

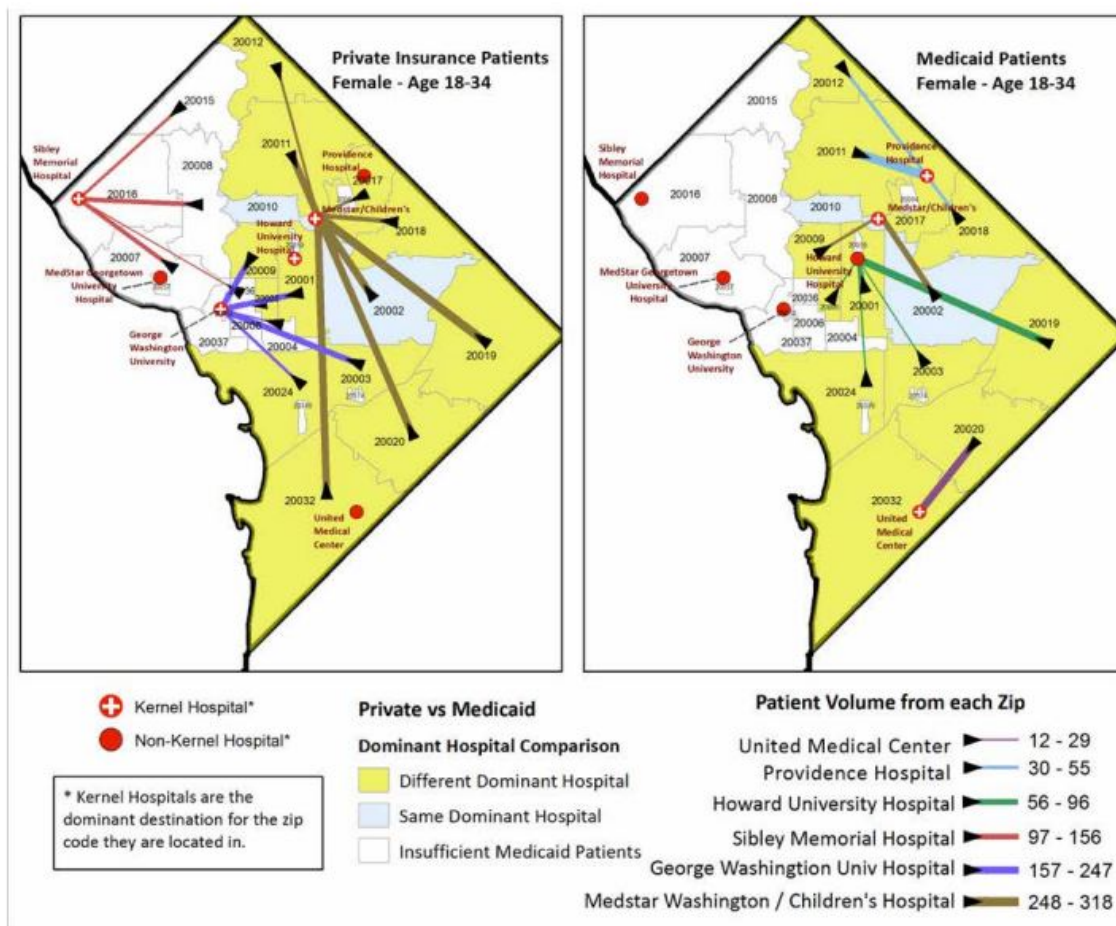
Ward 5 Health Care

Utilization Patterns from Health Systems Plan

Dominant Destinations for Hospitalizations by Insurance Coverage

The maps in Figure 8 show the dominant destination for hospitalizations of women 18–34 depending on their coverage. Zip codes shaded in yellow exhibit different hospital destination patterns of residents based on Private vs. Medicaid coverage. This suggests that these patterns are not primarily dictated by community characteristics, but rather by other factors related to patient or provider preference and network patterns. Interestingly, while one might assume that Medicaid patients might travel further for care, the results show that privately insured women travel further from their zip code of residence to receive care, primarily at MedStar Washington, Sibley, and George Washington. Medicaid-insured women from the same communities tend to be admitted to Howard, Providence, and UMC.

