

Summary Briefing: Preventable hospitalizations in Connecticut, FYs 2000 - 2004

Medicaid Managed Care Council Meeting

March 10, 2006

9:30 A.M.

Room 1D Legislative Office Building

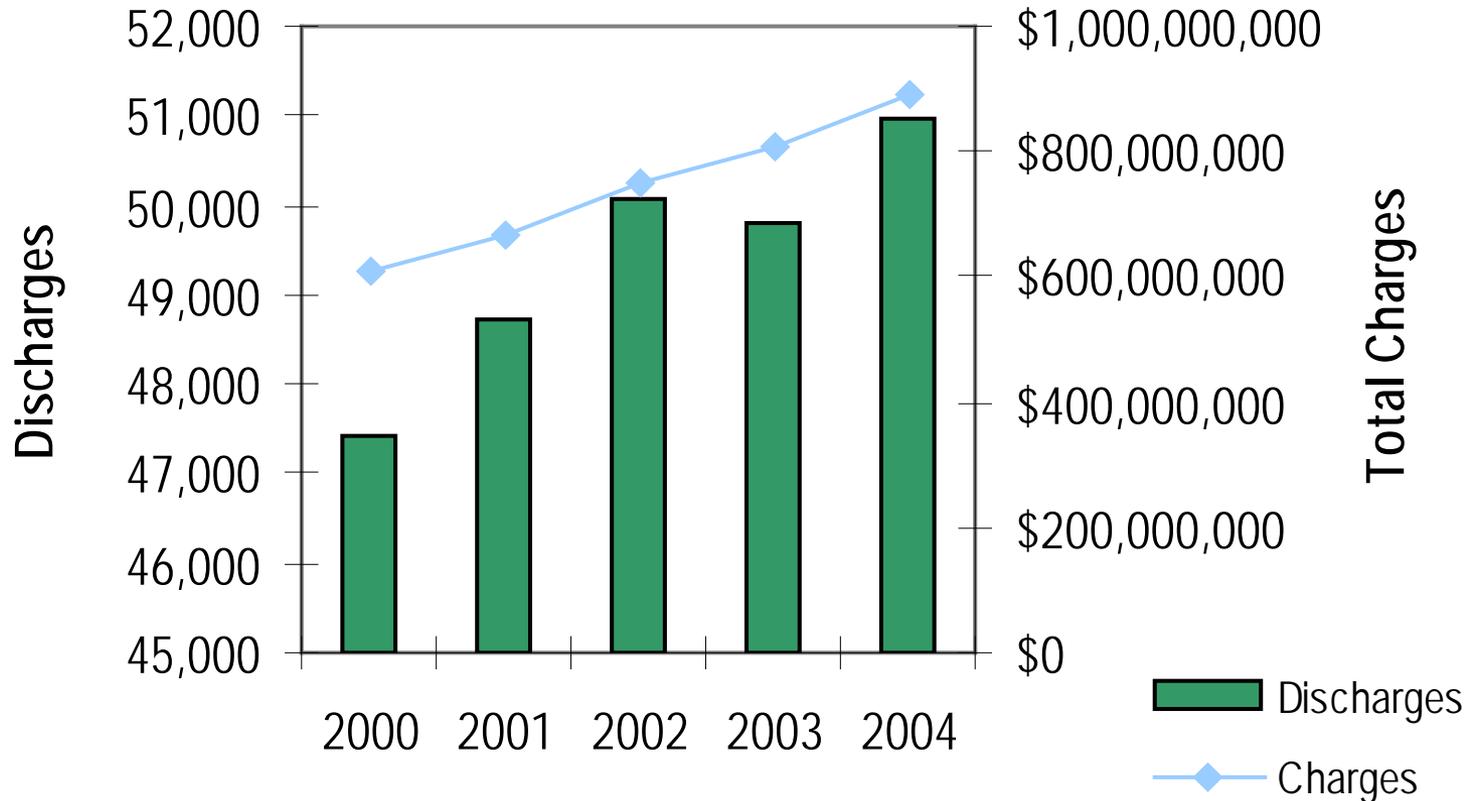


How can we use “preventable hospitalization” studies?

