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Conference Abstract

Identifying Hospitalizations for Ambulatory Care Sensitive Conditions in Local Health Units

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Abstract:

Introduction: Local Health Units (LHU) provide vertical integrated healthcare services in Portugal. The first LHU was created in 1999, and since 2007, seven more followed. In 2012, the LHUs cover approximately 10% of the Portuguese population, using 630M€ of public financing. Until this moment, little evidence was created about the performance of LHUs.

Objective: Identify and analyze the variation in the rate of Hospitalizations for Ambulatory Care Sensitive Conditions (HACSC), before and after the creation of the LHUs.

Methods: The HACSC rates were determined between 2006 and 2010 in the selected LHU's districts, using a hospital discharge database. The difference in difference method was used to compare the period pre and post creation of the LHUs, against a standardly organized provider system (hospital and primary care working separately).

Results: 4.446 admissions were included (6,27% of all admissions). The average annual number of admissions per district was 252,7 per 100.000 population. The results differed in the studied LHUs: after the creation of LHU 1 the admissions dropped 36% (93,3 per 100.000), however, in LHU 2, the rate of admissions increased 7% (17,6 per 100.000).

Discussion and conclusions: The present study did not find any pattern of variation on the admission rates after the creation of the LHUs. It would be recommendable to broaden the reach of the study to the universe of the Portuguese LHUs. To comprehend the results, the study of the sociodemographic, epidemiological and geographical characteristics of the populations should be deepened. Moreover the provider's characteristics also need detailing, specially the measurement of the LHU's degree of integration.

Keywords

vertical integration, avoidable admissions, Local Health Units

Presentation available at <http://www.integratedcarefoundation.org/content/25-evaluating-integrated-care>

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