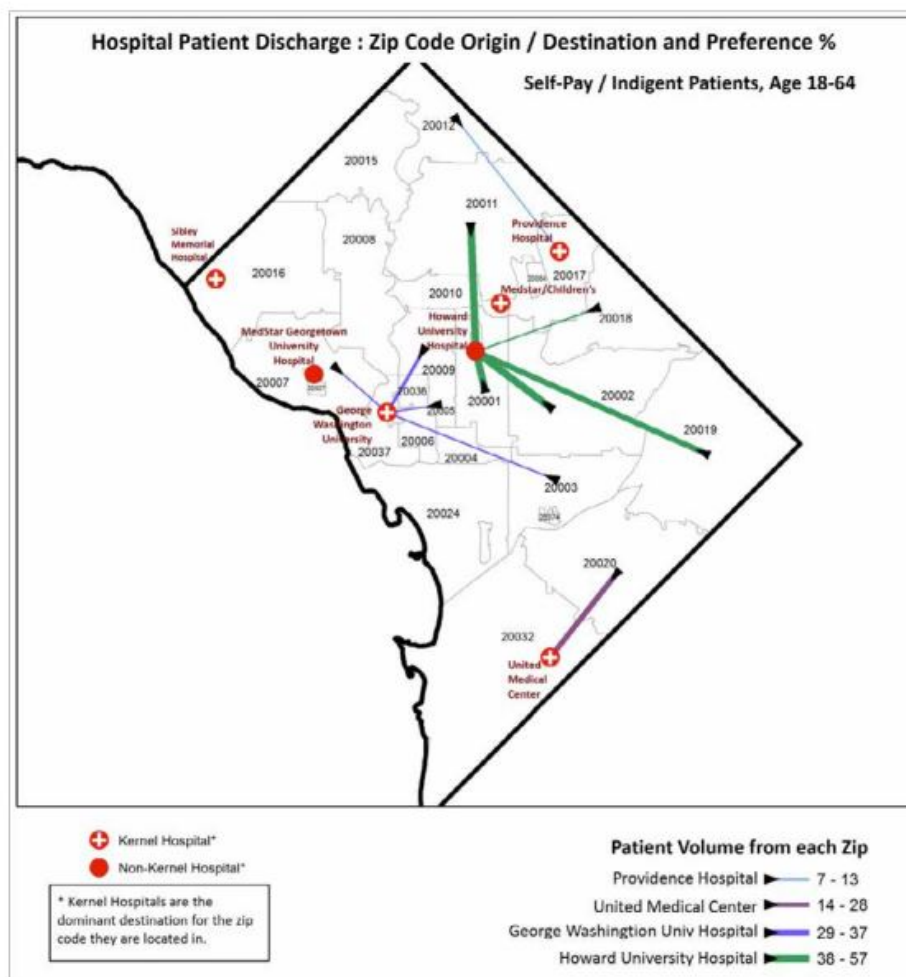
FIGURE 8: HOSPITAL PATIENT DISCHARGE, MEDICAID VS. PRIVATE INSURANCE, FEMALES AGE 18-34



Data Compiled by City from DC Health's "Healthy Systems Plan", available at https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC%20Health%20Systems%20Plan%202017_0.pdf

A similar map (Figure 9) shows the destination for self-pay/indigent patients—covering both men and women 18–64 in order to include sufficient numbers. Again, Howard, Providence, and UMC are more prevalent destinations, though George Washington also has an area of dominance.

FIGURE 9: HOSPITAL PATIENT DISCHARGE, SELF-PAY/INDIGENT PATIENTS, MALES AND FEMALES AGE 18-34



Ambulatory Care Sensitive Hospitalizations

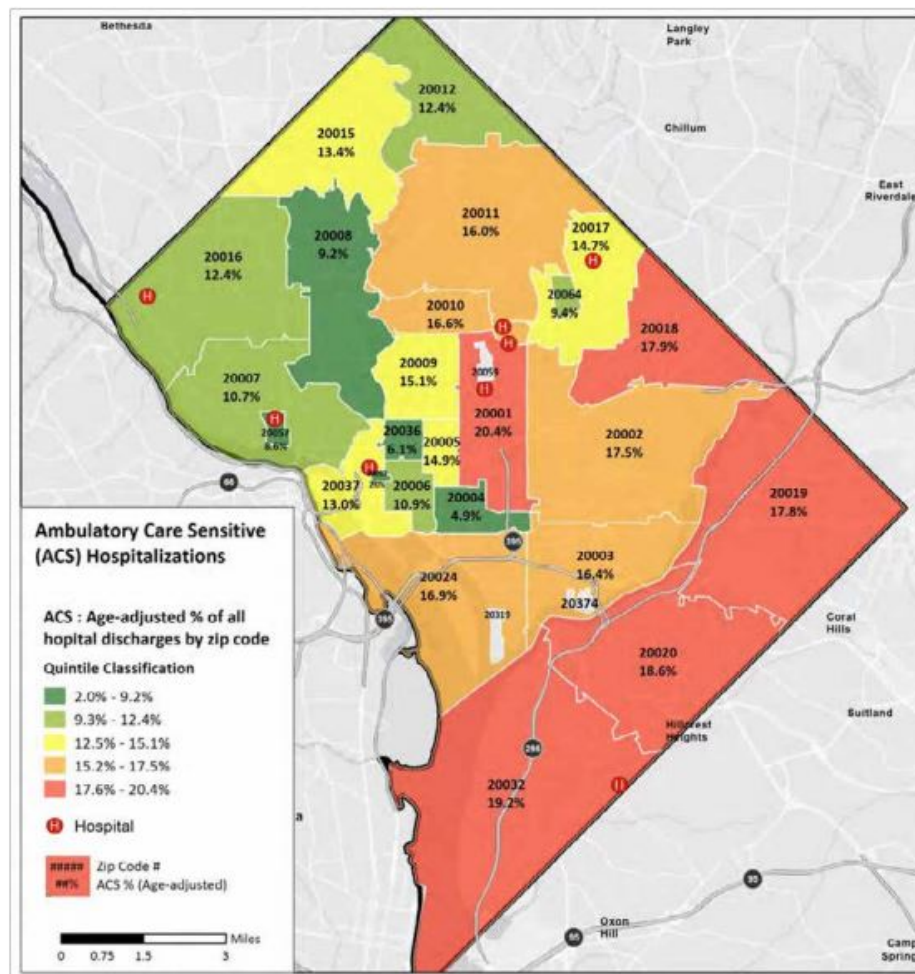
Figure 10 shows the proportion of total admissions for Ambulatory Care Sensitive (ACS) diagnoses on an age/gender adjusted basis using the DC population overall as the reference population. ACS admissions are less a reflection of inpatient services, and more a representation of admissions that are partially preventable with access to quality primary and outpatient care.