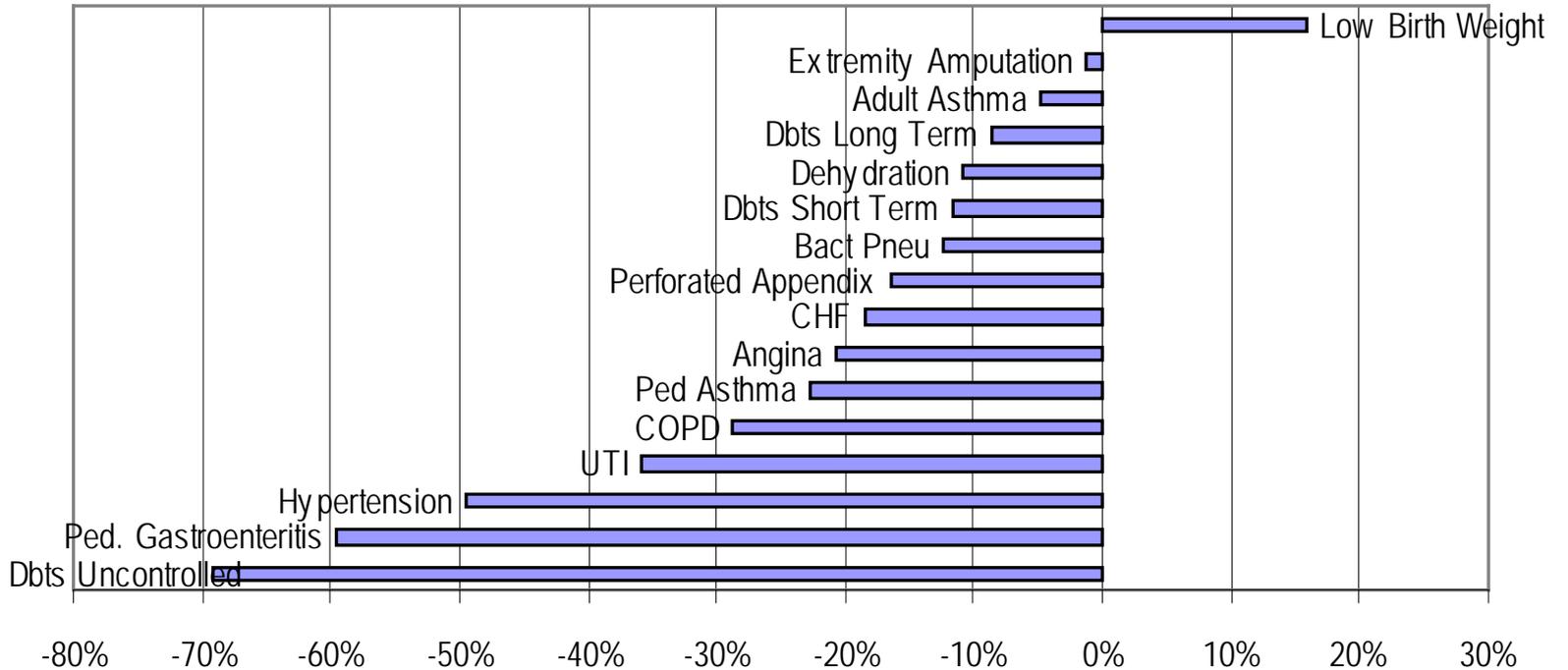
- Screening tool for community health needs
- Illuminate barriers to health care services
- Identify community disparities
- Means to control health care costs



