



MEASURE DESCRIPTION

**Source: 2018 HEDIS Technical Specifications*

AVOIDABLE EMERGENCY DEPARTMENT UTILIZATION PER 1000 (EDU)

- **Definition:** The number of avoidable emergency department (ED) visits per number of member years in the eligible population, multiplied by 1,000.
- **Numerator:** Total avoidable weighting for all ED visits that occur while a member has active CIN coverage. ED visit weight is calculated based off its primary diagnosis using the [NYU Avoidable ED Algorithm](#), which includes the following categories: ED Care Needed Preventable/Avoidable, Emergent PC Treatable, and Non-Emergent.
- **Denominator:** Total number of months per member that the population had active CIN eligibility during the measurement period; member months annualized and multiplied by 1,000.

EXCLUSIONS:

- Events identified as an ED visit that resulted in an admission (ED start date the same as the inpatient admission date).
- ED visits that occurred outside the member's CIN coverage dates.
- Encounters with any of the following:
 - A principal diagnosis of mental health or chemical dependency
 - Psychiatry
 - Electroconvulsive therapy

HOW TO IMPROVE PERFORMANCE

- Consider having extended hours during the week and/or weekends.
 - If unable to have extended care hours, educate clinicians and office staff on closest in-network extended care so that they can communicate it to patients.
 - If your clinic already has extended hours, ensure that patients are aware.
- Encourage patients to call your office for same-day appointments when sick.
 - Review with clinic staff the back-up plan if no same-day appointments are available, such as where the closest walk-in clinic or urgent care facility is.
- Review the different levels of care available with your staff and patients, including the closest walk-in clinics and urgent cares.
- Refer medically complex patients to the Comprehensive Care Management Team.
 - Under this department, the Transitional Care Management Team contacts patients who visit the ED and who are discharged from the hospital.
- Identify highest ED utilizers in your patient panel and the most ED visit frequent diagnoses.

Avoidable ED Algorithm (NYU Algorithm)

Classification of categories related within the algorithm

Non-emergent – The patient’s initial complaint, presenting symptoms, vital signs, medical history, and age indicated that immediate medical care was not required within 12-hours.

Emergent/Primary Care Treatable – Based on information in the medical record, treatment was required within 12-hours; however care could have been provided effectively and safely in a primary care setting. The complaint did not require continuous observation, and no procedures were performed or resources used that are not available in a primary care setting such as CAT scan or certain designated lab tests.

Emergent – ED Care Needed – Preventable/Avoidable – Emergency department care was required based on the complaint or procedures performed/resources used; however the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, diabetes, congestive heart failure, etc.)

Emergent – ED Care Needed – Not Preventable/Avoidable – Emergency department care was required and ambulatory care treatment could not have prevented the condition (e.g., trauma, appendicitis, myocardial infarction, etc.).

