.7	7	17.6	9	3.9	2	11.8	6	9.8	5
Pacific Islander	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Other/unknown	0.0	0	0.0	0	0.0	0	20.6	7	26.5	9	32.4	11	2.9	1	11.8	4	5.9	2
<b>Gender</b>																		
Male	6.1	135	0.6	14	2.1	47	31.9	709	16.1	358	17.8	395	7.6	169	10.1	225	7.7	170
Female	4.3	139	0.3	9	1.4	47	21.6	705	23.3	760	22.8	744	6.8	222	12.7	416	6.9	225
<b>Type of program</b>																		
OHP Standard	5.2	76	0.9	13	3.9	58	24.2	356	19.1	282	20.9	308	6.3	93	13.5	199	6.0	89
OHP Plus	4.9	197	0.3	10	0.9	36	26.4	1,055	20.8	832	20.7	828	7.5	298	11.0	438	7.6	305
<b>Language</b>																		
English	5.0	274	0.4	23	1.7	94	25.8	1,408	20.4	1,113	20.7	1,133	7.1	388	11.7	639	7.2	391
Non-English	0.0	0	0.0	0	0.0	0	20.8	5	25.0	6	25.0	6	12.5	3	0.0	0	16.7	4
<b>Geography</b>																		
Urban	7.7	1	0.0	0	0.0	0	15.4	2	30.8	4	30.8	4	15.4	2	0.0	0	0.0	0
Rural	5.0	272	0.4	23	1.7	93	25.8	1,406	20.4	1,109	20.7	1,128	7.1	386	11.7	635	7.2	393
Overall Mid-Rogue IPA	5.0	274	0.4	23	1.7	94	25.8	1,414	20.4	1,119	20.8	1,139	7.1	391	11.7	640	7.2	395

**Table C-37. Types of ED visits for OHP enrollees by demographic category, Oregon Health Management Services, 2002.**

Categories	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.6	13	0.0	0	0.4	3	40.7	333	18.7	153	19.8	162	6.2	51	8.2	67	4.4	36
≥18 but less than 65	6.4	121	0.7	13	3.1	58	22.0	413	21.2	398	20.0	376	7.5	141	12.1	227	7.0	132
<b>Ethnicity</b>																		
White	5.0	124	0.5	13	2.4	59	27.9	692	20.2	500	19.9	493	7.2	178	10.8	267	6.2	154
Asian	0.0	0	0.0	0	0.0	0	33.3	1	0.0	0	66.7	2	0.0	0	0.0	0	0.0	0
African American	0.0	0	0.0	0	0.0	0	31.6	6	26.3	5	21.1	4	5.3	1	15.8	3	0.0	0
Hispanic	6.5	8	0.0	0	0.8	1	13.7	17	25.8	32	24.2	30	6.5	8	14.5	18	8.1	10
Native American	2.5	1	0.0	0	2.5	1	45.0	18	22.5	9	10.0	4	5.0	2	5.0	2	7.5	3
Pacific Islander	0.0	0	0.0	0	0.0	0	40.0	2	40.0	2	20.0	1	0.0	0	0.0	0	0.0	0
Other/unknown	3.7	1	0.0	0	0.0	0	37.0	10	14.8	4	22.2	6	7.4	2	11.1	3	3.7	1
<b>Gender</b>																		
Male	4.9	60	0.4	5	2.3	28	31.9	390	17.0	208	19.1	234	7.9	97	10.2	125	6.1	75
Female	5.0	74	0.5	8	2.2	33	24.1	356	23.3	343	20.6	304	6.4	95	11.5	169	6.3	93
<b>Type of program</b>																		
OHP Standard	4.8	38	0.8	6	4.2	33	23.2	183	19.2	152	22.5	178	7.3	58	12.2	96	5.8	46
OHP Plus	5.1	96	0.3	6	1.5	28	29.5	560	20.9	398	18.9	360	7.1	134	10.4	197	6.4	121
<b>Language</b>																		
English	5.0	134	0.5	13	2.3	61	27.6	738	20.3	542	19.9	533	7.2	192	10.9	291	6.3	168
Non-English	0.0	0	0.0	0	0.0	0	26.1	6	34.8	8	26.1	6	0.0	0	13.0	3	0.0	0
<b>Geography</b>																		
Urban	0.0	0	0.0	0	0.0	0	14.3	1	14.3	1	57.1	4	14.3	1	0.0	0	0.0	0
Rural	5.0	134	0.5	13	2.2	60	27.6	739	20.5	547	20.0	534	7.0	187	10.9	292	6.2	167
Overall OHMS	5.0	134	0.5	13	2.3	61	27.7	746	20.4	551	19.9	538	7.1	192	10.9	295	6.2	168

**Table C-38. Types of ED visits for OHP enrollees by demographic category, Oregon Health Management Services , 2003.**

Categories	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	2.0	14	0.1	1	0.4	3	37.3	266	18.4	131	21.7	155	7.2	51	7.2	51	5.8	41
≥18 but less than 65	7.4	111	0.8	12	2.3	35	22.0	330	19.5	292	20.1	302	7.4	111	11.1	166	9.4	141
<b>Ethnicity</b>																		
White	6.0	122	0.6	12	1.8	37	27.5	561	18.6	380	20.4	416	7.3	149	9.8	200	8.0	163
Asian	0.0	0	0.0	0	0.0	0	20.0	1	40.0	2	20.0	1	0.0	0	0.0	0	20.0	1
African American	0.0	0	0.0	0	0.0	0	25.0	2	50.0	4	12.5	1	0.0	0	0.0	0	12.5	1
Hispanic	2.3	2	0.0	0	1.1	1	10.3	9	26.4	23	31.0	27	8.0	7	11.5	10	9.2	8
Native American	0.0	0	2.0	1	0.0	0	31.4	16	21.6	11	13.7	7	7.8	4	7.8	4	15.7	8
Pacific Islander	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Other/unknown	4.2	1	0.0	0	0.0	0	29.2	7	16.7	4	20.8	5	12.5	3	12.5	3	4.2	1
<b>Gender</b>																		
Male	4.4	43	0.9	9	2.1	20	32.4	313	16.2	157	19.5	189	7.8	75	10.0	97	6.6	64
Female	6.6	82	0.3	4	1.4	18	22.7	283	21.3	266	21.6	269	7.1	88	9.6	120	9.5	118
<b>Type of program</b>																		
OHP Standard	4.8	24	0.8	4	3.2	16	24.8	124	19.4	97	22.6	113	6.6	33	11.2	56	6.6	33
OHP Plus	5.9	101	0.5	9	1.3	22	27.6	472	19.0	326	20.1	345	7.5	129	9.4	161	8.6	148
<b>Language</b>																		
English	5.7	125	0.6	13	1.7	38	27.0	592	19.1	418	20.5	450	7.3	160	9.8	214	8.3	181
Non-English	0.0	0	0.0	0	0.0	0	19.0	4	23.8	5	33.3	7	9.5	2	9.5	2	4.8	1
<b>Geography</b>																		
Urban	20.0	1	0.0	0	0.0	0	0.0	0	20.0	1	40.0	2	20.0	1	0.0	0	0.0	0
Rural	5.6	124	0.6	13	1.7	38	27.0	596	19.1	421	20.6	454	7.3	161	9.8	217	8.3	182
Overall OHMS	5.6	125	0.6	13	1.7	38	26.9	596	19.1	423	20.7	457	7.3	162	9.8	217	8.2	182

**Table C-39. Types of ED visits for OHP enrollees by demographic category, Oregon Health Management Services , 2002—2003.**

Categories	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.8	27	0.1	1	0.4	6	39.1	599	18.5	284	20.7	317	6.7	102	7.7	118	5.0	77
≥18 but less than 65	6.9	232	0.7	25	2.8	93	22.0	743	20.4	690	20.1	678	7.5	252	11.6	393	8.1	273
<b>Ethnicity</b>																		
White	5.4	246	0.6	25	2.1	96	27.7	1,253	19.5	880	20.1	909	7.2	327	10.3	467	7.0	317
Asian	0.0	0	0.0	0	0.0	0	25.0	2	25.0	2	37.5	3	0.0	0	0.0	0	12.5	1
African American	0.0	0	0.0	0	0.0	0	29.6	8	33.3	9	18.5	5	3.7	1	11.1	3	3.7	1
Hispanic	4.7	10	0.0	0	0.9	2	12.3	26	26.1	55	27.0	57	7.1	15	13.3	28	8.5	18
Native American	1.1	1	1.1	1	1.1	1	37.4	34	22.0	20	12.1	11	6.6	6	6.6	6	12.1	11
Pacific Islander	0.0	0	0.0	0	0.0	0	40.0	2	40.0	2	20.0	1	0.0	0	0.0	0	0.0	0
Other/unknown	3.9	2	0.0	0	0.0	0	33.3	17	15.7	8	21.6	11	9.8	5	11.8	6	3.9	2
<b>Gender</b>																		
Male	4.7	103	0.6	14	2.2	48	32.1	703	16.7	365	19.3	423	7.9	172	10.1	222	6.3	139
Female	5.7	156	0.4	12	1.9	51	23.5	639	22.4	609	21.0	573	6.7	183	10.6	289	7.7	211
<b>Type of program</b>																		
OHP Standard	4.8	62	0.8	10	3.8	49	23.8	307	19.3	249	22.6	291	7.1	91	11.8	152	6.1	79
OHP Plus	5.5	197	0.4	15	1.4	50	28.6	1,032	20.0	724	19.5	705	7.3	263	9.9	358	7.4	269
<b>Language</b>																		
English	5.3	259	0.5	26	2.0	99	27.3	1,330	19.7	960	20.2	983	7.2	352	10.4	505	7.2	349
Non-English	0.0	0	0.0	0	0.0	0	22.7	10	29.5	13	29.5	13	4.5	2	11.4	5	2.3	1
<b>Geography</b>																		
Urban	8.3	1	0.0	0	0.0	0	8.3	1	16.7	2	50.0	6	16.7	2	0.0	0	0.0	0
Rural	5.3	258	0.5	26	2.0	98	27.4	1,335	19.8	968	20.3	988	7.1	348	10.4	509	7.2	349
Overall OHMS	5.3	259	0.5	26	2.0	99	27.3	1,342	19.8	974	20.3	995	7.2	354	10.4	512	7.1	350



**Table C-40. Types of ED visits for OHP enrollees by demographic category, Providence Health Plan, 2002.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.0	15	0.0	0	0.1	1	24.5	385	25.4	399	28.5	448	8.1	128	6.8	107	5.7	90
≥18 but less than 65	4.7	195	0.4	17	1.1	47	22.6	939	24.1	1,001	20.4	850	8.1	335	11.2	467	7.4	309
<b>Ethnicity</b>																		
White	4.1	183	0.4	17	1.0	45	24.0	1,080	23.6	1,061	21.4	964	8.1	362	10.1	452	7.4	332
Asian	9.1	11	0.0	0	0.0	0	9.9	12	19.8	24	30.6	37	9.1	11	13.2	16	8.3	10
African American	1.4	9	0.0	0	0.3	2	20.7	130	27.9	175	26.3	165	9.4	59	9.3	58	4.6	29
Hispanic	2.1	7	0.0	0	0.0	0	18.1	61	29.7	100	29.7	100	5.6	19	8.9	30	5.9	20
Native American	0.0	0	0.0	0	0.0	0	27.0	27	25.0	25	20.0	20	7.0	7	15.0	15	6.0	6
Pacific Islander	0.0	0	0.0	0	0.0	0	0.0	0	100.0	1	0.0	0	0.0	0	0.0	0	0.0	0
Other/unknown	0.0	0	0.0	0	1.9	1	26.9	14	28.8	15	23.1	12	9.6	5	5.8	3	3.8	2
<b>Gender</b>																		
Male	3.9	87	0.4	8	1.7	38	28.4	637	20.9	469	21.2	476	9.1	204	8.7	196	5.7	129
Female	3.5	123	0.3	9	0.3	10	19.7	687	26.7	932	23.6	822	7.4	259	10.8	378	7.7	270
<b>Type of program</b>																		
OHP Standard	2.2	41	0.5	9	1.5	27	26.5	488	25.4	468	19.6	360	7.8	143	10.1	185	6.5	119
OHP Plus	4.3	167	0.2	8	0.5	21	21.5	832	24.0	930	24.1	934	8.2	317	10.0	386	7.2	279
<b>Language</b>																		
English	3.9	207	0.3	17	0.9	48	23.5	1,243	24.2	1,278	22.1	1,167	8.2	432	9.9	522	7.0	368
Non-English	0.7	3	0.0	0	0.0	0	18.0	81	26.9	121	29.2	131	6.9	31	11.4	51	6.9	31
<b>Geography</b>																		
Urban	3.6	184	0.3	16	0.8	42	23.0	1,163	24.5	1,243	22.5	1,140	8.0	404	10.2	515	7.1	359
Rural	3.8	24	0.2	1	0.9	6	24.1	153	23.7	151	23.6	150	9.1	58	8.6	55	6.0	38
Overall Providence Health Plan	3.7	210	0.3	17	0.8	48	23.1	1,324	24.4	1,401	22.6	1,298	8.1	463	10.0	574	7.0	399