Growing ACSC volume and charges

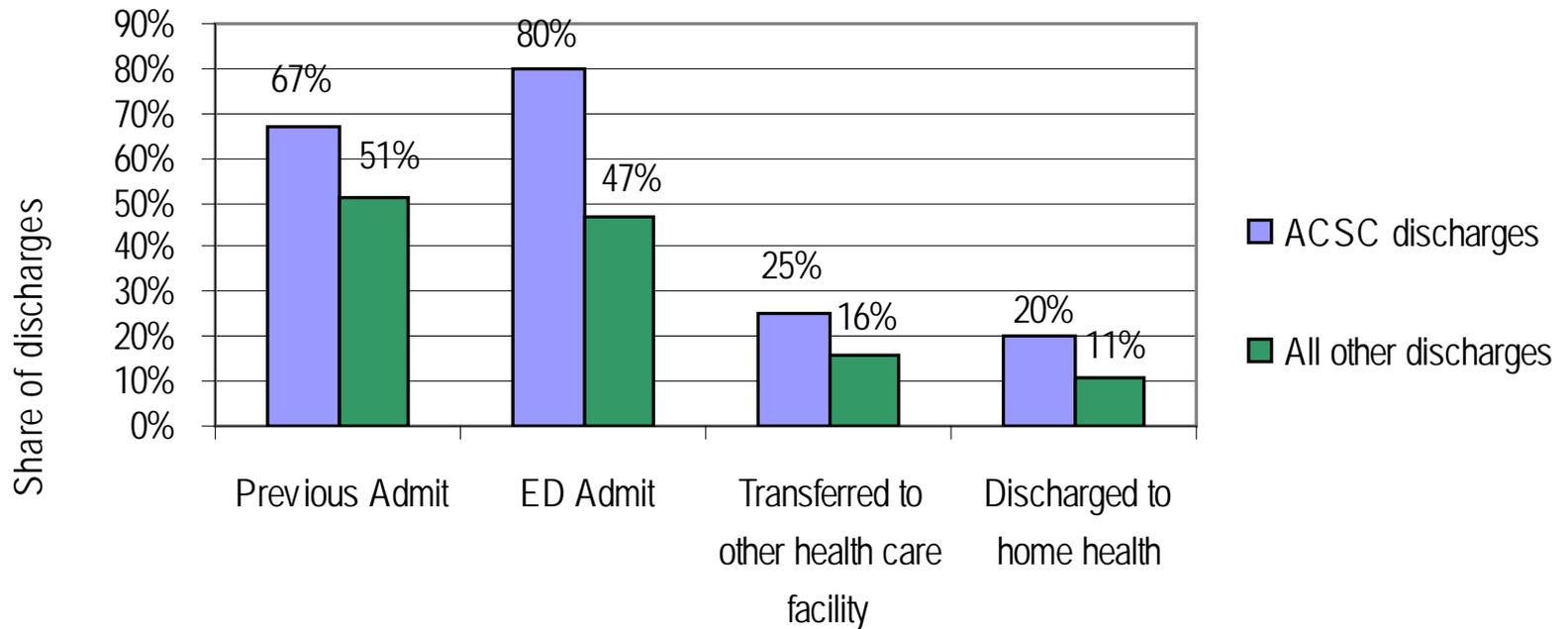


Connecticut had lower ACSC rates than U.S.



ACSC patients require more health care resources, FYs 2000 - 2004

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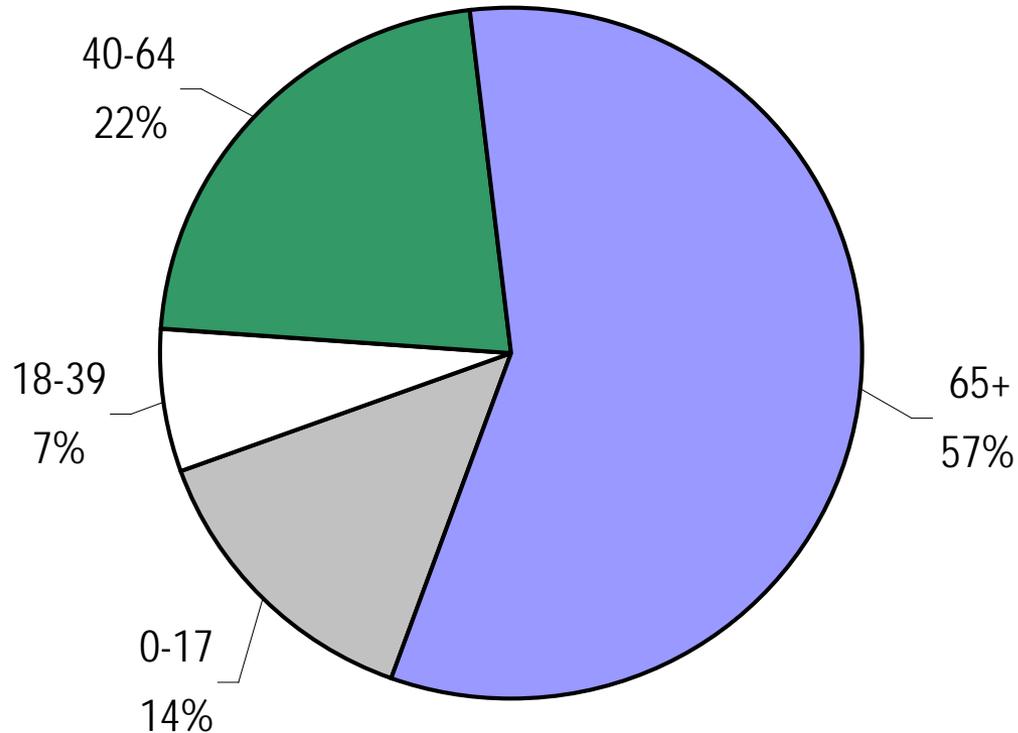