The results show a fairly distinct pattern: the lowest ACS rates are in the core of the city and areas to the northwest, including Georgetown, Palisades, Cleveland Park and Tenleytown. There are notably higher

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rates encircling the core to the east, with the highest ACS proportions in the communities to the east of the Anacostia River and from the Shaw area surrounding Howard University Hospital and east.

FIGURE 10: AMBULATORY CARE SENSITIVE HOSPITALIZATIONS



DC Hospital Discharges - Destination and Preference

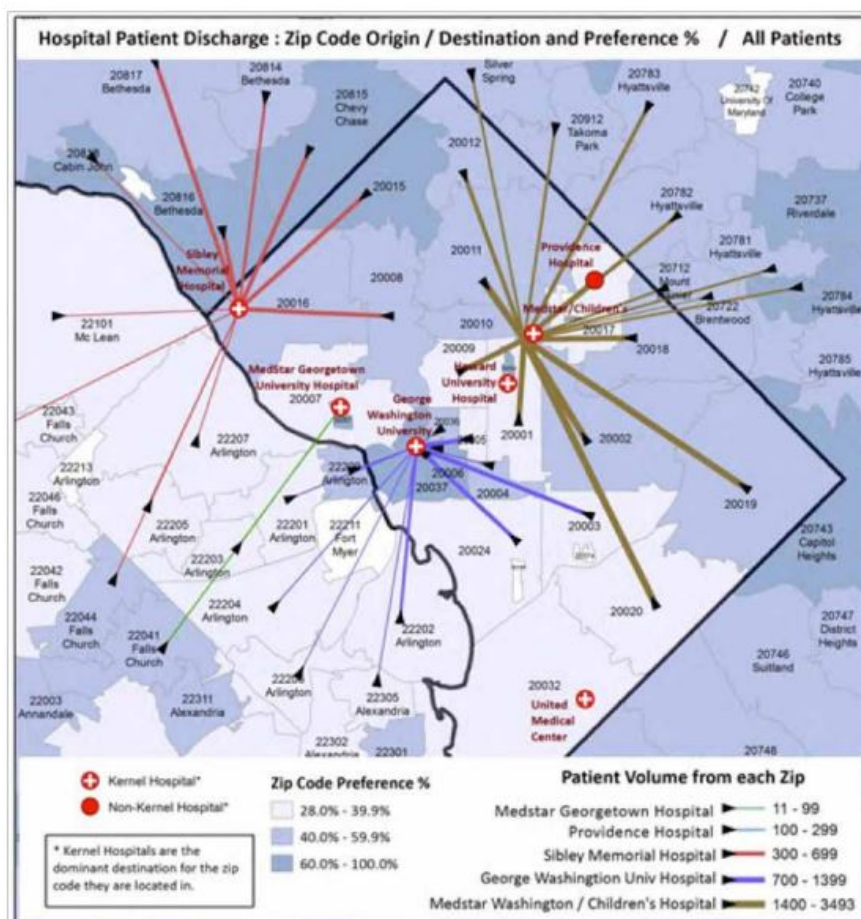
Further evidence of the distances that DC residents travel to access hospital services and the potential barriers that exist is provided in Figure 11, which analyzes DC hospital discharge data by patient origin. This map shows where residents in any given DC zip code are most likely to go for hospital services. The lines on the map show where the plurality (or the largest percent) of residents in a given zip code are most likely to go for their hospital services. A thicker line indicates a higher percentage of patients going to a particular hospital. The shaded blue areas on the map represent zip codes; the darker shades of blue signify high preference rates for residents. High preference rates mean there is a relatively high percentage of patients' going to the dominant hospital in a given zip code. Lighter shades of blue signify a low preference rate. This means that preference is more spread and that there is a relatively low

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percentage of patients from that zip code going to the dominant hospital. Note that there is considerable variation in the degree of preference, with the communities surrounding UMC, Howard, Providence, and Georgetown showing lower preference for their primary destination hospital. These patterns may be explained by geography and the availability of nearby facilities, but may also be driven by other factors as discussed below.