**Table C-41. Types of ED visits for OHP enrollees by demographic category, Providence Health Plan, 2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.8	11	0.1	1	0.1	2	24.9	338	25.0	340	28.7	390	7.9	108	6.8	93	5.7	77
≥18 but less than 65	5.1	144	0.4	12	1.3	36	20.9	587	22.8	639	21.3	598	8.1	228	11.4	321	8.5	239
<b>Ethnicity</b>																		
White	4.2	130	0.4	11	1.1	33	24.2	742	22.4	688	22.5	690	8.0	245	9.7	297	7.6	232
Asian	4.2	4	0.0	0	1.1	1	9.5	9	21.1	20	27.4	26	6.3	6	17.9	17	12.6	12
African American	2.4	15	0.2	1	0.3	2	18.9	116	27.2	167	24.8	152	8.5	52	10.4	64	7.3	45
Hispanic	1.4	4	0.3	1	0.0	0	13.9	41	27.9	82	33.7	99	8.2	24	8.5	25	6.1	18
Native American	3.8	2	0.0	0	3.8	2	22.6	12	20.8	11	18.9	10	9.4	5	13.2	7	7.5	4
Pacific Islander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	50.0	1	0.0	0	0.0	0	50.0	1
Other/unknown	0.0	0	0.0	0	0.0	0	13.9	5	30.6	11	27.8	10	8.3	3	8.3	3	11.1	4
<b>Gender</b>																		
Male	4.0	65	0.4	6	1.2	19	27.0	439	19.2	312	23.5	381	8.3	135	9.3	151	7.1	116
Female	3.5	90	0.3	7	0.7	19	19.1	486	26.3	667	23.9	608	7.9	200	10.3	262	7.9	200
<b>Type of program</b>																		
OHP Standard	4.0	45	0.8	9	2.5	28	24.7	280	21.1	239	21.5	244	7.2	82	11.6	132	6.6	75
OHP Plus	3.6	110	0.1	4	0.3	10	21.4	644	24.4	735	24.5	740	8.4	252	9.3	280	8.0	241
<b>Language</b>																		
English	4.0	151	0.3	13	1.0	38	22.8	873	23.3	889	23.1	881	8.3	317	9.7	369	7.6	290
Non-English	1.2	4	0.0	0	0.0	0	15.0	51	26.2	89	31.5	107	5.6	19	12.9	44	7.6	26
<b>Geography</b>																		
Urban	3.8	145	0.3	13	1.0	37	21.6	827	23.7	906	23.8	909	8.0	304	10.0	383	7.7	296
Rural	3.1	10	0.0	0	0.3	1	29.5	95	20.5	66	22.4	72	9.3	30	8.7	28	6.2	20
Overall Providence Health Plan	3.7	155	0.3	13	0.9	38	22.2	925	23.5	979	23.7	988	8.1	336	9.9	413	7.6	316

**Table C-42. Types of ED visits for OHP enrollees by demographic category, Providence Health Plan, 2002–2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	0.9	26	0.0	1	0.1	3	24.7	723	25.2	739	28.6	838	8.0	236	6.8	200	5.7	167
≥18 but less than 65	4.9	339	0.4	29	1.2	83	21.9	1,526	23.5	1,640	20.8	1,448	8.1	563	11.3	788	7.9	548
<b>Ethnicity</b>																		
White	4.1	313	0.4	28	1.0	78	24.1	1,822	23.1	1,749	21.9	1,654	8.0	607	9.9	749	7.5	564
Asian	6.9	15	0.0	0	0.5	1	9.7	21	20.4	44	29.2	63	7.9	17	15.3	33	10.2	22
African American	1.9	24	0.1	1	0.3	4	19.8	246	27.6	342	25.5	317	8.9	111	9.8	122	6.0	74
Hispanic	1.7	11	0.2	1	0.0	0	16.2	102	28.8	182	31.5	199	6.8	43	8.7	55	6.0	38
Native American	1.3	2	0.0	0	1.3	2	25.5	39	23.5	36	19.6	30	7.8	12	14.4	22	6.5	10
Pacific Islander	0.0	0	0.0	0	0.0	0	0.0	0	33.3	1	33.3	1	0.0	0	0.0	0	33.3	1
Other/unknown	0.0	0	0.0	0	1.1	1	21.6	19	29.5	26	25.0	22	9.1	8	6.8	6	6.8	6
<b>Gender</b>																		
Male	3.9	152	0.4	14	1.5	57	27.8	1,076	20.2	781	22.2	857	8.8	339	9.0	347	6.3	245
Female	3.5	213	0.3	16	0.5	29	19.5	1,173	26.5	1,599	23.7	1,430	7.6	459	10.6	640	7.8	470
<b>Type of program</b>																		
OHP Standard	2.9	86	0.6	18	1.8	55	25.8	768	23.8	707	20.3	604	7.6	225	10.7	317	6.5	194
OHP Plus	4.0	277	0.2	12	0.4	31	21.4	1,476	24.2	1,665	24.3	1,674	8.3	569	9.7	666	7.5	520
<b>Language</b>																		
English	3.9	358	0.3	30	0.9	86	23.2	2,116	23.8	2,167	22.5	2,048	8.2	749	9.8	891	7.2	658
Non-English	0.9	7	0.0	0	0.0	0	16.7	132	26.6	210	30.2	238	6.3	50	12.0	95	7.2	57
<b>Geography</b>																		
Urban	3.7	329	0.3	29	0.9	79	22.4	1,990	24.2	2,149	23.1	2,049	8.0	708	10.1	898	7.4	655
Rural	3.5	34	0.1	1	0.7	7	25.9	248	22.7	217	23.2	222	9.2	88	8.7	83	6.1	58
Overall Providence Health Plan	3.7	365	0.3	30	0.9	86	22.7	2,249	24.0	2,380	23.1	2,286	8.1	799	10.0	987	7.2	715

**Table C-43. Types of ED visits for OHP enrollees by demographic category, Tuality Health Alliance, 2002.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.7	29	0.1	2	0.4	7	25.0	416	22.8	380	28.5	475	9.3	155	6.7	111	5.4	90
≥18 but less than 65	4.1	86	0.2	5	1.3	27	24.3	512	22.2	468	19.5	411	8.8	186	9.8	207	9.6	202
<b>Ethnicity</b>																		
White	3.7	100	0.2	6	0.9	24	26.4	713	22.0	594	21.6	583	8.7	236	8.6	232	7.9	213
Asian	7.1	3	0.0	0	0.0	0	11.9	5	21.4	9	19.0	8	14.3	6	11.9	5	14.3	6
African American	4.9	3	0.0	0	1.6	1	27.9	17	19.7	12	19.7	12	16.4	10	6.6	4	3.3	2
Hispanic	0.9	8	0.0	0	0.9	8	20.8	183	24.1	212	29.2	257	8.7	77	7.9	70	7.5	66
Native American	2.4	1	0.0	0	2.4	1	9.5	4	26.2	11	28.6	12	11.9	5	9.5	4	9.5	4
Pacific Islander	0.0	0	0.0	0	0.0	0	50.0	1	0.0	0	0.0	0	0.0	0	0.0	0	50.0	1
Other/unknown	0.0	0	2.5	1	0.0	0	12.5	5	25.0	10	35.0	14	15.0	6	10.0	4	0.0	0
<b>Gender</b>																		
Male	2.6	40	0.3	4	1.1	17	29.4	457	19.0	295	22.8	355	8.7	136	7.9	123	8.2	128
Female	3.4	75	0.1	3	0.8	17	21.3	471	25.0	554	24.0	531	9.3	205	8.8	195	7.4	164
<b>Type of program</b>																		
OHP Standard	4.6	52	0.3	3	2.0	22	26.5	298	22.9	258	18.4	207	6.7	76	9.4	106	9.2	104
OHP Plus	2.4	63	0.2	4	0.5	12	23.9	628	22.3	586	25.6	675	10.1	265	8.1	212	7.1	188
<b>Language</b>																		
English	3.5	114	0.2	7	0.9	31	26.1	858	21.9	721	22.0	725	8.9	293	8.5	281	7.9	260
Non-English	0.2	1	0.0	0	0.6	3	14.6	70	26.5	127	33.5	161	10.0	48	7.9	38	6.7	32
<b>Geography</b>																		
Urban	4.5	35	0.1	1	1.4	11	23.8	187	23.8	187	21.0	165	6.9	54	9.0	71	9.4	74
Rural	2.7	80	0.2	6	0.8	23	24.9	740	22.1	658	24.1	718	9.6	286	8.3	247	7.3	218
Overall Tuality Health Alliance	3.1	115	0.2	7	0.9	34	24.6	928	22.5	848	23.5	886	9.0	341	8.4	318	7.7	292

**Table C-44. Types of ED visits for OHP enrollees by demographic category, Tuality Health Alliance, 2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.7	31	0.0	0	0.2	4	25.8	461	22.6	404	29.3	523	8.9	158	6.4	114	5.0	89
≥18 but less than 65	4.2	58	0.1	1	1.0	14	20.3	279	25.6	352	21.0	289	8.3	114	10.6	146	8.7	120
<b>Ethnicity</b>																		
White	3.0	64	0.0	1	0.5	10	25.9	547	23.8	502	23.0	486	8.3	176	8.1	170	7.3	155
Asian	16.9	12	0.0	0	0.0	0	11.3	8	18.3	13	22.5	16	8.5	6	12.7	9	9.9	7
African American	0.0	0	0.0	0	1.6	1	22.2	14	28.6	18	30.2	19	6.3	4	7.9	5	3.2	2
Hispanic	1.1	9	0.0	0	0.7	6	18.6	158	24.4	207	32.7	277	9.3	79	8.4	71	4.8	41
Native American	0.0	0	0.0	0	4.2	1	12.5	3	29.2	7	29.2	7	12.5	3	12.5	3	0.0	0
Pacific Islander	25.0	1	0.0	0	0.0	0	25.0	1	25.0	1	0.0	0	0.0	0	0.0	0	25.0	1
Other/unknown	9.1	3	0.0	0	0.0	0	27.3	9	24.2	8	21.2	7	6.1	2	3.0	1	9.1	3
<b>Gender</b>																		
Male	2.9	35	0.1	1	1.2	14	27.8	333	19.4	232	25.3	302	9.9	118	7.1	85	6.4	76
Female	2.8	54	0.0	0	0.2	4	20.8	407	26.7	524	26.1	511	7.8	153	8.9	175	6.8	133
<b>Type of program</b>																		
OHP Standard	5.4	8	0.0	0	3.4	5	24.2	36	25.5	38	20.8	31	5.4	8	6.7	10	8.7	13
OHP Plus	2.7	81	0.0	1	0.4	13	23.4	700	23.8	714	26.0	779	8.8	263	8.3	248	6.5	195
<b>Language</b>																		
English	3.2	87	0.0	1	0.5	14	25.4	683	23.7	636	23.7	637	8.2	221	8.2	220	7.0	189
Non-English	0.4	2	0.0	0	0.9	4	12.2	57	25.4	119	37.6	176	10.7	50	8.5	40	4.3	20
<b>Geography</b>																		
Urban	4.4	32	0.1	1	0.7	5	22.6	165	26.6	194	23.4	171	7.4	54	9.0	66	5.8	42
Rural	2.4	57	0.0	0	0.5	13	23.7	571	23.2	560	26.5	639	8.9	216	8.0	192	6.9	166
Overall Tuality Health Alliance	2.8	89	0.0	1	0.6	18	23.4	740	23.9	756	25.8	813	8.6	271	8.2	260	6.6	209