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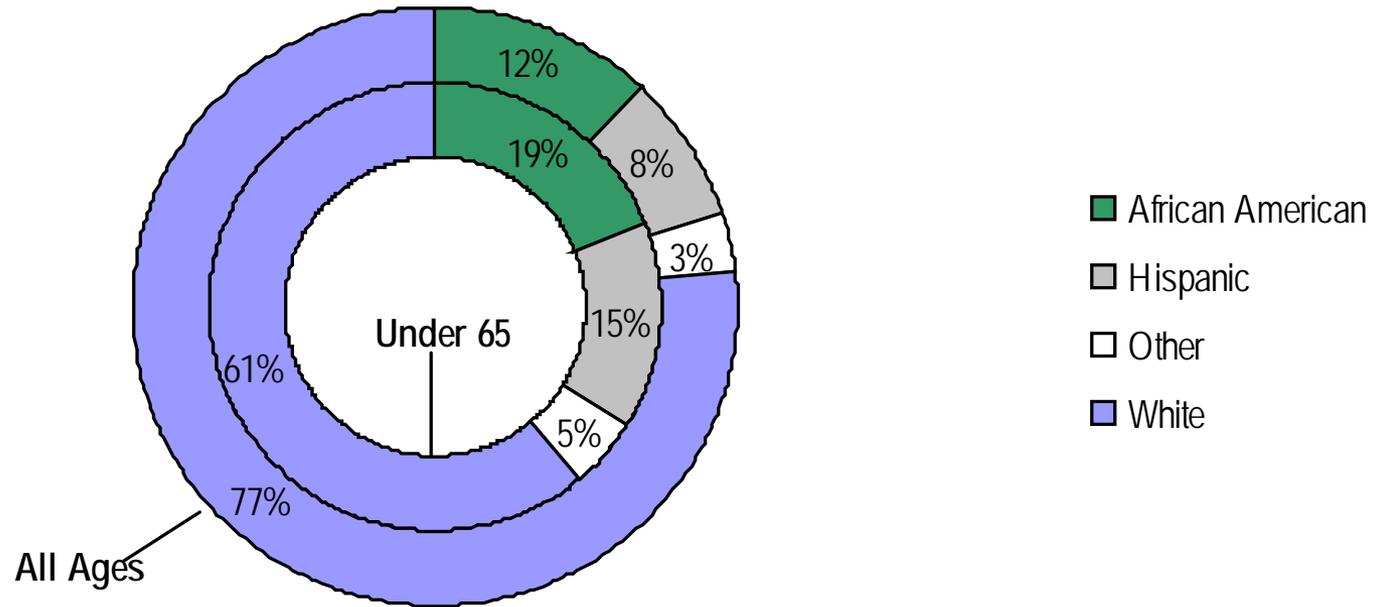


Source: CT Office of Health Care Access Inpatient Acute Care Hospital Database

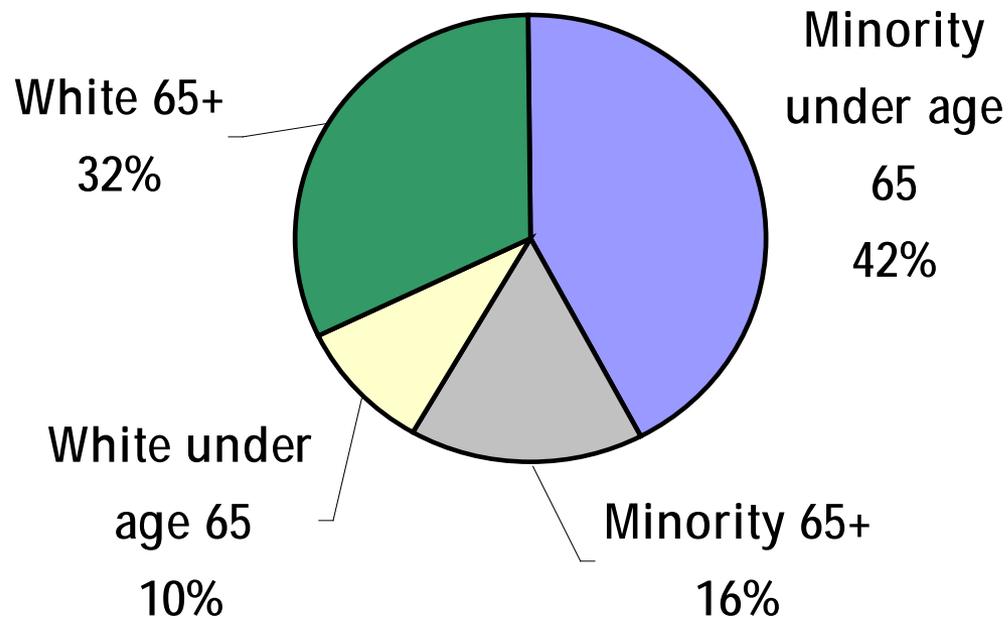
Nearly three in five ACSC patients were elderly



