



Minimizing Potentially Preventable ED Visits (PPV) and Hospital Admissions (PPA)

PPVs and PPAs are inefficient, costly, and most importantly, indicate a gap in a patient's non-emergency, ongoing, and long-term health care. As such, it is important to identify what is happening and why to help find ways to effectively reduce or ideally eliminate PPVs and PPAs. When Providers and insurers can get to the root of the issue(s), they can better serve their patients and improve overall population health management.

Definitions

Potentially Preventable Emergency Department Visit (PPV): A PPV is a situation when an emergency department (ED) visit could have been treated or avoided altogether through appropriate preventive measures or timely access to a Primary Care Provider (PCP), specialist, or other health care professional in a non-emergency setting.

Potentially Preventable Hospital Admission (PPA): PPAs are hospital admissions or long-term care facility stays that could have been avoided through effective preventive measures, including adequate improved access to ambulatory care and/or better health care coordination.

Why PPVs and PPAs Matter

Both measures are important for overall health care quality assessment and improvement efforts. Each measure serves a different purpose. Enhancing quality, efficiency, and value involves identifying and minimizing unnecessary services, thereby reducing associated costs.

PPVs and PPAs are most likely a result of one or more of the following scenarios:

- Lack of adequate access to ambulatory care in an outpatient setting
- Insufficient patient monitoring, follow-ups, and/or referrals
- Inadequate care coordination for high-risk, high-utilizing patients
- Failure to provide the patient with a follow-up plan and educate them about their condition or disease, including how to manage it at home

Several common conditions are often preventable through appropriate lifestyle modifications, early detection, and proactive health care management.

Here are some examples of conditions that may be manageable and therefore potentially preventable:

Chronic Conditions	Acute Conditions
Hypertension	Upper Respiratory Infections
Diabetes complications	Urinary Tract Infection
Uncontrolled diabetes	Skin Problems/Cellulitis
Depression	Non-bacterial gastroenteritis
Substance Use Disorder	Dehydration
Asthma	Angina without procedure
COPD	Pressure ulcer
Heart failure	

How are PPV and PPA measures calculated?

PPV: Relative weights are assigned to each ED visit at risk for a PPV, based on primary Enhanced Ambulatory Patient Groups (EAPGs). Patients up to 65 years old are included in the eligible population. Patients who are dually eligible for both Medicaid and Medicare during the measurement year and patients with less than three months of enrollment in the prior year are excluded.

Enrollee months: January to December for the measurement year

PPA: Relative weights are assigned to each admission at risk for PPA assignment by All Patient Refined – Diagnosis Related Groups (APR-DRG). APR-DRGs are based on resource utilization from Texas Medicaid data. PPA-weighted rates are calculated as the total resource utilization for PPA (sum of the relative weights for each PPA admission) divided by the total resources utilization for at-risk admissions (sum of the relative weights for each at-risk admission).

How can better access to/more timely ambulatory care help prevent these events?

There are many ways to improve care/access to care and reduce PPVs and PPAs accordingly, which should result in 1) better short-term health outcomes, 2) better long-term health outcomes, and 3) reduced costs for care.

Patient Education

- Ensure patients understand their conditions, medications, and treatment plans.
- Provide clear instructions on when to seek medical attention and when self-care is appropriate.

Care Coordination

- Facilitate communication between PCPs, specialists, and other health care professionals involved in the patient's care.
- Use electronic health records to share relevant patient information seamlessly.
- Contact patients seen for PPV or PPA and bring them in for follow-up visit(s).

Medication Management

- Regularly review medications for appropriateness, potential interactions, and adherence.
- Educate patients on proper medication usage, including dosage and timing.

Chronic Disease Management

- Develop comprehensive care plans for patients with chronic conditions.
- Monitor patients regularly to detect any changes in their condition early.

Preventative Care

- Emphasize the importance of preventive measures such as vaccinations, routine or diagnostic screenings, and lifestyle modifications.
- Schedule regular follow-up appointments to monitor patients' health status.

Telehealth Services

- Offer telehealth consultations for non-emergency concerns to reduce unnecessary ED visits.
- Provide remote monitoring solutions for patients with chronic condition(s).

Community Resources

- Connect patients with resources such as support groups, social services, and transportation assistance.
- Collaborate with community organizations to address non-medical drivers of health (NMDOH, formerly called social determinants of health or SDOH).

Patient Engagement

- Encourage patients to actively participate in their own health care decisions.
- Foster a supportive environment where patients feel comfortable discussing their concerns and asking questions.

Emergency Preparedness

- Provide patients with emergency action plans for managing exacerbations of their condition.
- Ensure patients have access to emergency contact information outside of regular office hours.

Quality Improvement Initiatives

- Participate in quality improvement projects aimed at reducing preventable admissions and ED visits.
- Collect and analyze data to identify trends and areas for improvement in patient care.

Sources

- [3M™ Potentially Preventable Emergency Department Visits \(PPVs\)](#)
- [Texas Medicaid and Health Care Partnership \(TMHP\) Acute Care Hospital Reimbursement](#)