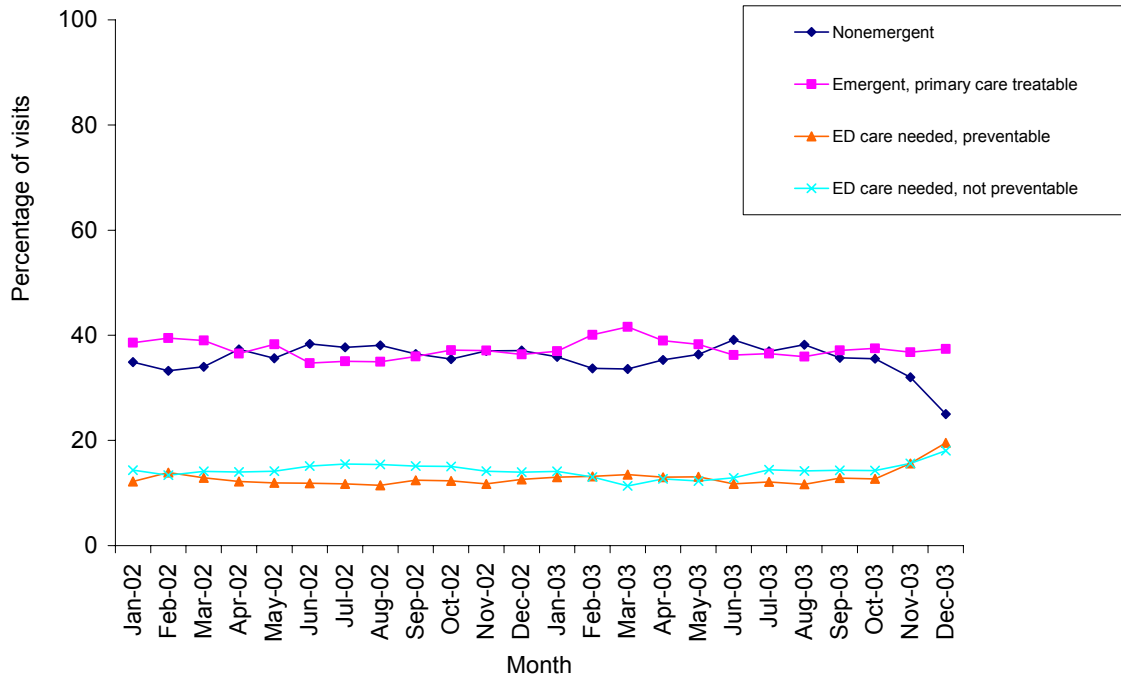
**Table C-45. Types of ED visits for OHP enrollees by demographic category, Tuality Health Alliance, 2002–2003.**

Demographic category	Mental health-related condition		Chemical dependency		Alcohol related-condition		Injury		Nonemergent		Emergent, primary care treatable		ED care needed, preventable		ED care needed, not preventable		Unclassified	
	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
<b>Age</b>																		
<18 years	1.7	60	0.1	2	0.3	11	25.4	877	22.7	784	28.9	998	9.1	313	6.5	225	5.2	179
≥18 but less than 65	4.1	144	0.2	6	1.2	41	22.7	791	23.6	820	20.1	700	8.6	300	10.2	353	9.3	322
<b>Ethnicity</b>																		
White	3.4	164	0.1	7	0.7	34	26.2	1,260	22.8	1,096	22.2	1,069	8.6	412	8.4	402	7.6	368
Asian	13.3	15	0.0	0	0.0	0	11.5	13	19.5	22	21.2	24	10.6	12	12.4	14	11.5	13
African American	2.4	3	0.0	0	1.6	2	25.0	31	24.2	30	25.0	31	11.3	14	7.3	9	3.2	4
Hispanic	1.0	17	0.0	0	0.8	14	19.7	341	24.2	419	30.9	534	9.0	156	8.2	141	6.2	107
Native American	1.5	1	0.0	0	3.0	2	10.6	7	27.3	18	28.8	19	12.1	8	10.6	7	6.1	4
Pacific Islander	16.7	1	0.0	0	0.0	0	33.3	2	16.7	1	0.0	0	0.0	0	0.0	0	33.3	2
Other/unknown	4.1	3	1.4	1	0.0	0	19.2	14	24.7	18	28.8	21	11.0	8	6.8	5	4.1	3
<b>Gender</b>																		
Male	2.7	75	0.2	5	1.1	31	28.7	790	19.2	527	23.9	657	9.2	254	7.6	208	7.4	204
Female	3.1	129	0.1	3	0.5	21	21.0	878	25.8	1,078	25.0	1,042	8.6	358	8.9	370	7.1	297
<b>Type of program</b>																		
OHP Standard	4.7	60	0.2	3	2.1	27	26.2	334	23.2	296	18.7	238	6.6	84	9.1	116	9.2	117
OHP Plus	2.6	144	0.1	5	0.4	25	23.6	1,328	23.1	1,300	25.8	1,454	9.4	528	8.2	460	6.8	383
<b>Language</b>																		
English	3.4	201	0.1	8	0.8	45	25.8	1,541	22.7	1,357	22.8	1,362	8.6	514	8.4	501	7.5	449
Non-English	0.3	3	0.0	0	0.7	7	13.4	127	25.9	246	35.5	337	10.3	98	8.2	78	5.5	52
<b>Geography</b>																		
Urban	4.4	67	0.1	2	1.1	16	23.2	352	25.1	381	22.2	336	7.1	108	9.0	137	7.7	116
Rural	2.5	137	0.1	6	0.7	36	24.3	1,311	22.6	1,218	25.2	1,357	9.3	502	8.1	439	7.1	384
Overall Tuality Health Alliance	2.9	204	0.1	8	0.8	52	24.1	1,668	23.2	1,604	24.5	1,699	8.8	612	8.3	578	7.2	501

## Appendix D Trends in ED Visits by Algorithm Category for Each Health Plan, 2002–2003

Figures D-1 through D-14 show the percentage of ED visits during the 2002–2003 study period for each plan in each of the four algorithm categories:

- nonemergent
- emergent, primary care treatable
- ED care needed, preventable
- ED care needed, not preventable



**Figure D-1. Percentage of ED visits by algorithm category and month for CareOregon, Inc., January 2002–December 2003.**

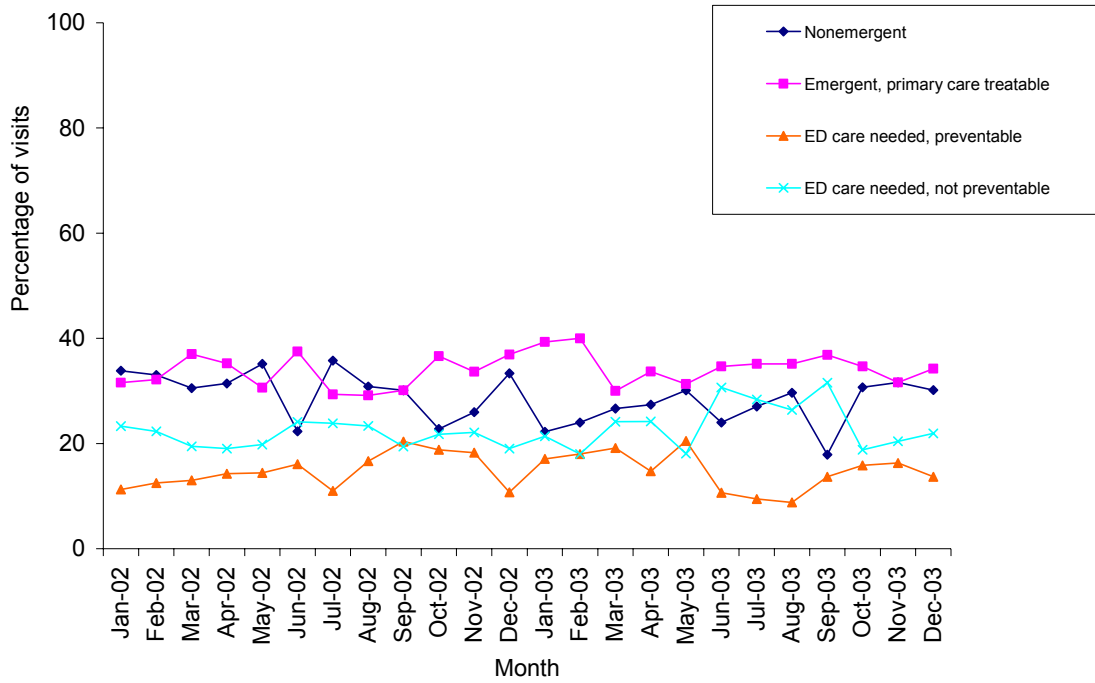


Figure D-2. Percentage of ED visits by algorithm category and month for Cascade Comprehensive Care, Inc., January 2002–December 2003.

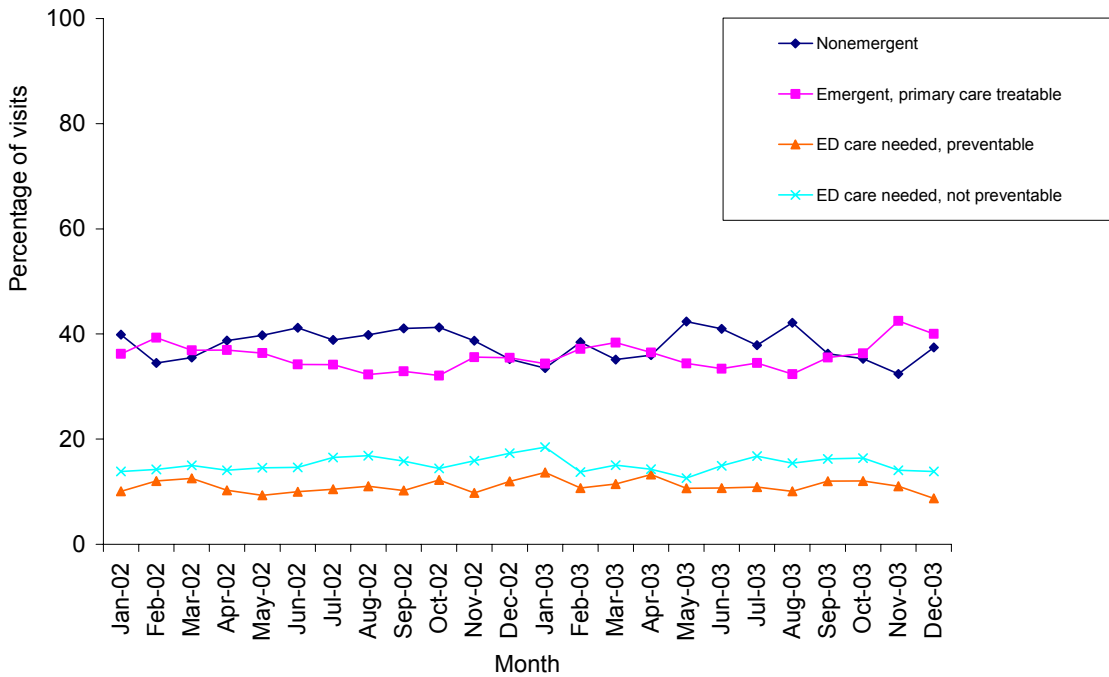


Figure D-3. Percentage of ED visits by algorithm category and month for Central Oregon Independent Health Services, January 2002–December 2003.



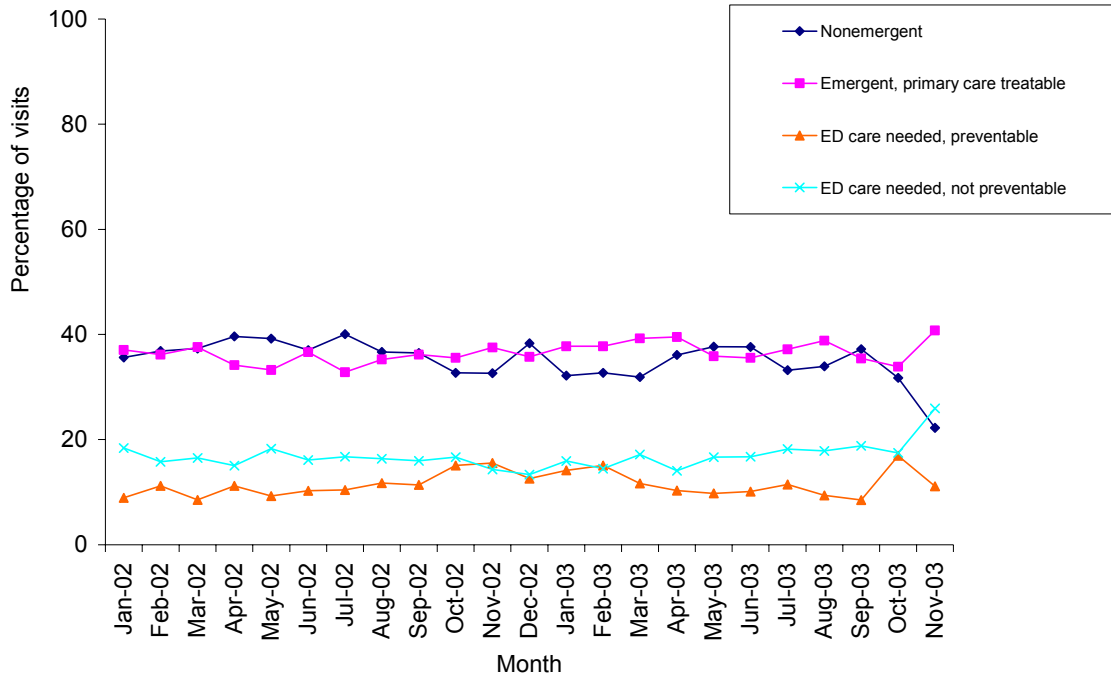


Figure D-4. Percentage of ED visits by algorithm category and month for Doctors of Oregon Coast South, January 2002–November 2003.