Also of note is the fact that 'kernel' hospitals are facilities where the residents of the zip code that the hospital is in use it as their primary admission destination. As one would expect, this is true for most hospitals, with the exception of Providence Hospital, where residents of zip code 20017 travel in slightly greater numbers to the larger MedStar Washington Hospital Center facility nearby. This analysis shows overwhelmingly that hospitals in the central downtown part of DC are the preferred hospitals for residents in most zip codes, even when residents have hospitals that are significantly closer to them or lie between them and the downtown area.

FIGURE 11: DC HOSPITAL DISCHARGES – DESTINATION AND PREFERENCE % BY ZIP CODE ORIGIN



Primary Care Visits by Zip Code

Figure 13 shows the percent of Medicaid enrollees from each zip code that had at least one primary care visit in 2014. More specifically, Figure 13 shows that in the DC communities that face the most significant disparities in health-related outcomes, as many as 50% of Medicaid enrollees are not accessing appropriate primary care and preventive services in a given year. Interestingly, and somewhat counter-intuitively, the engagement rates for Medicaid enrollees in Southeast DC (Wards 5, 6, 7, and 8), where the most significant disparities in outcomes exist, are among the highest rates in DC.

FIGURE 13: DC MEDICAID ENROLLEES, PERCENT WITH 1+ PRIMARY CARE VISITS, 2015-2016

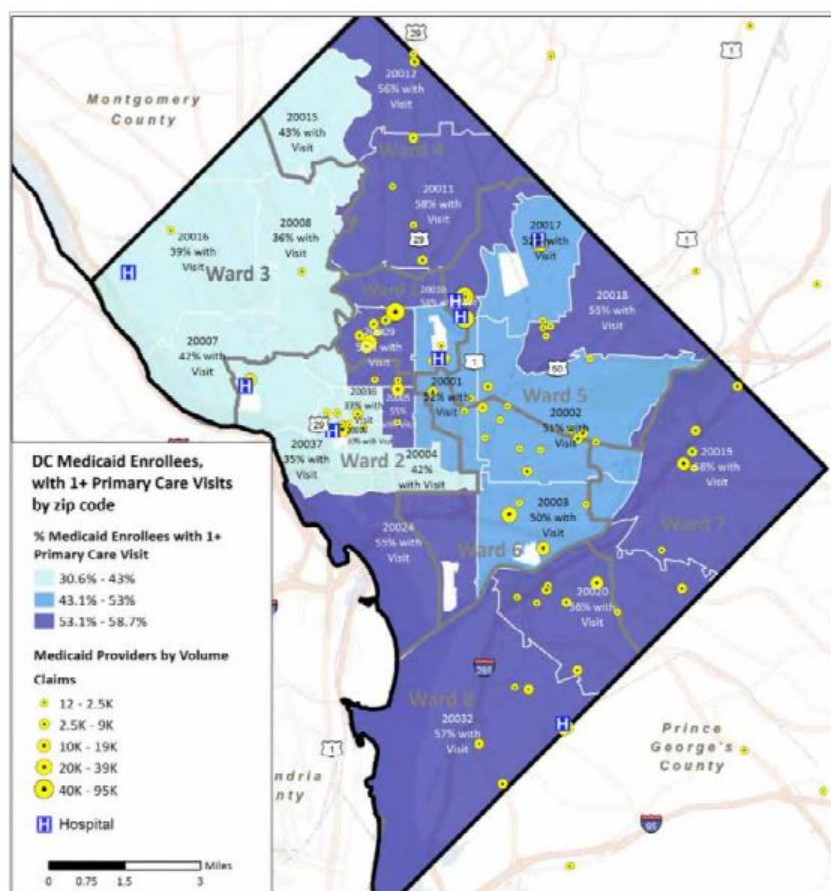
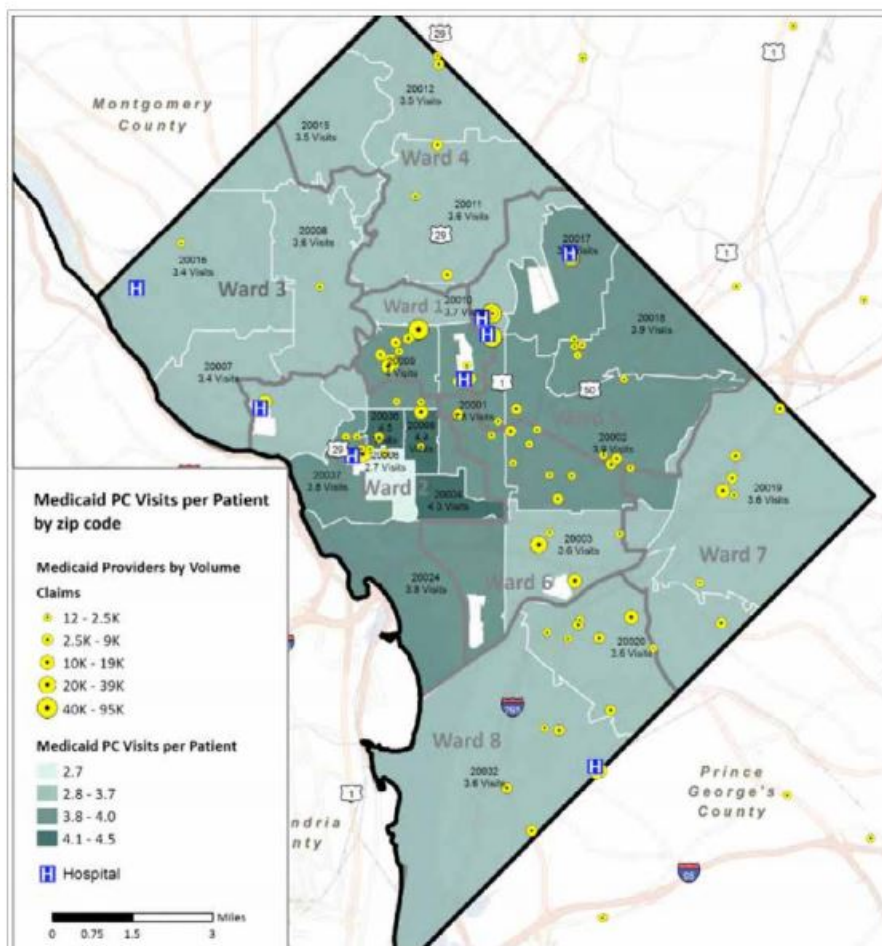