More minorities among younger ACSC patients

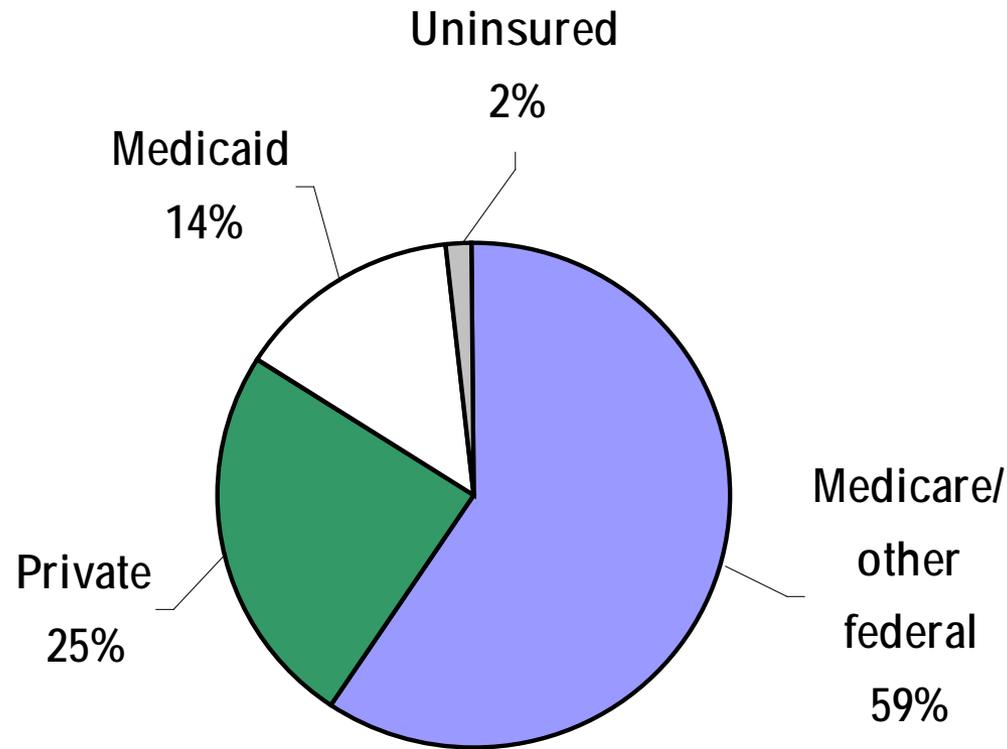


Minorities drove ACSC growth, FYs 2000 - 2004



Public payers responsible for nearly three-quarters of ACSC charges, 2000 - 2004

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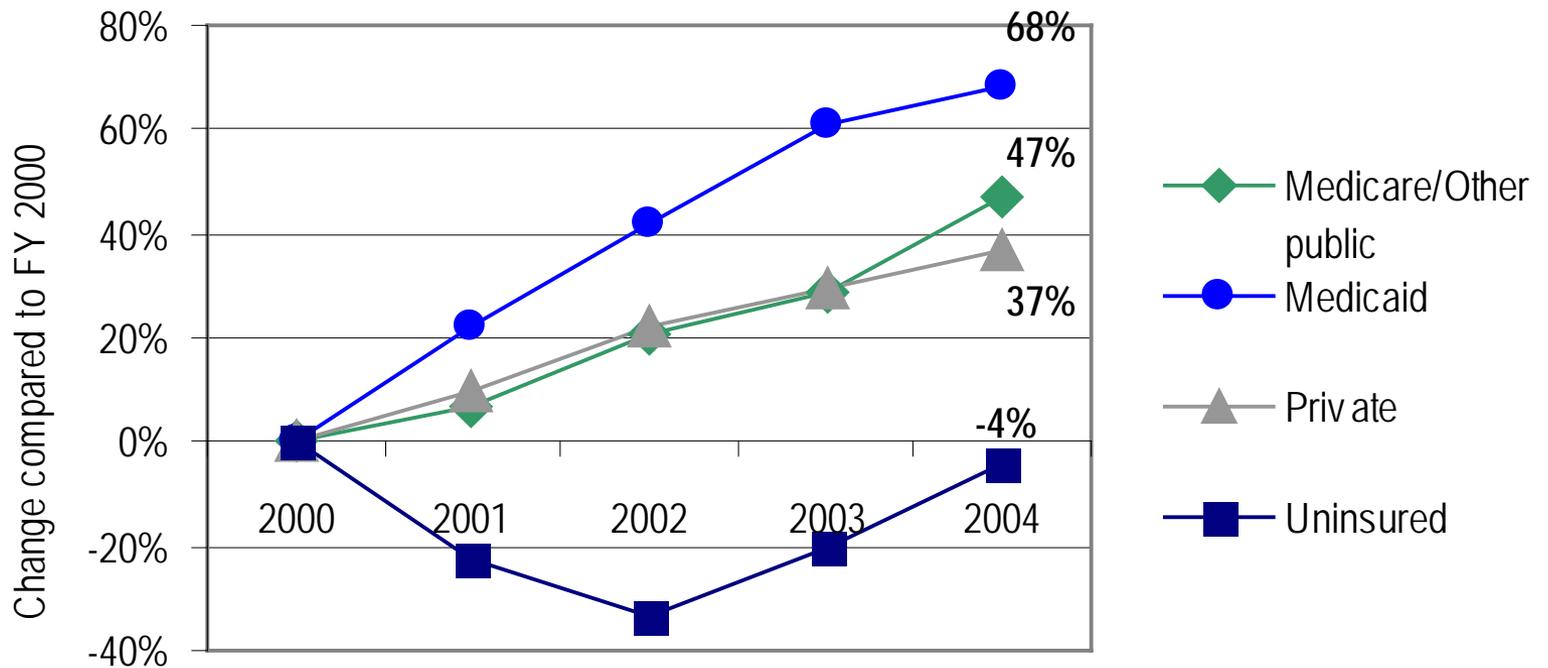