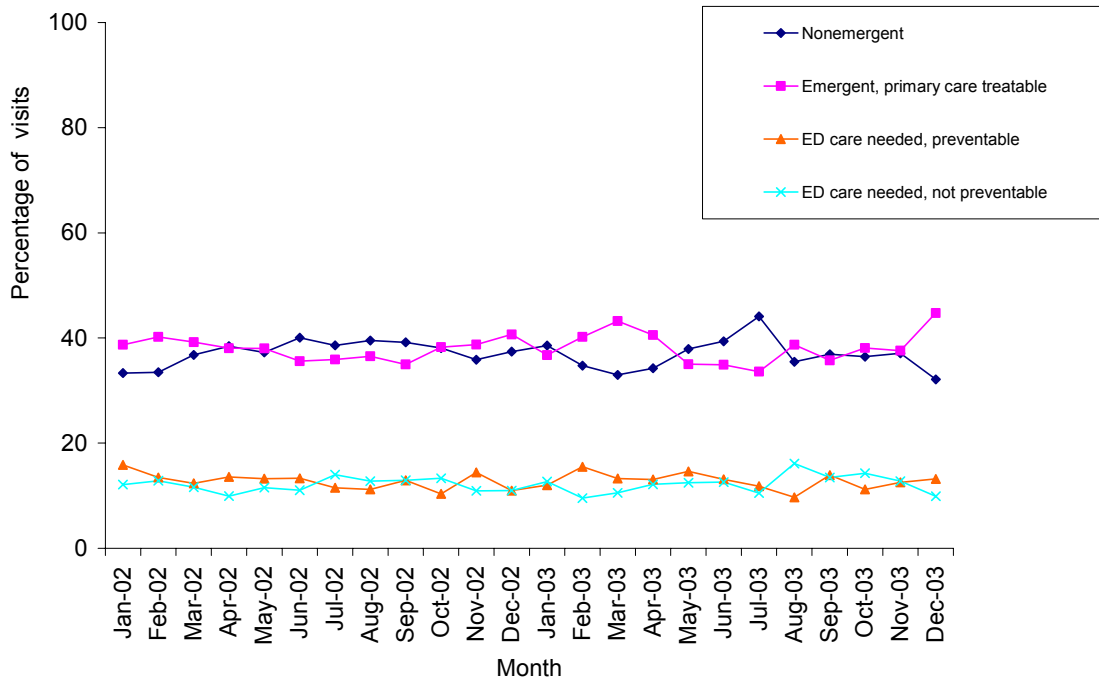


Figure D-5. Percentage of ED visits by algorithm category and month for Douglas County Independent Physicians Association, January 2002–December 2003.

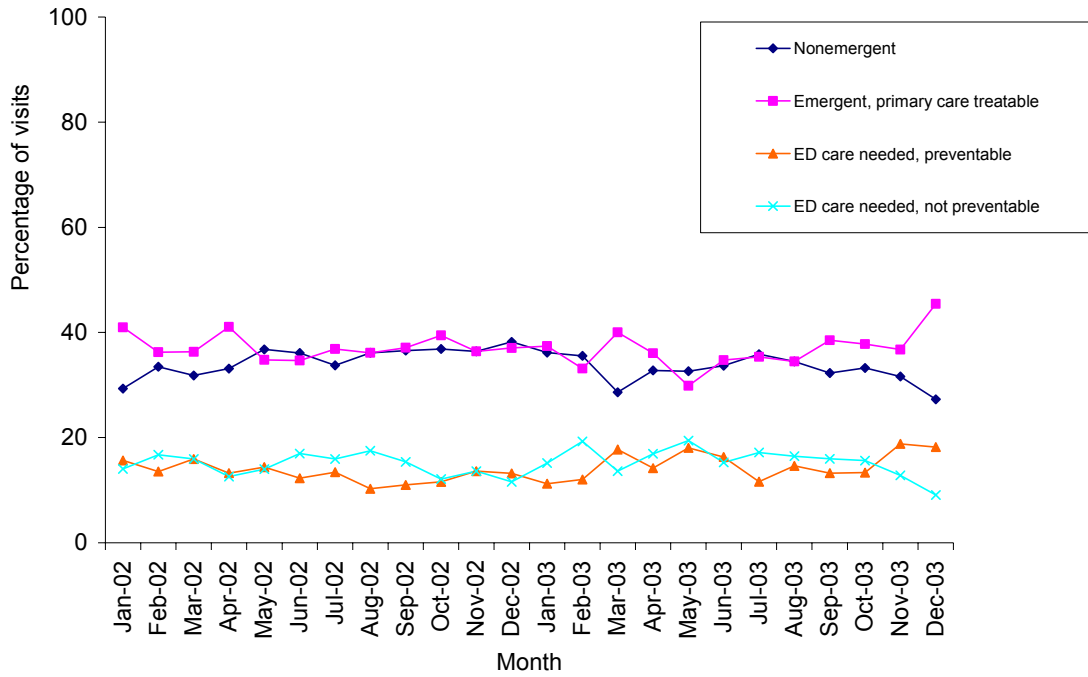


Figure D-6. Percentage of ED visits by algorithm category and month for FamilyCare, Inc., January 2002–December 2003.

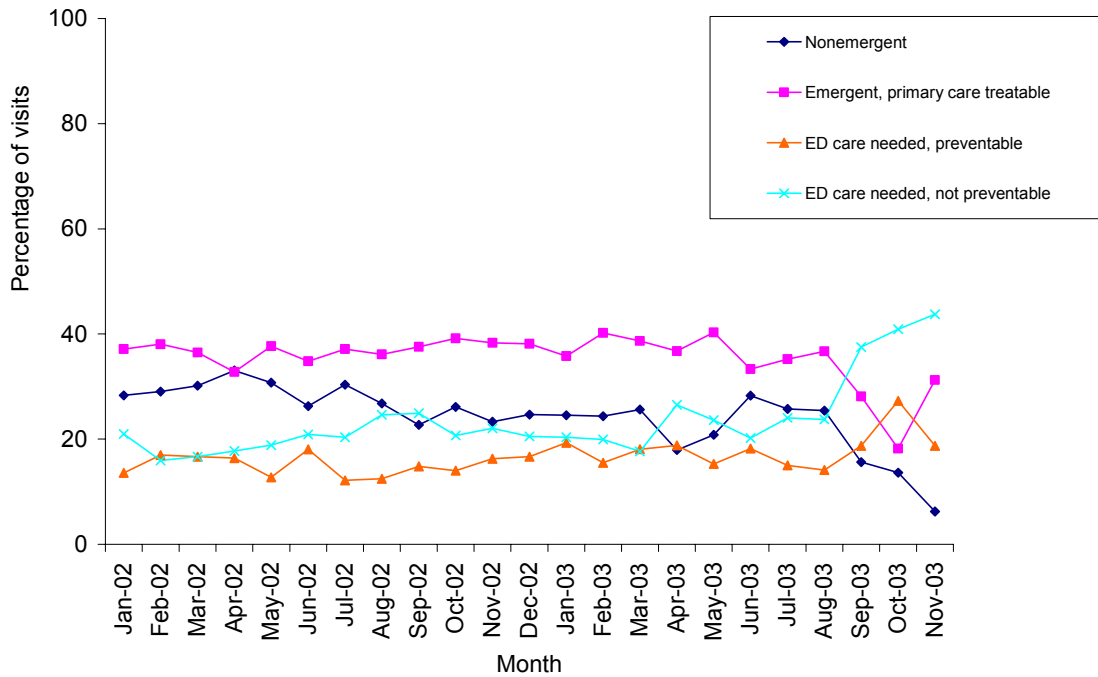


Figure D-7. Percentage of ED visits by algorithm category and month for InterCommunity Health Network, January 2002–November 2003.

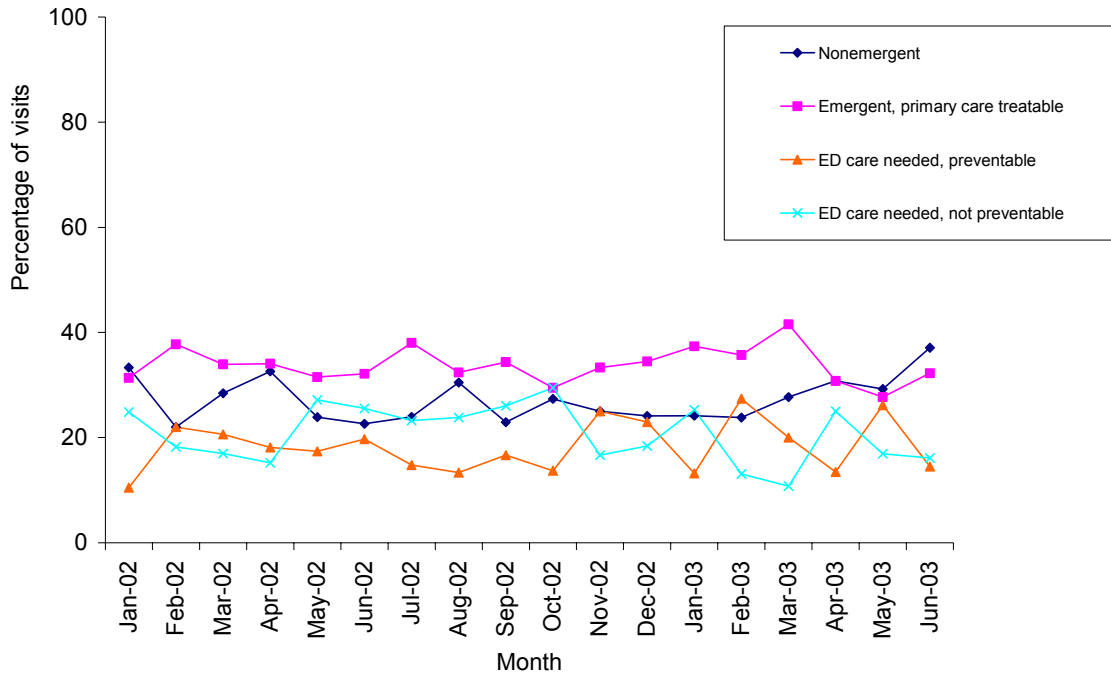


Figure D-8. Percentage of ED visits by algorithm category and month for Kaiser Permanente Northwest, January 2002–June 2003.

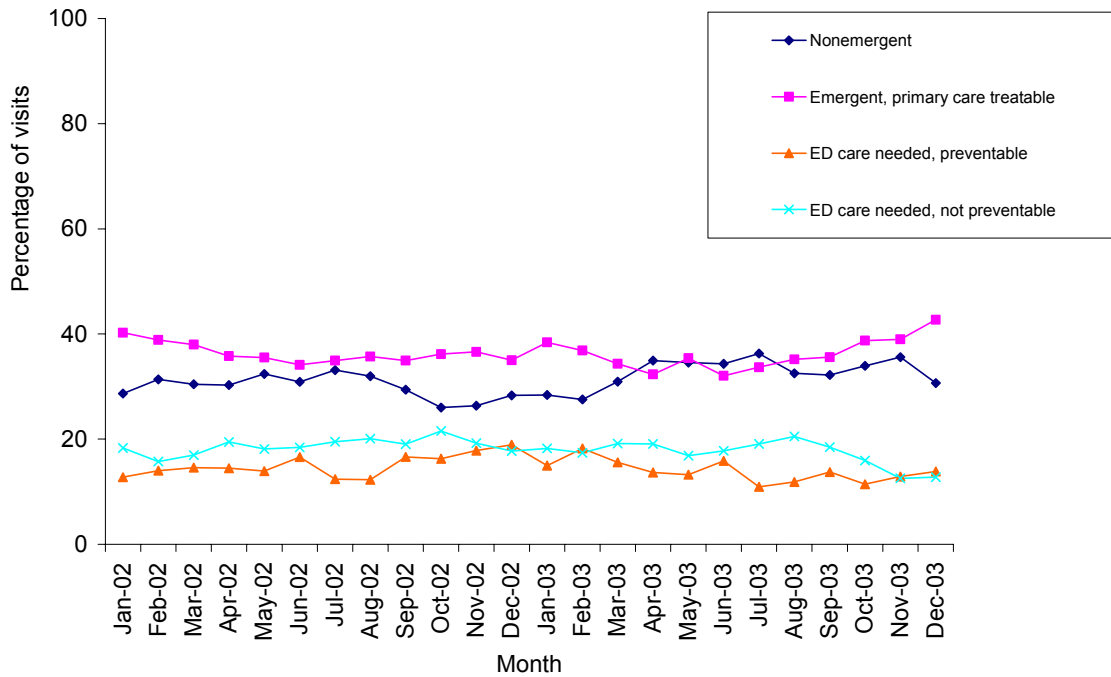


Figure D-9. Percentage of ED visits by algorithm category and month for Lane Individual Practice Association, January 2002–December 2003.