FIGURE 14: DC MEDICAID ENROLLEES, PRIMARY CARE VISITS PER PATIENT



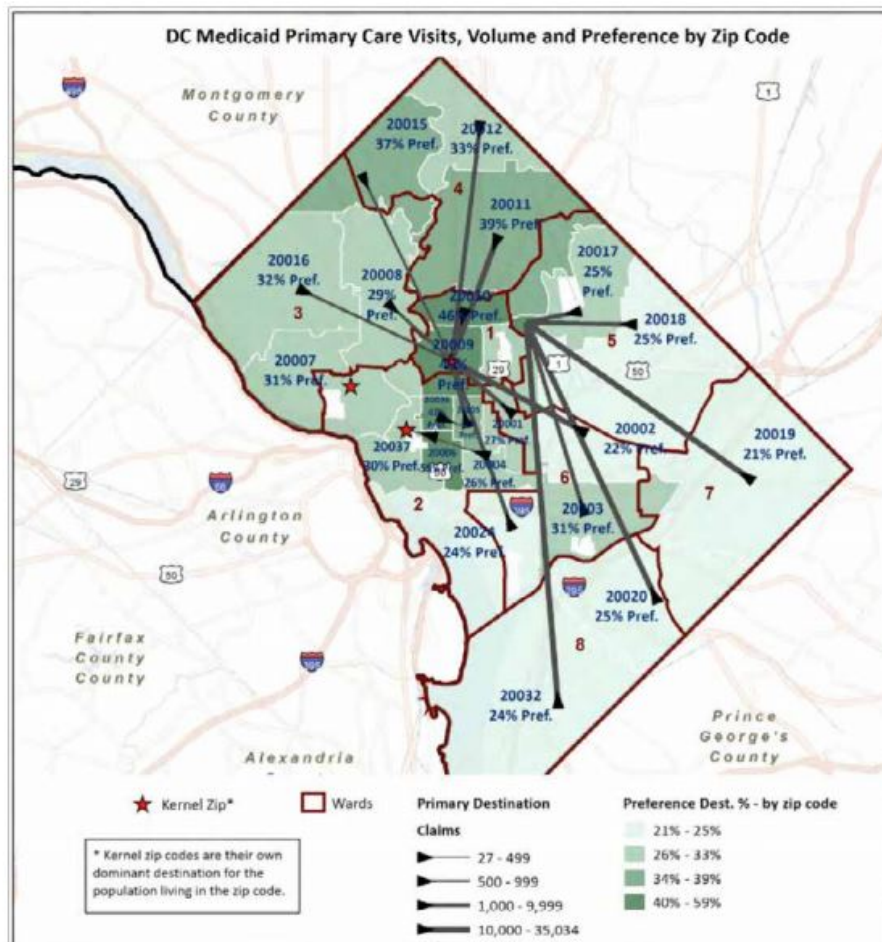
Primary Care Preferences by Zip Code

Figure 16 illustrates the primary zip code origin-destination (O-D) pattern seen in the data, based on the most frequent zip code in which the residents of every zip code in the district received care (the plurality destination for primary care visits from each zip code). The red star symbols indicate “kernel” zip codes where the most frequent destination for primary care visits by residents are with providers in that same zip code. The arrowed lines indicate the zip code that residents of a given zip code are most likely to travel to for primary care services, with the thickness of the line representing the volume of visits following that pattern (the thicker the line, the more likely that residents are living that zip code and traveling to another zip code for primary care services). A careful review of Figure 16 shows that in only three of DC’s zip codes do residents choose practice sites that operate in their own community more than practices that operate in other communities. In the rest of DC, residents are more likely to travel outside of their residential zip code for care. Furthermore, the map shows that residents are most likely to travel to central DC (zip codes 20009 and 20010), despite the barriers that travel may present. Zip code 20009 contains large volume service delivery sites for several prominent health centers, including

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Unity, Mary's Center, Community of Hope, and La Clinica del Pueblo. Zip code 20010 contains large outpatient service sites for the MedStar Washington Hospital Physicians Group and the Children's National Medical Association practice of Children's Hospital.