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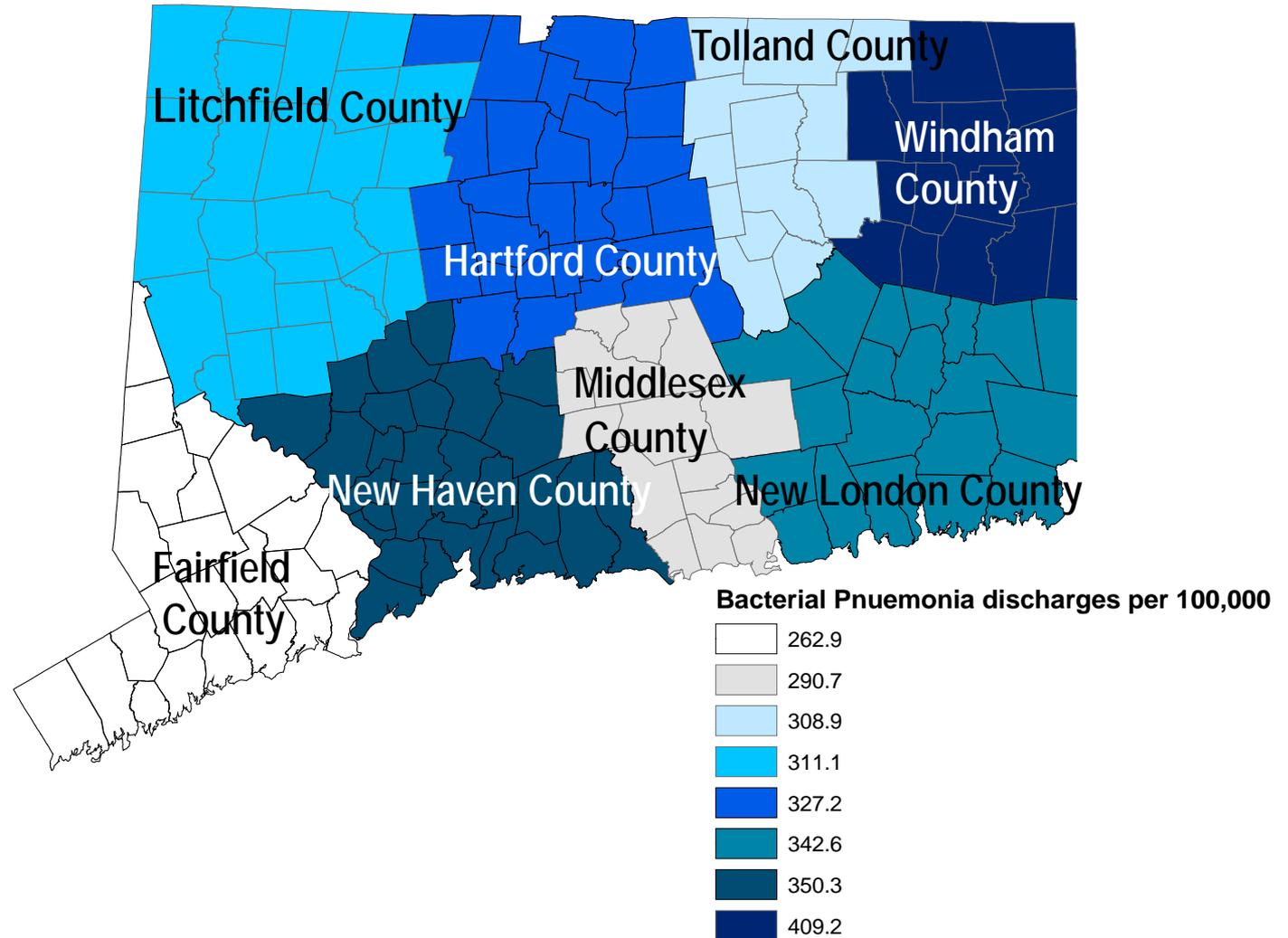