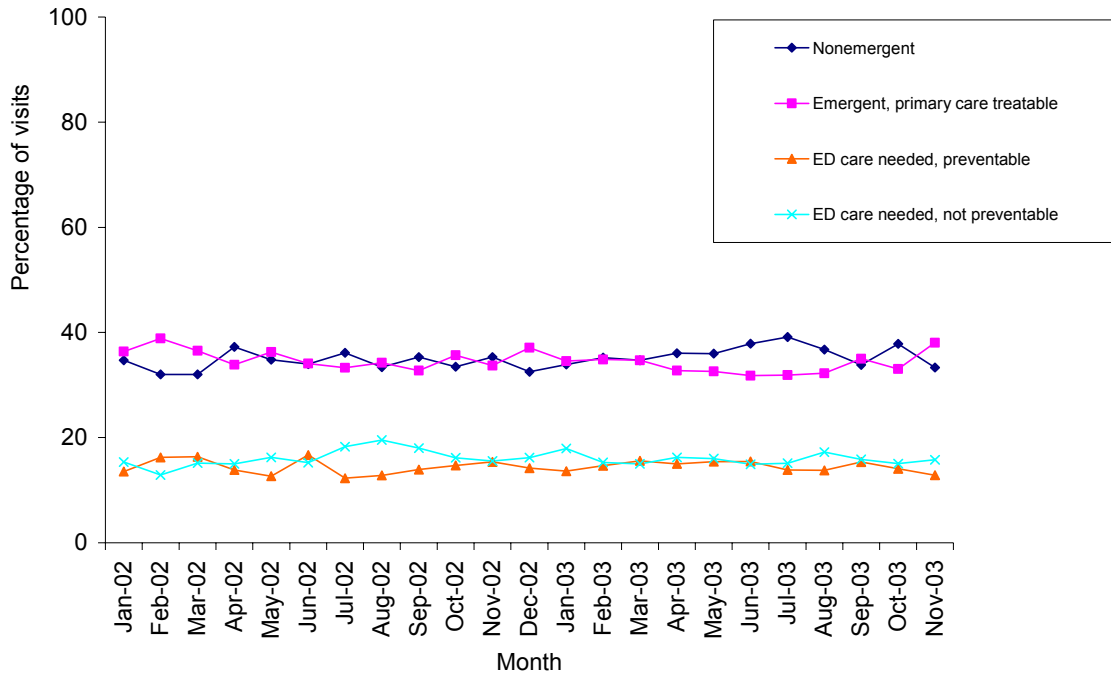


Figure D-10. Percentage of ED visits by algorithm category and month for Marion Polk Community Health Plan, January 2002–November 2003.

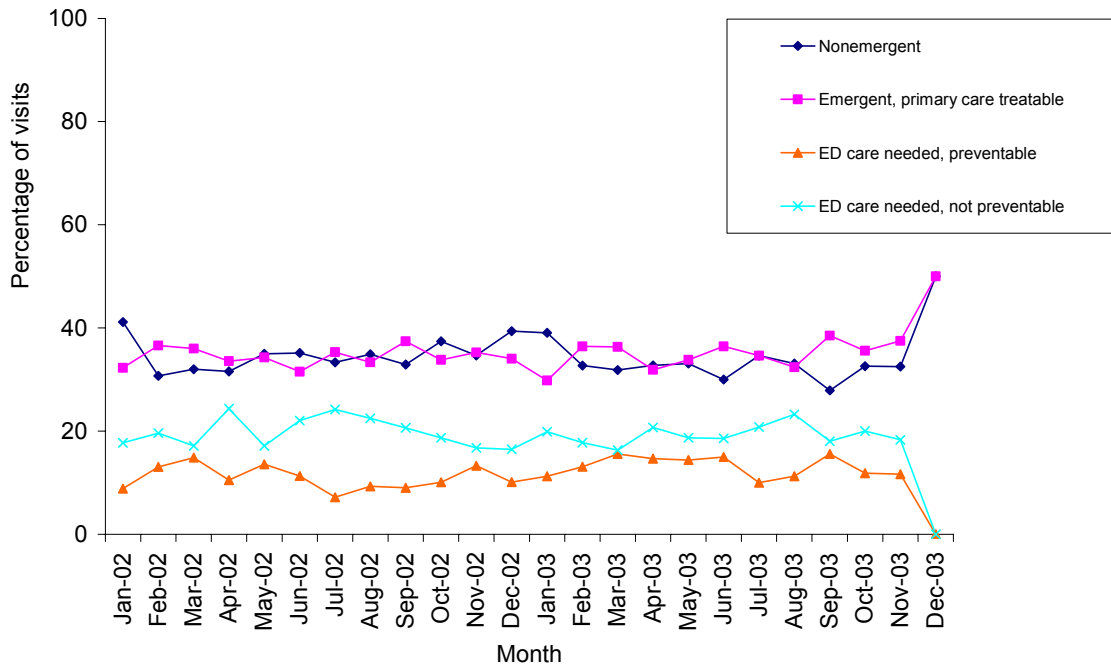


Figure D-11. Percentage of ED visits by algorithm category and month for Mid-Rogue Independent Physician Association, January 2002–December 2003.

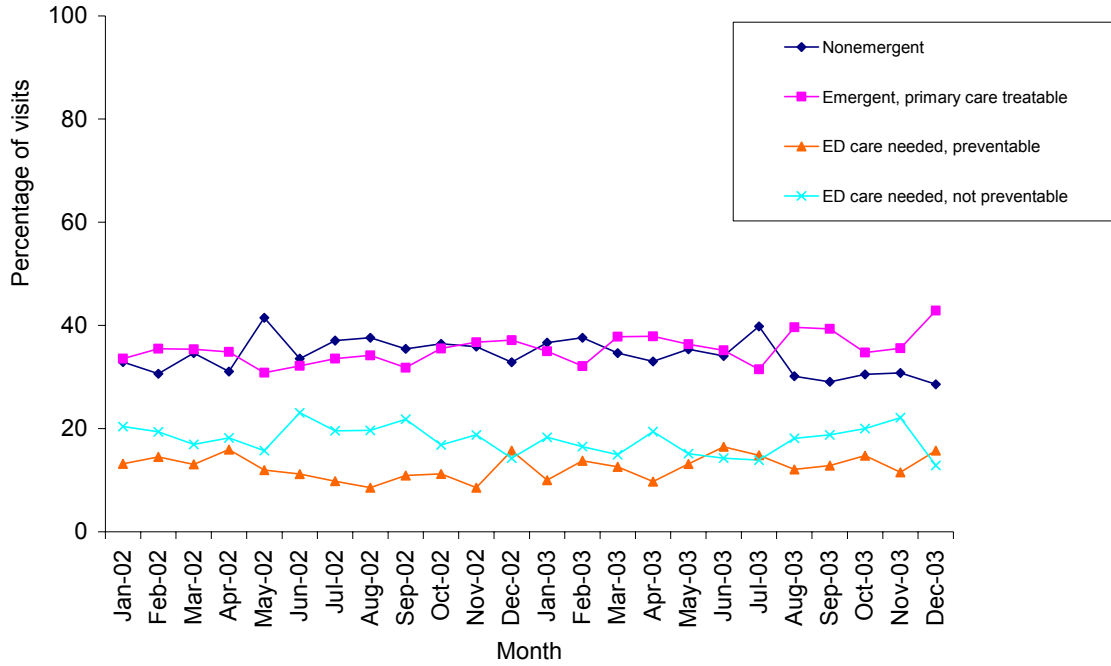


Figure D-12. Percentage of ED visits by algorithm category and month for Oregon Health Management Services, January 2002–December 2003.

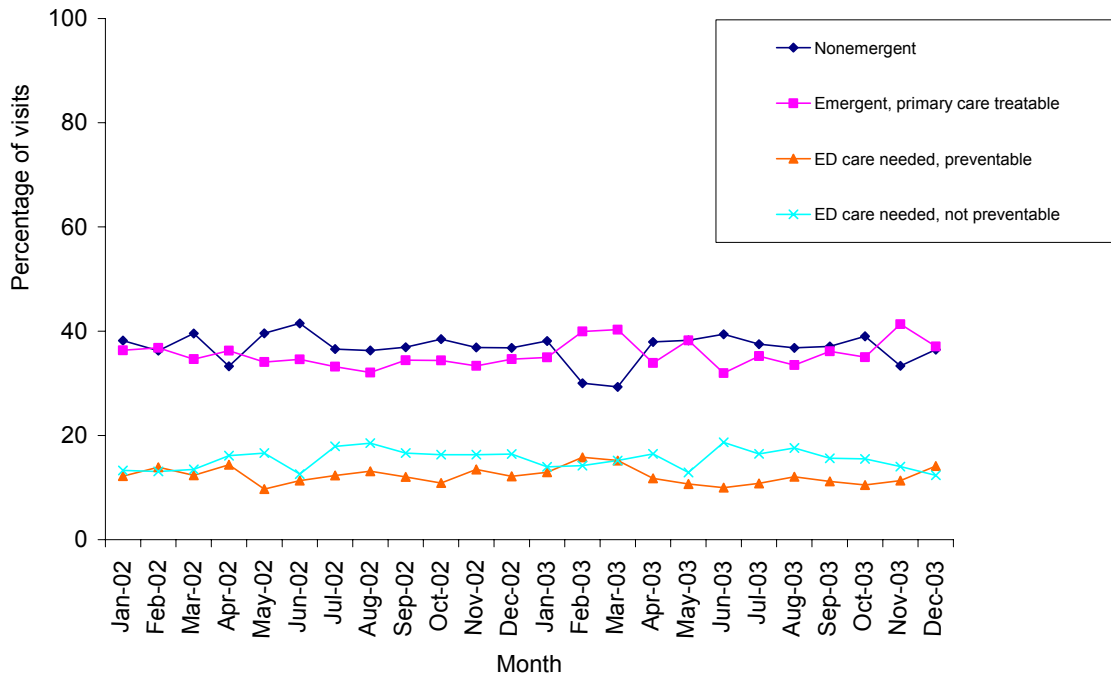
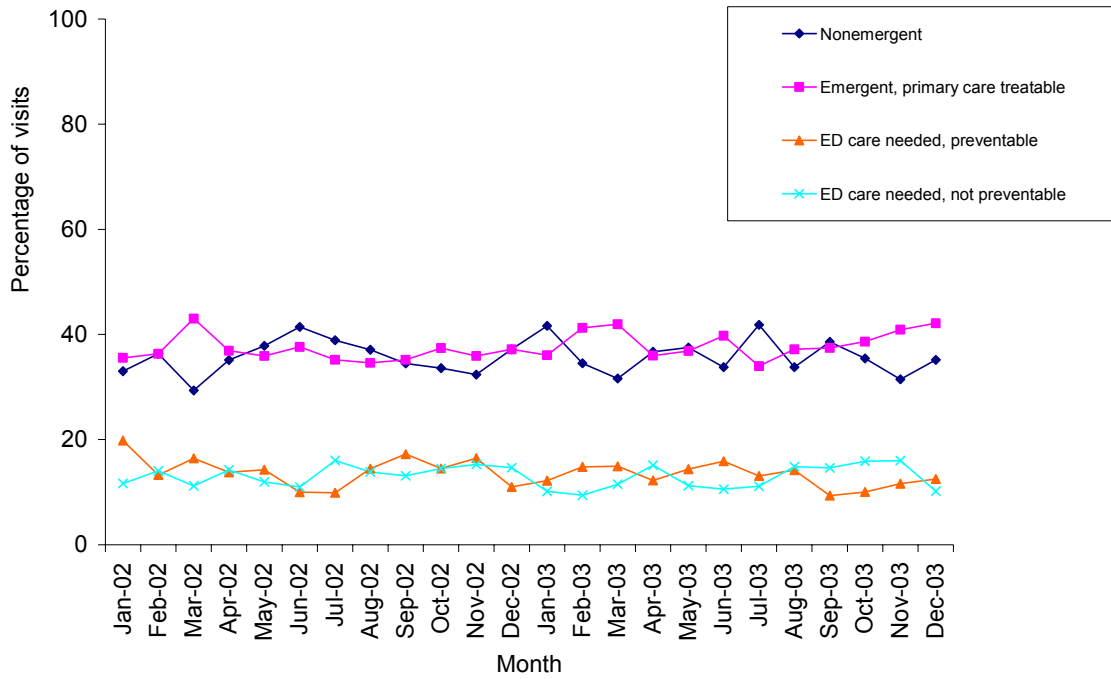


Figure D-13. Percentage of ED visits by algorithm category and month for Providence Health Plan, January 2002–December 2003.