FIGURE 16: DC MEDICAID PRIMARY CARE VISITS WITH VOLUME AND PREFERENCE BY ZIP CODE, 2014



Percent of ED Visits that were Ambulatory Care Sensitive Conditions by Zip Code

As stated above, analysis of DC emergency department visits shows that there are very high rates of ambulatory care sensitive conditions (ACSS) being seen in DC's hospital emergency departments. ACSS are conditions that are generally considered avoidable or preventable with appropriate primary care services (e.g., hypertension, asthma, diabetes, COPD). This fact reinforces the idea that DC residents are inappropriately engaged in primary care. One of the hallmarks of a strong primary care system is its ability to engage and provide services to patients in ways that allow them to prevent acute illness or

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manage their chronic or complex conditions. Figures 18 and 19 illustrate that residents living in DC are seen in hospital inpatient settings and emergency departments at high rates. It is particularly important to note that the residents in communities that face the highest disparities in health outcomes (Wards 5, 6, 7, and 8) are more likely to receive hospital and emergency department services for ACS conditions than those in other parts of DC. In Wards 7 and 8, roughly 20% of all hospital discharges and 21% of ED visits are for ACS conditions. These percentages are considerably higher than the percentages reported from those from Wards 1, 2, 3, and 4.

FIGURE 18: PERCENT OF ALL HOSPITALIZATIONS THAT WERE FOR AMBULATORY CARE SENSITIVE CONDITIONS, BY ZIP CODE

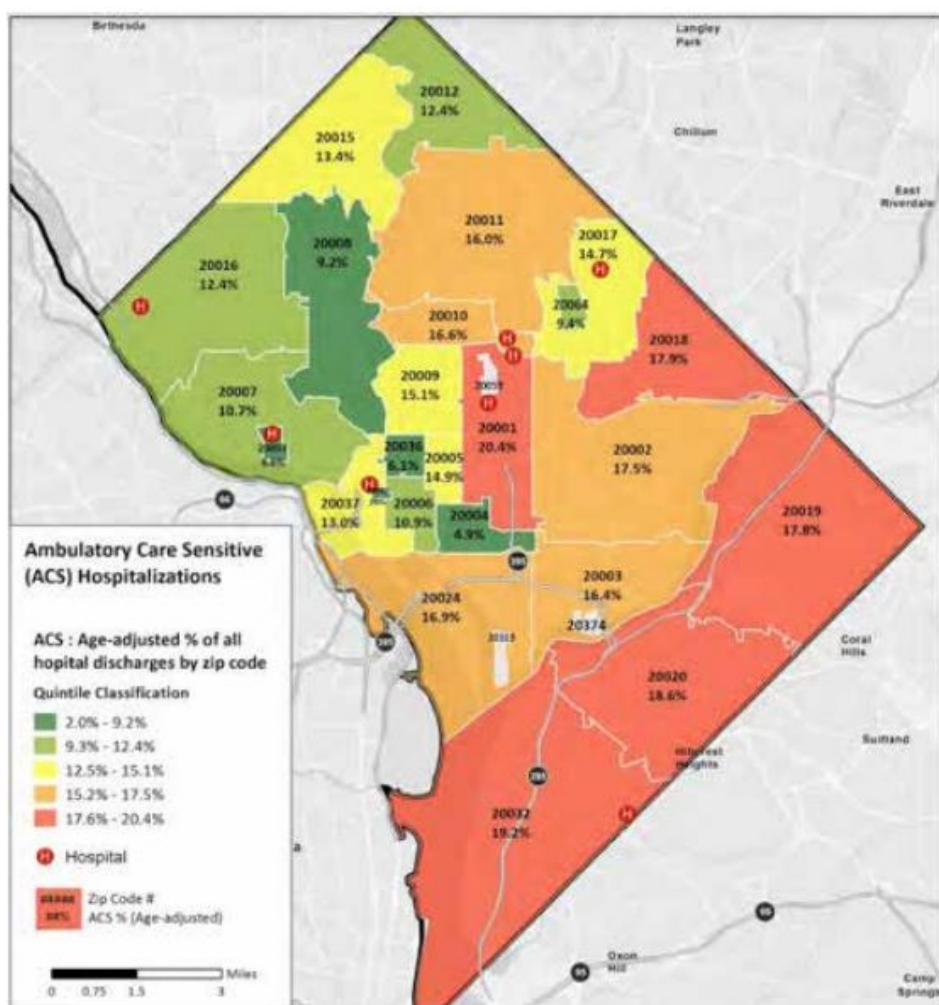
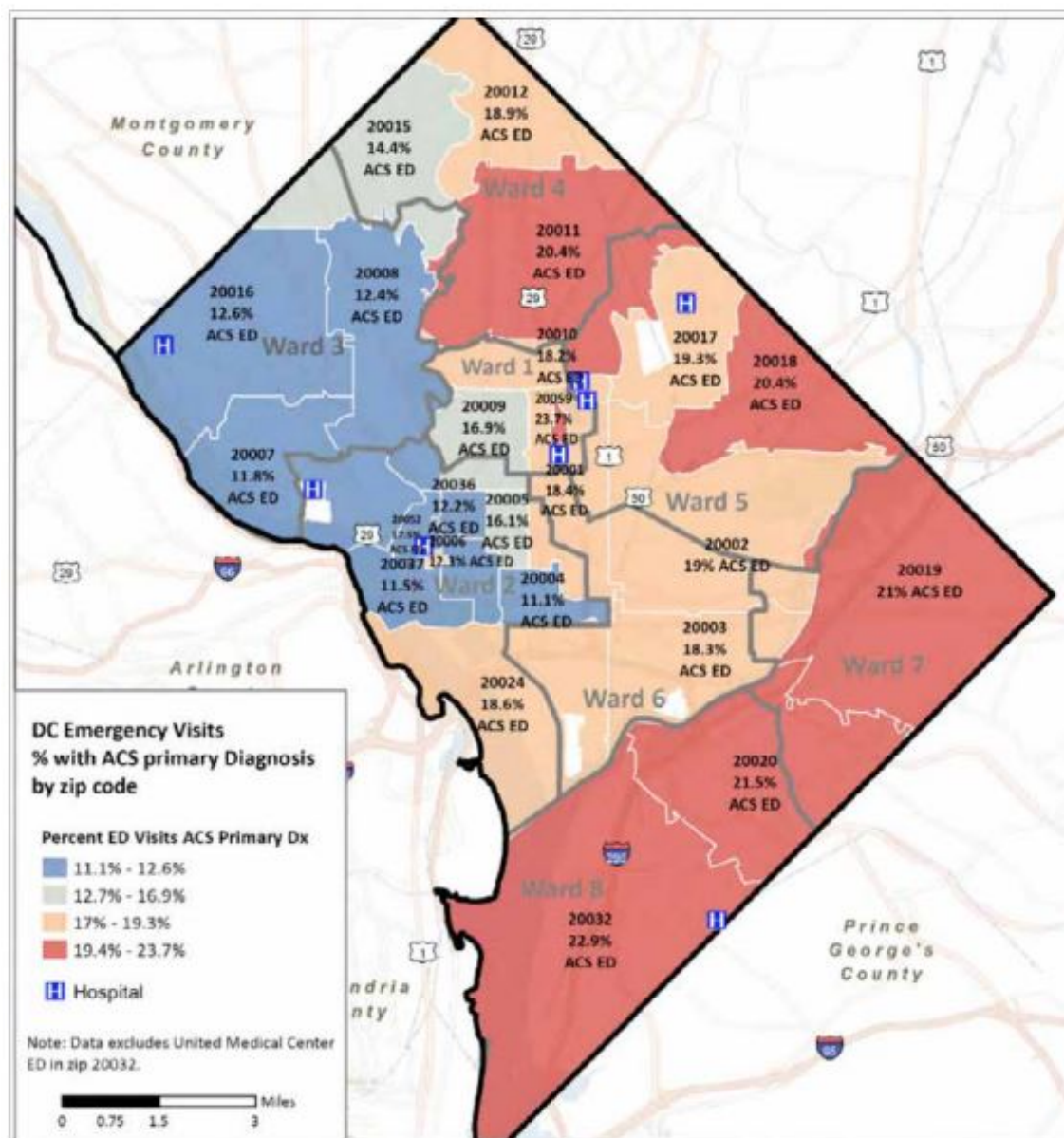
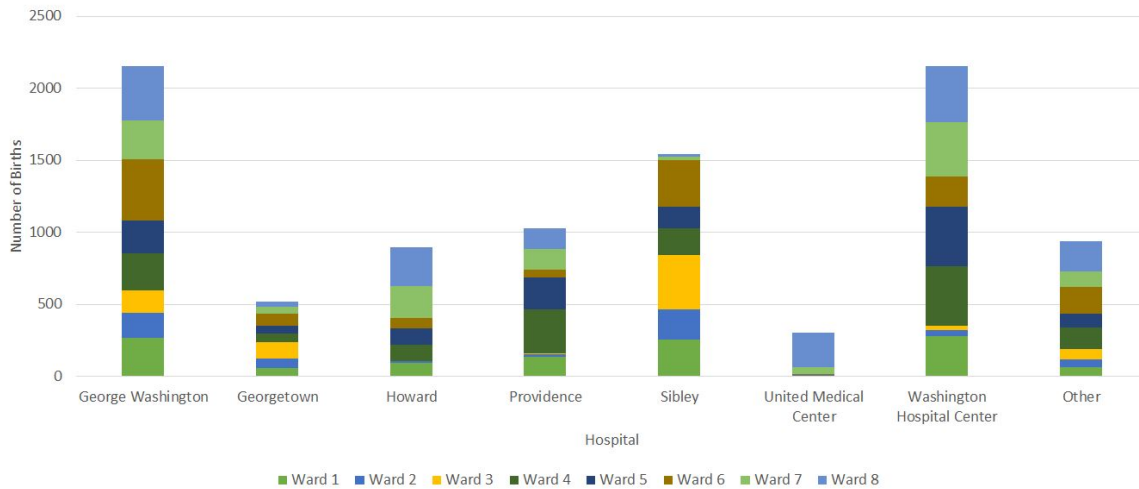