Source: CT Office of Health Care Access Inpatient Acute Care Hospital Database

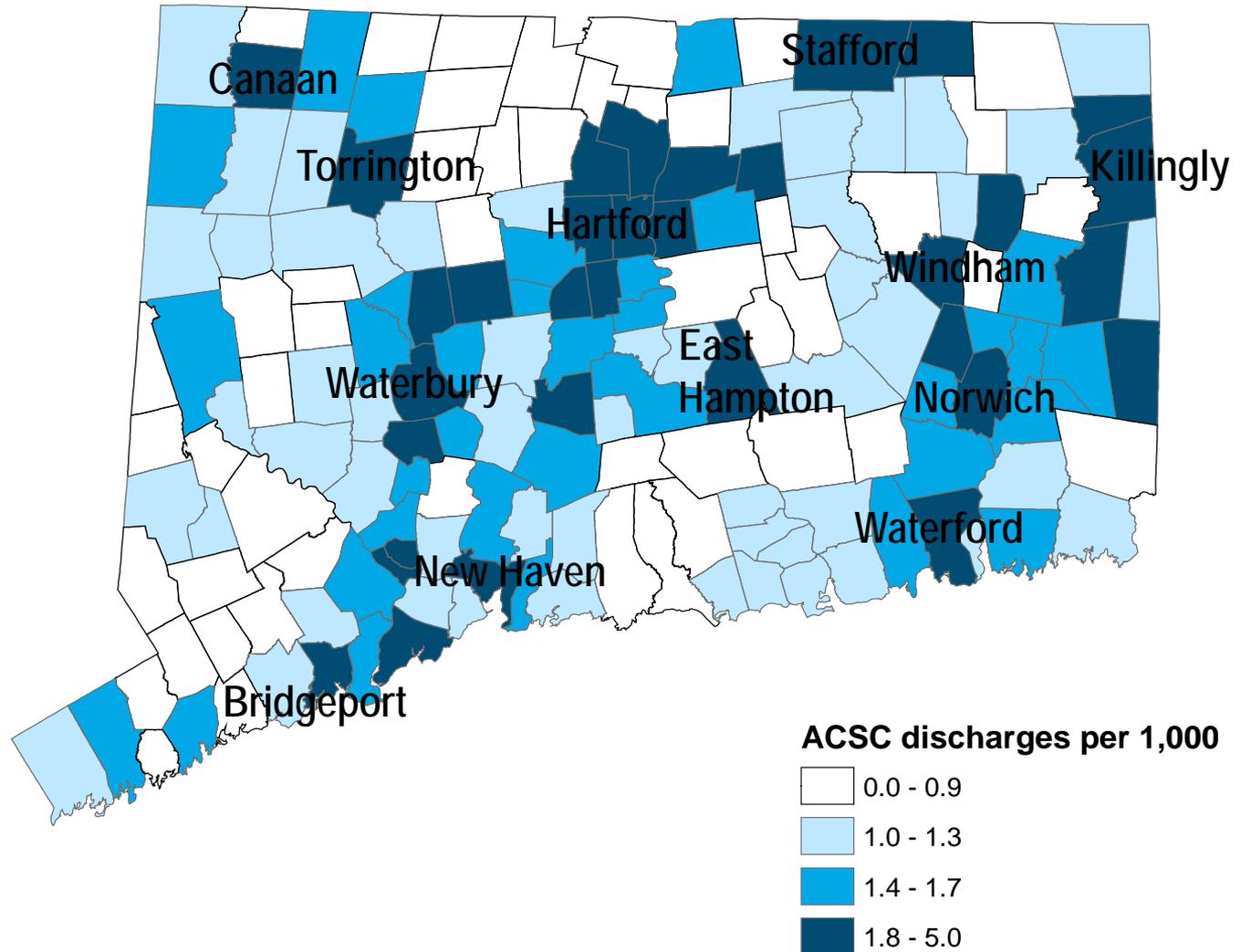
Medicaid had largest increase in ACSC charges, FYs 2000 - 2004