**Figure D-14. Percentage of ED visits by algorithm category and month for Tuality Health Alliance, January 2002–December 2003.**

**Appendix E**  
**Top 10 ICD-9 Codes by Algorithm Category**  
**for OHP Health Plans, 2002–2003**

**Table E-1. Aggregated top ED 10 diagnoses in the four algorithm categories for all OHP managed care enrollees, 2002–2003.**

Diagnosis code	Diagnosis description	Total	Percent of all visits in category
<b>Nonemergent</b>			
7840	Headache	7309	11.4%
462	Acute pharyngitis	4559	7.1%
7248	Other back symptoms	3368	5.3%
3829	Otitis media, not otherwise specified	3241	5.1%
7870	Nausea and vomiting	2848	4.4%
5259	Dental disorder, not otherwise specified	2839	4.4%
7806	Fever	2642	4.1%
075	Infectious mononucleosis	2283	3.6%
6918	Other atopic dermatitis	1974	3.1%
5589	Noninfectious gastroenteritis, not elsewhere classified	1917	3.0%
<b>Emergent, primary care treatable</b>			
4660	Acute bronchitis	11630	17.4%
7890	Abdominal pain	8631	12.9%
3829	Otitis media, not otherwise specified	5156	7.7%
682	Cellulitis	3138	4.7%
7806	Fever	2281	3.4%
075	Infectious mononucleosis	2159	3.2%
462	Acute pharyngitis	1969	2.9%
78652	Painful respiration	1849	2.8%
3814	Nonsuppurative otitis media, not otherwise specified	1700	2.5%
5589	Noninfectious gastroenteritis, not elsewhere classified	1552	2.3%
<b>ED care needed, preventable</b>			
493	Asthma	6002	25.4%
485	Bronchopneumonia, organism not otherwise specified	2979	12.6%
78039	Convulsions, not elsewhere classified	2646	11.2%
4660	Acute bronchitis	2508	10.6%
682	Cellulitis	1602	6.8%
2765	Hypovolemia	1094	4.6%
5990	Urinary tract infection, not otherwise specified	973	4.1%
59010	Acute pyelonephritis, not otherwise specified	691	2.9%
5589	Noninfectious gastroenteritis, not elsewhere classified	685	2.9%
49121	Obstructive chronic bronchitis with acute exacerbation	520	2.2%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	4256	15.4%
78650	Chest pain, not otherwise specified	1902	6.9%
5920	Calculus of kidney	1227	4.4%
7840	Headache	1218	4.4%
7806	Fever	1201	4.3%
7870	Nausea and vomiting	854	3.1%
4644	Croup	843	3.0%
78659	Chest pain, not elsewhere classified	836	3.0%
46619	Acute bronchiolitis due to other infectious organisms	758	2.7%
7802	Syncope and collapse	751	2.7%

Data source for all tables: Health plan claims and encounter data from the Department of Human Services, Health Services, Office of Medical Assistance Programs for 2002–2003.



**Table E-2. Top 10 ED diagnoses in the four algorithm categories for OHP managed care enrollees, CareOregon, Inc., 2002–2003.**

Diagnosis code	Diagnosis description	Total	Percent of all visits in category
<b>Nonemergent</b>			
7840	Headache	2781	9.7%
462	Acute pharyngitis	2178	7.6%
7248	Other back symptoms	1496	5.2%
7870	Nausea and vomiting	1430	5.0%
3829	Otitis media, not otherwise specified	1371	4.8%
7806	Fever	1345	4.7%
5259	Dental disorder, not otherwise specified	1229	4.3%
075	Infectious mononucleosis	1021	3.6%
6918	Other atopic dermatitis	911	3.2%
5990	Urinary tract infection, not otherwise specified	768	2.7%
<b>Emergent, primary care treatable</b>			
4660	Acute bronchitis	5554	18.6%
7890	Abdominal pain	3556	11.9%
3829	Otitis media, not otherwise specified	2181	7.3%
682	Cellulitis	1664	5.6%
7806	Fever	1162	3.9%
3814	Nonsuppurative otitis media, not otherwise specified	1018	3.4%
075	Infectious mononucleosis	965	3.2%
462	Acute pharyngitis	941	3.1%
78652	Painful respiration	737	2.5%
5589	Noninfectious gastroenteritis, not elsewhere classified	621	2.1%
<b>ED care needed, preventable</b>			
493	Asthma	2308	22.9%
485	Bronchopneumonia, organism not otherwise specified	1427	14.2%
4660	Acute bronchitis	1198	11.9%
78039	Convulsions, not elsewhere classified	1096	10.9%
682	Cellulitis	850	8.4%
2765	Hypovolemia	482	4.8%
5990	Urinary tract infection, not otherwise specified	403	4.0%
59010	Acute pyelonephritis, not otherwise specified	333	3.3%
5589	Noninfectious gastroenteritis, not elsewhere classified	274	2.7%
462	Acute pharyngitis	192	1.9%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	1753	15.5%
78650	Chest pain, not otherwise specified	706	6.2%
7806	Fever	612	5.4%
7840	Headache	464	4.1%
5920	Calculus of kidney	452	4.0%
7870	Nausea and vomiting	429	3.8%
4644	Croup	339	3.0%
78659	Chest pain, not elsewhere classified	318	2.8%
46619	Acute bronchiolitis due to other organisms	311	2.8%
7802	Syncope and collapse	267	2.4%

**Table E-3. Top 10 ED diagnoses in the four algorithm categories for OHP managed care enrollees, Cascade Comprehensive Care, Inc., 2002–2003.**

Diagnosis code	Diagnosis description	Total	Percent of all visits in category
<b>Nonemergent</b>			
64893	Other current condition—ante partum	90	12.7%
7840	Headache	71	10.0%
7870	Nausea and vomiting	46	6.5%
7806	Fever	31	4.3%
5990	Urinary tract infection, not otherwise specified	30	4.2%
5589	Noninfectious gastroenteritis, not elsewhere classified	29	4.1%
7248	Other back symptoms	28	3.9%
3829	Otitis media, not otherwise specified	25	3.6%
6259	Female genital symptoms, not otherwise specified	25	3.5%
075	Infectious mononucleosis	24	3.5%
<b>Emergent, primary care treatable</b>			
7890	Abdominal pain	109	13.0%
4660	Acute bronchitis	99	11.8%
78652	Painful respiration	51	6.1%
78659	Chest pain, not elsewhere classified	43	5.2%
3829	Otitis media, not otherwise specified	40	4.8%
7806	Fever	26	3.2%
682	Cellulitis	25	3.0%
5589	Noninfectious gastroenteritis, not elsewhere classified	24	2.8%
075	Infectious mononucleosis	23	2.8%
64000	Threatened abortion—unspecified	22	2.6%
<b>ED care needed, preventable</b>			
493	Asthma	104	28.1%
78039	Convulsions, not elsewhere classified	59	15.8%
485	Bronchopneumonia, organism not otherwise specified	44	11.9%
2765	Hypovolemia	25	6.8%
4660	Acute bronchitis	21	5.8%
5990	Urinary tract infection, not otherwise specified	15	4.2%
4280	Congestive heart failure, not otherwise specified	14	3.9%
682	Cellulitis	13	3.5%
2501	Diabetes with ketoacidosis	11	3.0%
5589	Noninfectious gastroenteritis, not elsewhere classified	10	2.8%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	54	9.7%
5920	Calculus of kidney	37	6.6%
78650	Chest pain, not otherwise specified	33	6.0%
4644	Croup	29	5.1%
78659	Chest pain, not elsewhere classified	28	5.0%
7802	Syncope and collapse	22	4.0%
46619	Acute bronchiolitis due to other organisms	21	3.8%
541	Appendicitis, not otherwise specified	16	2.9%
53500	Acute gastritis without hemorrhage	15	2.8%
7806	Fever	14	2.5%

**Table E-4. Top 10 ED diagnoses in the four algorithm categories for OHP managed care enrollees, Central Oregon Independent Health Services, 2002–2003.**

Diagnosis code	Diagnosis description	Total	Percent of all visits in category
<b>Nonemergent</b>			
7840	Headache	942	15.9%
462	Acute pharyngitis	361	6.1%
075	Infectious mononucleosis	330	5.6%
7248	Other back symptoms	303	5.1%
5259	Dental disorder, not otherwise specified	277	4.7%
7806	Fever	236	4.0%
7870	Nausea and vomiting	235	4.0%
5589	Noninfectious gastroenteritis, not elsewhere classified	227	3.8%
3829	Otitis media, not otherwise specified	225	3.8%
64893	Other current condition—antepartum	170	2.9%
<b>Emergent, primary care treatable</b>			
4660	Acute bronchitis	788	14.3%
7890	Abdominal pain	776	14.0%
3829	Otitis media, not otherwise specified	359	6.5%
075	Infectious mononucleosis	312	5.7%
3814	Nonsuppurative otitis media, not otherwise specified	309	5.6%
7806	Fever	203	3.7%
5589	Noninfectious gastroenteritis, not elsewhere classified	183	3.3%
462	Acute pharyngitis	156	2.8%
682	Cellulitis	153	2.8%
78652	Painful respiration	138	2.5%
<b>ED care needed, preventable</b>			
493	Asthma	442	25.7%
485	Bronchopneumonia org, not otherwise specified	197	11.5%
4660	Acute bronchitis	170	9.9%
78039	Convulsions, not elsewhere classified	153	8.9%
2765	Hypovolemia	88	5.1%
59010	Acute pyelonephritis, not otherwise specified	87	5.1%
5589	Noninfectious gastroenteritis, not elsewhere classified	81	4.7%
682	Cellulitis	78	4.6%
5990	Urinary tract infection, not otherwise specified	71	4.1%
2501	Diabetes with ketoacidosis	48	2.8%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	383	16.2%
78650	Chest pain, not otherwise specified	197	8.3%
7840	Headache	157	6.6%
7806	Fever	107	4.5%
4644	Croup	85	3.6%
5920	Calculus of kidney	82	3.5%
075	Infectious mononucleosis	72	3.0%
7870	Nausea and vomiting	71	3.0%
7802	Syncope and collapse	59	2.5%
46619	Acute bronchiolitis due to other organisms	51	2.1%

**Table E-5. Top 10 ED diagnoses in the four algorithm categories for OHP managed care enrollees, Doctors of Oregon Coast South, 2002–2003.**

Diagnosis code	Diagnosis description	Total	Percent of all visits in category
<b>Nonemergent</b>			
7840	Headache	247	10.8%
7248	Other back symptoms	227	9.9%
5259	Dental disorder, not otherwise specified	202	8.8%
462	Acute pharyngitis	146	6.4%
7870	Nausea and vomiting	99	4.4%
71946	Joint pain in leg	89	3.9%
7806	Fever	86	3.8%
6918	Other atopic dermatitis	79	3.5%
5990	Urinary tract infection, not otherwise specified	77	3.4%
4619	Acute sinusitis, not otherwise specified	50	2.2%
<b>Emergent, primary care treatable</b>			
7890	Abdominal pain	333	14.5%
4660	Acute bronchitis	331	14.4%
3814	Nonsuppurative otitis media, not otherwise specified	121	5.3%
682	Cellulitis	97	4.2%
78652	Painful respiration	86	3.7%
7806	Fever	74	3.2%
3829	Otitis media, not otherwise specified	69	3.0%
462	Acute pharyngitis	63	2.7%
5220	Pulpitis	53	2.3%
5990	Urinary tract infection, not otherwise specified	50	2.2%
<b>ED care needed, preventable</b>			
493	Asthma	173	23.9%
78039	Convulsions, not elsewhere classified	81	11.2%
4660	Acute bronchitis	72	9.9%
485	Bronchopneumonia, organism not otherwise specified	53	7.3%
682	Cellulitis	49	6.8%
5990	Urinary tract infection, not otherwise specified	40	5.6%
2765	Hypovolemia	37	5.1%
59010	Acute pyelonephritis, not otherwise specified	32	4.4%
49121	Obstructive chronic bronchitis with acute exacerbation	32	4.4%
2501	Diabetes with ketoacidosis	21	2.9%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	164	15.8%
78650	Chest pain, not otherwise specified	60	5.8%
5920	Calculus of kidney	52	5.0%
7840	Headache	41	4.0%
7806	Fever	39	3.8%
78605	Shortness of breath	36	3.5%
7248	Other back symptoms	34	3.3%
7802	Syncope and collapse	31	3.0%
7870	Nausea and vomiting	30	2.9%
78659	Chest pain, not elsewhere classified	28	2.7%