FIGURE 19: PERCENT OF ALL HOSPITAL EMERGENCY DEPARTMENT VISITS THAT WERE FOR AMBULATORY CARE SENSITIVE CONDITIONS, BY ZIP CODE



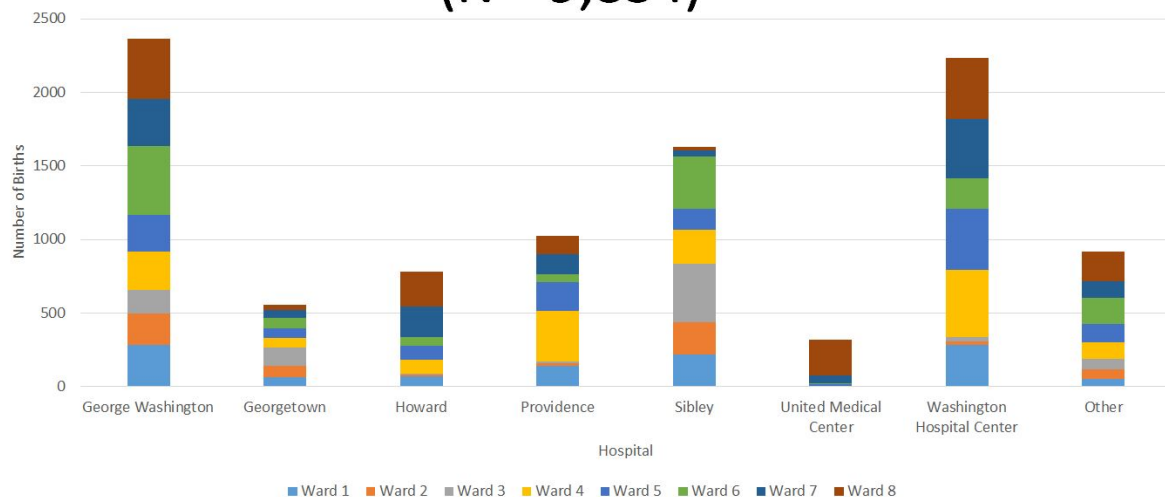
DC Resident Births by Hospital and Ward from Dr. Nesbitt Testimony

2015 DC Resident Births by Hospital and Ward (N = 9,571)



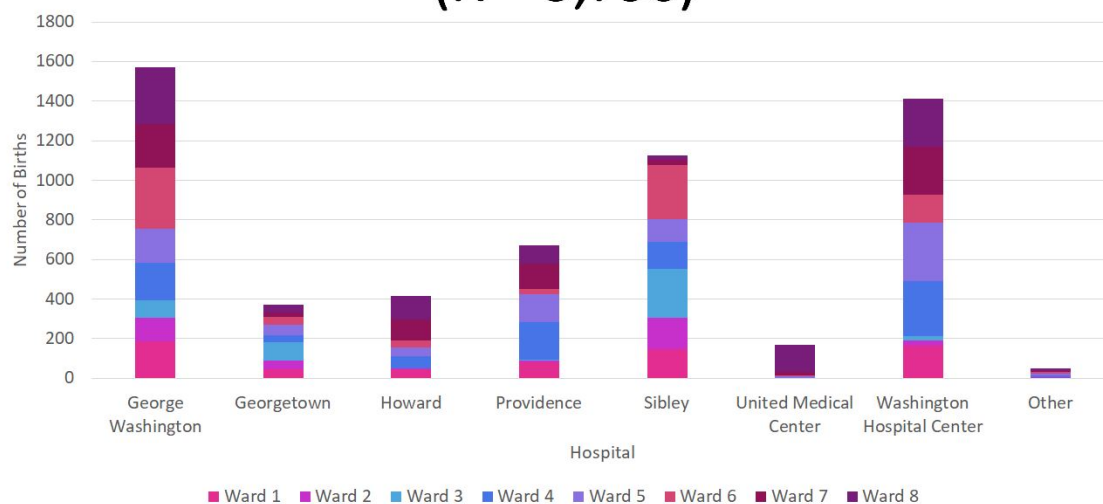
Note: "Other" indicates those DC residents who gave birth outside of the District of Columbia.
Source: Center for Policy, Planning and Evaluation, DC Department of Health.

2016 DC Resident Births by Hospital and Ward (N = 9,854)



Note: "Other" indicates those DC residents who gave birth outside of the District of Columbia.
Source: Center for Policy, Planning and Evaluation, DC Department of Health.

2017 YTD DC Resident Births by Hospital and Ward (N = 5,790)



Note: "Other" indicates those DC residents who gave birth outside of the District of Columbia. Year-to-Date "Other" births are incomplete until birth file closes in March, 2018.
Source: Center for Policy, Planning and Evaluation, DC Department of Health.