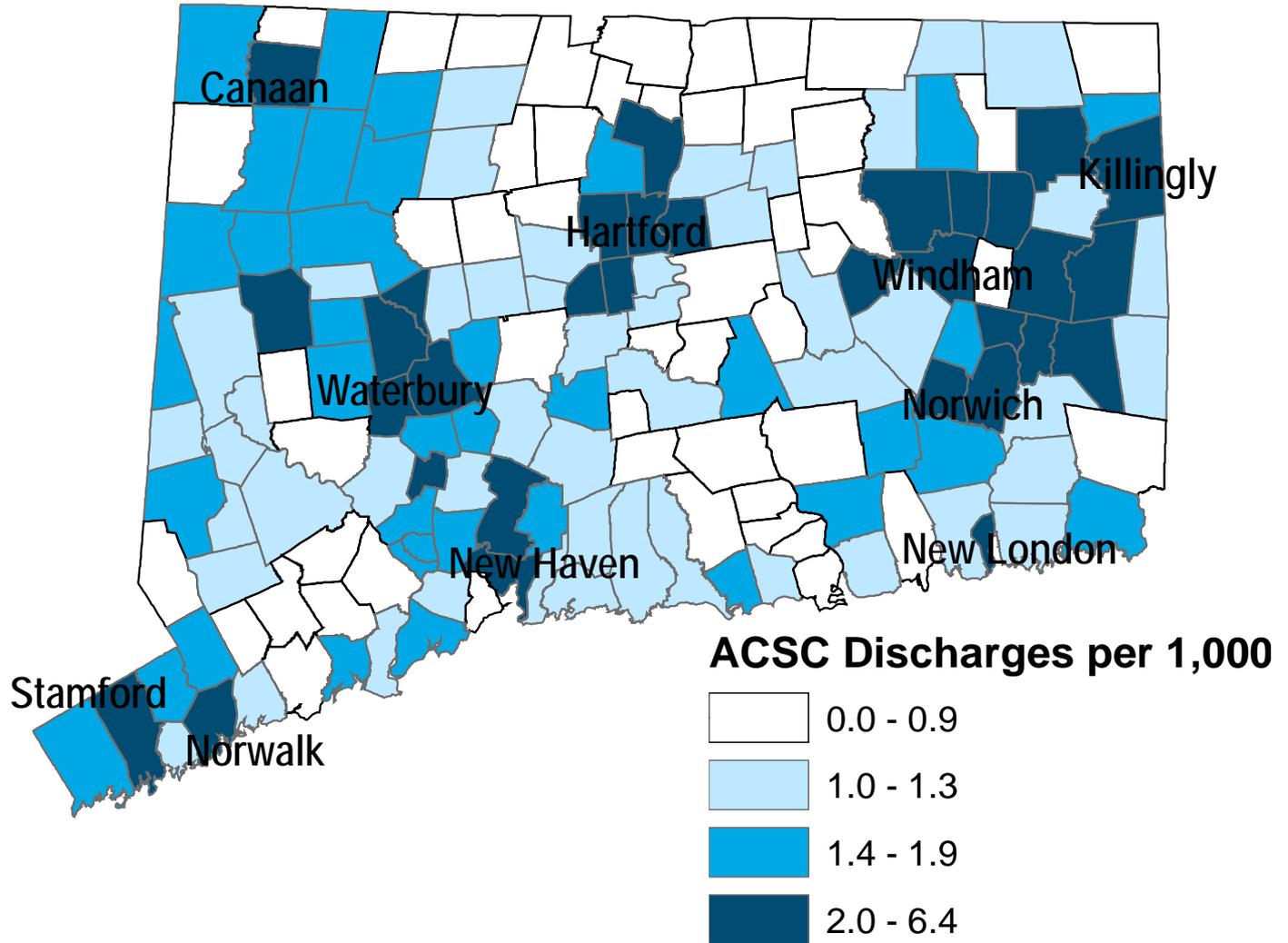
Windham County with most bacterial pneumonia hospitalizations, 2004



Average annual adult ACSC discharges, FYs 2000 - 2004



Average annual pediatric ACSC discharges, FYs 2000 - 2004



Community Responses: Waterbury Health Access Program and Middlesex Hospital

- Disease management programs
- Community partnerships
- Eligibility screening and patient assistance programs

For further information please visit:

<http://www.ct.gov/ohca>

Or contact:

Michael Sabados at (860) 418-7069