**Table E-6. Top 10 ED diagnoses in the four algorithm categories for OHP managed care enrollees, Douglas County Independent Physicians Association, 2002–2003.**

Diagnosis code	Diagnosis description	Total	Percent of all visits in category
<b>Nonemergent</b>			
462	Acute pharyngitis	518	10.5%
7840	Headache	504	10.3%
3829	Otitis media, not otherwise specified	344	7.0%
6918	Other atopic dermatitis	250	5.1%
5259	Dental disorder, not otherwise specified	247	5.0%
075	Infectious mononucleosis	227	4.6%
7248	Other back symptoms	180	3.7%
4739	Chronic sinusitis, not otherwise specified	176	3.6%
5589	Noninfectious gastroenteritis, not elsewhere classified	171	3.5%
5990	Urinary tract infection, not otherwise specified	140	2.8%
<b>Emergent, primary care treatable</b>			
4660	Acute bronchitis	1305	25.4%
3829	Otitis media, not otherwise specified	548	10.7%
7890	Abdominal pain	431	8.4%
462	Acute pharyngitis	224	4.4%
075	Infectious mononucleosis	215	4.2%
V5889	Other specified aftercare	181	3.5%
682	Cellulitis	142	2.8%
5589	Noninfectious gastroenteritis, not elsewhere classified	138	2.7%
78652	Painful respiration	96	1.9%
5990	Urinary tract infection, not otherwise specified	90	1.8%
<b>ED care needed, preventable</b>			
493	Asthma	498	28.8%
4660	Acute bronchitis	282	16.3%
485	Bronchopneumonia, organism not otherwise specified	223	12.9%
78039	Convulsions, not elsewhere classified	106	6.1%
2765	Hypovolemia	74	4.3%
5990	Urinary tract infection, not otherwise specified	73	4.2%
682	Cellulitis	73	4.2%
5589	Noninfectious gastroenteritis, not elsewhere classified	61	3.5%
49121	Obstructive chronic bronchitis with acute exacerbation	50	2.9%
59080	Pyelonephritis, not otherwise specified	46	2.7%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	213	13.3%
78650	Chest pain, not otherwise specified	104	6.5%
7840	Headache	84	5.3%
5920	Calculus of kidney	75	4.7%
46619	Acute bronchiolitis due to other organisms	74	4.6%
4644	Croup	65	4.1%
075	Infectious mononucleosis	50	3.1%
7806	Fever	45	2.8%
7802	Syncope and collapse	38	2.4%
5772	Pancreatic cyst and pseudocyst	38	2.4%

**Table E-7. Top 10 ED diagnoses in the four algorithm categories for OHP managed care enrollees, FamilyCare, Inc., 2002–2003.**

Diagnosis code	Diagnosis description	Total	Percent of all visits in category
<b>Nonemergent</b>			
7840	Headache	235	10.8%
462	Acute pharyngitis	173	7.9%
3829	Otitis media, not otherwise specified	117	5.4%
7870	Nausea and vomiting	101	4.6%
7806	Fever	94	4.3%
64893	Other current condition—ante partum	94	4.3%
7248	Other back symptoms	82	3.7%
5990	Urinary tract infection, not otherwise specified	79	3.6%
5589	Noninfectious gastroenteritis, not elsewhere classified	71	3.3%
6918	Other atopic dermatitis	70	3.2%
<b>Emergent, primary care treatable</b>			
4660	Acute bronchitis	401	17.2%
7890	Abdominal pain	298	12.8%
3829	Otitis media, not otherwise specified	186	8.0%
682	Cellulitis	124	5.3%
3814	Nonsuppurative otitis media, not otherwise specified	92	4.0%
7806	Fever	81	3.5%
462	Acute pharyngitis	75	3.2%
78652	Painful respiration	73	3.1%
5589	Noninfectious gastroenteritis, not elsewhere classified	58	2.5%
5990	Urinary tract infection, not otherwise specified	51	2.2%
<b>ED care needed, preventable</b>			
493	Asthma	194	22.6%
78039	Convulsions, not elsewhere classified	118	13.7%
485	Bronchopneumonia, organism not otherwise specified	91	10.6%
4660	Acute bronchitis	87	10.1%
682	Cellulitis	64	7.4%
2765	Hypovolemia	57	6.7%
5990	Urinary tract infection, not otherwise specified	41	4.8%
59010	Acute pyelonephritis, not otherwise specified	41	4.8%
5589	Noninfectious gastroenteritis, not elsewhere classified	25	3.0%
49121	Obstructive chronic bronchitis with acute exacerbation	23	2.7%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	147	15.4%
5920	Calculus of kidney	56	5.9%
78650	Chest pain, not otherwise specified	52	5.4%
7806	Fever	43	4.5%
7840	Headache	39	4.1%
4644	Croup	34	3.5%
7802	Syncope and collapse	31	3.2%
7870	Nausea and vomiting	30	3.2%
5772	Pancreatic cyst and pseudocyst	29	3.0%
46619	Acute bronchiolitis due to other organisms	27	2.8%

**Table E-8. Top 10 ED diagnoses in the four algorithm categories for OHP managed care enrollees, InterCommunity Health Network, 2002–2003.**

Diagnosis code	Diagnosis description	Total	Percent of all visits in category
<b>Nonemergent</b>			
7840	Headache	189	12.3%
3829	Otitis media, not otherwise specified	147	9.5%
7806	Fever	79	5.1%
7870	Nausea and vomiting	77	5.0%
6259	Female genital symptoms, not otherwise specified	77	5.0%
5589	Noninfectious gastroenteritis, not elsewhere classified	72	4.6%
7248	Other back symptoms	70	4.5%
5990	Urinary tract infection, not otherwise specified	67	4.3%
462	Acute pharyngitis	59	3.8%
71946	Joint pain in leg	38	2.5%
<b>Emergent, primary care treatable</b>			
7890	Abdominal pain	451	21.3%
3829	Otitis media, not otherwise specified	233	11.0%
4660	Acute bronchitis	182	8.6%
682	Cellulitis	118	5.6%
78652	Painful respiration	110	5.2%
7806	Fever	68	3.2%
78659	Chest pain, not elsewhere classified	68	3.2%
5589	Noninfectious gastroenteritis, not elsewhere classified	58	2.7%
78650	Chest pain, not otherwise specified	45	2.1%
5990	Urinary tract infection, not otherwise specified	43	2.0%
<b>ED care needed, preventable</b>			
493	Asthma	285	31.5%
78039	Convulsions, not elsewhere classified	105	11.6%
485	Bronchopneumonia organism, not otherwise specified	97	10.8%
682	Cellulitis	60	6.7%
2765	Hypovolemia	40	4.5%
4660	Acute bronchitis	39	4.3%
2501	Diabetes with ketoacidosis	37	4.1%
5990	Urinary tract infection, not otherwise specified	35	3.9%
59080	Pyelonephritis, not otherwise specified	28	3.1%
5589	Noninfectious gastroenteritis, not elsewhere classified	26	2.8%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	222	18.6%
78650	Chest pain, not otherwise specified	93	7.8%
5920	Calculus of kidney	72	6.1%
78659	Chest pain, not elsewhere classified	43	3.6%
541	Appendicitis, not otherwise specified	36	3.0%
7806	Fever	36	3.0%
7802	Syncope and collapse	35	3.0%
4644	Croup	32	2.7%
7840	Headache	32	2.6%
V715	Observation following rape	24	2.0%

**Table E-9. Top 10 ED diagnoses in the four algorithm categories for OHP managed care enrollees, Kaiser Permanente Northwest, 2002–2003.**

Diagnosis code	Diagnosis description	Total	Percent of all visits in category
<b>Nonemergent</b>			
7840	Headache	54	10.1%
7870	Nausea and vomiting	31	5.9%
462	Acute pharyngitis	27	5.1%
7248	Other back symptoms	27	5.0%
3829	Otitis media, not otherwise specified	23	4.4%
7806	Fever	20	3.7%
5990	Urinary tract infection, not otherwise specified	18	3.5%
5259	Dental disorder, not otherwise specified	18	3.4%
075	Infectious mononucleosis	18	3.3%
6918	Other atopic dermatitis	17	3.1%
<b>Emergent, primary care treatable</b>			
7890	Abdominal pain	103	15.4%
4660	Acute bronchitis	72	10.7%
3829	Otitis media, not otherwise specified	37	5.6%
78659	Chest pain, not elsewhere classified	33	4.9%
78652	Painful respiration	30	4.5%
78039	Convulsions, not elsewhere classified	30	4.5%
78650	Chest pain, not otherwise specified	24	3.5%
7806	Fever	17	2.6%
075	Infectious mononucleosis	17	2.5%
682	Cellulitis	16	2.4%
<b>ED care needed, preventable</b>			
493	Asthma	105	29.3%
78039	Convulsions, not elsewhere classified	90	25.1%
485	Bronchopneumonia, organism not otherwise specified	38	10.6%
4660	Acute bronchitis	15	4.3%
2765	Hypovolemia	15	4.2%
49121	Obstructive chronic bronchitis with acute exacerbation	15	4.2%
4280	Congestive heart failure, not otherwise specified	12	3.5%
5990	Urinary tract infection, not otherwise specified	10	2.7%
25080	Diabetes with other specified manifestations	9	2.6%
682	Cellulitis	8	2.3%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	51	12.1%
78650	Chest pain, not otherwise specified	49	11.7%
78659	Chest pain, not elsewhere classified	21	5.0%
V715	Observation following rape	20	4.8%
7802	Syncope and collapse	17	4.1%
5772	Pancreatic cyst and pseudocyst	17	4.0%
78009	Other alteration of consciousness	13	3.1%
541	Appendicitis, not otherwise specified	12	2.9%
5920	Calculus of kidney	10	2.5%
46619	Acute bronchiolitis due to other organisms	10	2.4%



**Table E-10. Top 10 ED diagnoses in the four algorithm categories for OHP managed care enrollees, Lane Individual Practice Association, 2002–2003.**

Diagnosis code	Diagnosis description	Total	Percent of all visits in category
<b>Nonemergent</b>			
7840	Headache	531	13.1%
5259	Dental disorder, not otherwise specified	248	6.1%
462	Acute pharyngitis	220	5.4%
3829	Otitis media, not otherwise specified	197	4.9%
7248	Other back symptoms	174	4.3%
7870	Nausea and vomiting	165	4.1%
5589	Noninfectious gastroenteritis, not elsewhere classified	165	4.1%
7806	Fever	163	4.0%
5990	Urinary tract infection, not otherwise specified	134	3.3%
5224	Acute apical periodontitis	121	3.0%
<b>Emergent, primary care treatable</b>			
7890	Abdominal pain	759	16.3%
4660	Acute bronchitis	651	14.0%
3829	Otitis media, not otherwise specified	313	6.7%
682	Cellulitis	209	4.5%
5220	Pulpitis	178	3.8%
78659	Chest pain, not elsewhere classified	177	3.8%
7806	Fever	140	3.0%
78652	Painful respiration	138	3.0%
5589	Noninfectious gastroenteritis, not elsewhere classified	134	2.9%
075	Infectious mononucleosis	114	2.4%
<b>ED care needed, preventable</b>			
493	Asthma	564	30.3%
78039	Convulsions, not elsewhere classified	204	11.0%
485	Bronchopneumonia, organism not otherwise specified	143	7.7%
4660	Acute bronchitis	140	7.5%
682	Cellulitis	106	5.7%
5990	Urinary tract infection, not otherwise specified	70	3.8%
2765	Hypovolemia	63	3.4%
59010	Acute pyelonephritis, not otherwise specified	62	3.3%
49121	Obstructive chronic bronchitis with acute exacerbation	61	3.3%
5589	Noninfectious gastroenteritis, not elsewhere classified	59	3.2%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	374	15.9%
78650	Chest pain, not otherwise specified	196	8.4%
5920	Calculus of kidney	119	5.1%
78659	Chest pain, not elsewhere classified	112	4.8%
7840	Headache	88	3.8%
7802	Syncope and collapse	80	3.4%
7806	Fever	74	3.1%
5772	Pancreatic cyst and pseudocyst	62	2.6%
V715	Observation following rape	57	2.4%
4644	Croup	54	2.3%

**Table E-11. Top 10 ED diagnoses in the four algorithm categories for OHP managed care enrollees, Marion Polk Community Health Plan, 2002–2003.**

<b>Diagnosis code</b>	<b>Diagnosis description</b>	<b>Total</b>	<b>Percent of all visits in category</b>
<b>Nonemergent</b>			
7840	Headache	819	14.8%
7248	Other back symptoms	345	6.2%
462	Acute pharyngitis	336	6.1%
3829	Otitis media, not otherwise specified	322	5.8%
5259	Dental disorder, not otherwise specified	214	3.9%
7870	Nausea and vomiting	213	3.8%
5589	Noninfectious gastroenteritis, not elsewhere classified	207	3.7%
5990	Urinary tract infection, not otherwise specified	205	3.7%
64893	Other current condition—antepartum	204	3.7%
075	Infectious mononucleosis	185	3.3%
<b>Emergent, primary care treatable</b>			
4660	Acute bronchitis	876	16.0%
7890	Abdominal pain	698	12.7%
3829	Otitis media, not otherwise specified	512	9.3%
682	Cellulitis	195	3.6%
075	Infectious mononucleosis	175	3.2%
5589	Noninfectious gastroenteritis, not elsewhere classified	167	3.1%
7806	Fever	148	2.7%
78659	Chest pain, not elsewhere classified	147	2.7%
462	Acute pharyngitis	145	2.6%
5990	Urinary tract infection, not otherwise specified	132	2.4%
<b>ED care needed, preventable</b>			
493	Asthma	650	28.3%
78039	Convulsions, not elsewhere classified	326	14.2%
485	Bronchopneumonia, organism not otherwise specified	287	12.5%
4660	Acute bronchitis	189	8.2%
5990	Urinary tract infection, not otherwise specified	108	4.7%
2765	Hypovolemia	105	4.6%
682	Cellulitis	100	4.3%
5589	Noninfectious gastroenteritis, not elsewhere classified	74	3.2%
49121	Obstructive chronic bronchitis with acute exacerbation	61	2.7%
4280	Congestive heart failure, not otherwise specified	60	2.6%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	344	13.6%
78650	Chest pain, not otherwise specified	166	6.6%
7840	Headache	136	5.4%
5920	Calculus of kidney	120	4.7%
46619	Acute bronchiolitis due to other organism	101	4.0%
78659	Chest pain, not elsewhere classified	94	3.7%
4644	Croup	82	3.2%
7806	Fever	78	3.1%
7802	Syncope and collapse	74	2.9%
541	Appendicitis, not otherwise specified	65	2.6%

**Table E-12. Top 10 ED diagnoses in the four algorithm categories for OHP managed care enrollees, Mid-Rogue Independent Physician Association, 2002–2003.**

Diagnosis code	Diagnosis description	Total	Percent of all visits in category
<b>Nonemergent</b>			
7840	Headache	208	18.6%
7248	Other back symptoms	73	6.5%
462	Acute pharyngitis	61	5.4%
64893	Other current condition—anteartum	52	4.7%
7870	Nausea and vomiting	49	4.4%
3829	Otitis media, not otherwise specified	47	4.2%
5259	Dental disorder, not otherwise specified	45	4.0%
7806	Fever	38	3.4%
71946	Joint pain in leg	34	3.0%
6918	Other atopic dermatitis	33	3.0%
<b>Emergent, primary care treatable</b>			
7890	Abdominal pain	222	19.5%
4660	Acute bronchitis	132	11.6%
3829	Otitis media, not otherwise specified	74	6.5%
78652	Painful respiration	54	4.8%
682	Cellulitis	48	4.2%
78659	Chest pain, not elsewhere classified	35	3.1%
5220	Pulpitis	33	2.9%
7806	Fever	32	2.8%
78650	Chest pain, not otherwise specified	26	2.3%
462	Acute pharyngitis	26	2.3%
<b>ED care needed, preventable</b>			
493	Asthma	84	21.6%
78039	Convulsions, not elsewhere classified	50	12.7%
485	Bronchopneumonia, organism not otherwise specified	49	12.4%
4660	Acute bronchitis	28	7.3%
49121	Obstructive chronic bronchitis with acute exacerbation	26	6.6%
682	Cellulitis	24	6.2%
4280	Congestive heart failure, not otherwise specified	17	4.4%
5990	Urinary tract infection, not otherwise specified	17	4.3%
2765	Hypovolemia	14	3.7%
25080	Diabetes with other specified manifestations	11	2.7%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	109	17.1%
78650	Chest pain, not otherwise specified	55	8.6%
7840	Headache	35	5.4%
5920	Calculus of kidney	28	4.4%
5772	Pancreatic cyst and pseudocyst	28	4.4%
78659	Chest pain, not elsewhere classified	22	3.5%
7802	Syncope and collapse	19	3.0%
7806	Fever	17	2.7%
7870	Nausea and vomiting	15	2.3%
541	Appendicitis, not otherwise specified	14	2.2%

**Table E-13. Top 10 ED diagnoses in the four algorithm categories for OHP managed care enrollees, Oregon Health Management Services, 2002–2003.**

Diagnosis code	Diagnosis description	Total	Percent of all visits in category
<b>Nonemergent</b>			
7840	Headache	111	11.4%
7248	Other back symptoms	83	8.5%
5259	Dental disorder, not otherwise specified	67	6.9%
462	Acute pharyngitis	51	5.2%
7806	Fever	47	4.8%
3829	Otitis media, not otherwise specified	43	4.4%
7870	Nausea and vomiting	42	4.3%
6918	Other atopic dermatitis	33	3.4%
64893	Other current condition—antepartum	31	3.2%
71946	Joint pain in leg	29	2.9%
<b>Emergent, primary care treatable</b>			
7890	Abdominal pain	174	17.5%
4660	Acute bronchitis	130	13.0%
3829	Otitis media, not otherwise specified	69	6.9%
682	Cellulitis	56	5.6%
78652	Painful respiration	44	4.5%
7806	Fever	41	4.1%
5220	Pulpitis	28	2.8%
78659	Chest pain, not elsewhere classified	26	2.6%
462	Acute pharyngitis	22	2.2%
78650	Chest pain, not otherwise specified	20	2.0%
<b>ED care needed, preventable</b>			
493	Asthma	88	24.9%
78039	Convulsions, not elsewhere classified	41	11.4%
485	Bronchopneumonia, organism not otherwise specified	32	9.0%
682	Cellulitis	29	8.1%
4660	Acute bronchitis	28	7.9%
49121	Obstructive chronic bronchitis with acute exacerbation	19	5.4%
2765	Hypovolemia	17	4.8%
25080	Diabetes with other specified manifestations	13	3.8%
5990	Urinary tract infection, not otherwise specified	11	3.1%
2501	Diabetes mellitus type I, not stated as uncontrolled	11	3.1%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	86	16.8%
78650	Chest pain, not otherwise specified	42	8.2%
5920	Calculus of kidney	22	4.2%
7806	Fever	21	4.2%
7802	Syncope and collapse	19	3.6%
7840	Headache	18	3.6%
78659	Chest pain, not elsewhere classified	17	3.3%
78009	Other alternate consciousness	13	2.5%
7248	Other back symptoms	13	2.5%
7870	Nausea and vomiting	13	2.4%

**Table E-14. Top 10 ED diagnoses in the four algorithm categories for OHP managed care enrollees, Providence Health Plan, 2002–2003.**

Diagnosis code	Diagnosis description	Total	Percent of all visits in category
<b>Nonemergent</b>			
7840	Headache	280	11.8%
462	Acute pharyngitis	145	6.1%
7248	Other back symptoms	141	5.9%
7870	Nausea and vomiting	122	5.1%
3829	Otitis media, not otherwise specified	106	4.5%
7806	Fever	102	4.3%
6259	Female genital symptoms, not otherwise specified	100	4.2%
5259	Dental disorder, not otherwise specified	83	3.5%
6918	Other atopic dermatitis	62	2.6%
7295	Pain in limb	61	2.6%
<b>Emergent, primary care treatable</b>			
4660	Acute bronchitis	356	15.6%
7890	Abdominal pain	325	14.2%
3829	Otitis media, not otherwise specified	169	7.4%
682	Cellulitis	142	6.2%
7806	Fever	88	3.9%
78652	Painful respiration	82	3.6%
78659	Chest pain, not elsewhere classified	63	2.8%
462	Acute pharyngitis	63	2.7%
7870	Nausea and vomiting	49	2.1%
075	Infectious mononucleosis	47	2.0%
<b>ED care needed, preventable</b>			
493	Asthma	200	25.1%
485	Bronchopneumonia, organism not otherwise specified	97	12.2%
78039	Convulsions, not elsewhere classified	90	11.3%
4660	Acute bronchitis	77	9.6%
682	Cellulitis	73	9.1%
2765	Hypovolemia	30	3.7%
5990	Urinary tract infection, not otherwise specified	29	3.7%
2501	Diabetes mellitus type I, not stated as uncontrolled	25	3.1%
25080	Diabetes with other specified manifestations	23	2.9%
4280	Congestive heart failure, not otherwise specified	20	2.5%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	160	16.2%
78650	Chest pain, not otherwise specified	68	6.9%
5920	Calculus of kidney	48	4.9%
7840	Headache	47	4.7%
7806	Fever	46	4.7%
78659	Chest pain, not elsewhere classified	40	4.1%
7870	Nausea and vomiting	37	3.7%
7802	Syncope and collapse	27	2.8%
7248	Other back symptoms	21	2.2%
78009	Other alteration of consciousness	18	1.8%

**Table E-15. Top 10 ED diagnoses in the four algorithm categories for OHP managed care enrollees, Tuality Health Alliance, 2002–2003.**

Diagnosis code	Diagnosis description	Total	Percent of all visits in category
<b>Nonemergent</b>			
7840	Headache	178	11.1%
3829	Otitis media, not otherwise specified	133	8.3%
462	Acute pharyngitis	129	8.0%
075	Infectious mononucleosis	92	5.7%
7870	Nausea and vomiting	59	3.7%
7248	Other back symptoms	59	3.7%
7806	Fever	58	3.6%
64893	Other current condition—ante partum	57	3.6%
5990	Urinary tract infection, not otherwise specified	55	3.5%
5589	Noninfectious gastroenteritis, not elsewhere classified	45	2.8%
<b>Emergent, primary care treatable</b>			
4660	Acute bronchitis	391	23.0%
3829	Otitis media, not otherwise specified	211	12.4%
7890	Abdominal pain	186	10.9%
075	Infectious mononucleosis	87	5.1%
682	Cellulitis	79	4.7%
462	Acute pharyngitis	56	3.3%
7806	Fever	50	3.0%
5589	Noninfectious gastroenteritis, not elsewhere classified	36	2.1%
5990	Urinary tract infection, not otherwise specified	36	2.1%
<b>ED care needed, preventable</b>			
493	Asthma	159	26.0%
485	Bronchopneumonia, organism not otherwise specified	97	15.8%
4660	Acute bronchitis	84	13.8%
78039	Convulsions, not elsewhere classified	59	9.7%
682	Cellulitis	41	6.6%
5990	Urinary tract infection, not otherwise specified	29	4.7%
59010	Acute pyelonephritis, not otherwise specified	29	4.7%
5589	Noninfectious gastroenteritis, not elsewhere classified	16	2.6%
2765	Hypovolemia	14	2.3%
3829	Otitis media, not otherwise specified	14	2.2%
<b>ED care needed, not preventable</b>			
7890	Abdominal pain	91	15.8%
78650	Chest pain, not otherwise specified	36	6.2%
4644	Croup	35	6.1%
7840	Headache	30	5.1%
7806	Fever	26	4.6%
5920	Calculus of kidney	25	4.4%
075	Infectious mononucleosis	20	3.5%
46619	Acute bronchoillitis due to other organisms	20	3.4%
7870	Nausea and vomiting	18	3.1%
7802	Syncope and collapse	15	2.5%

