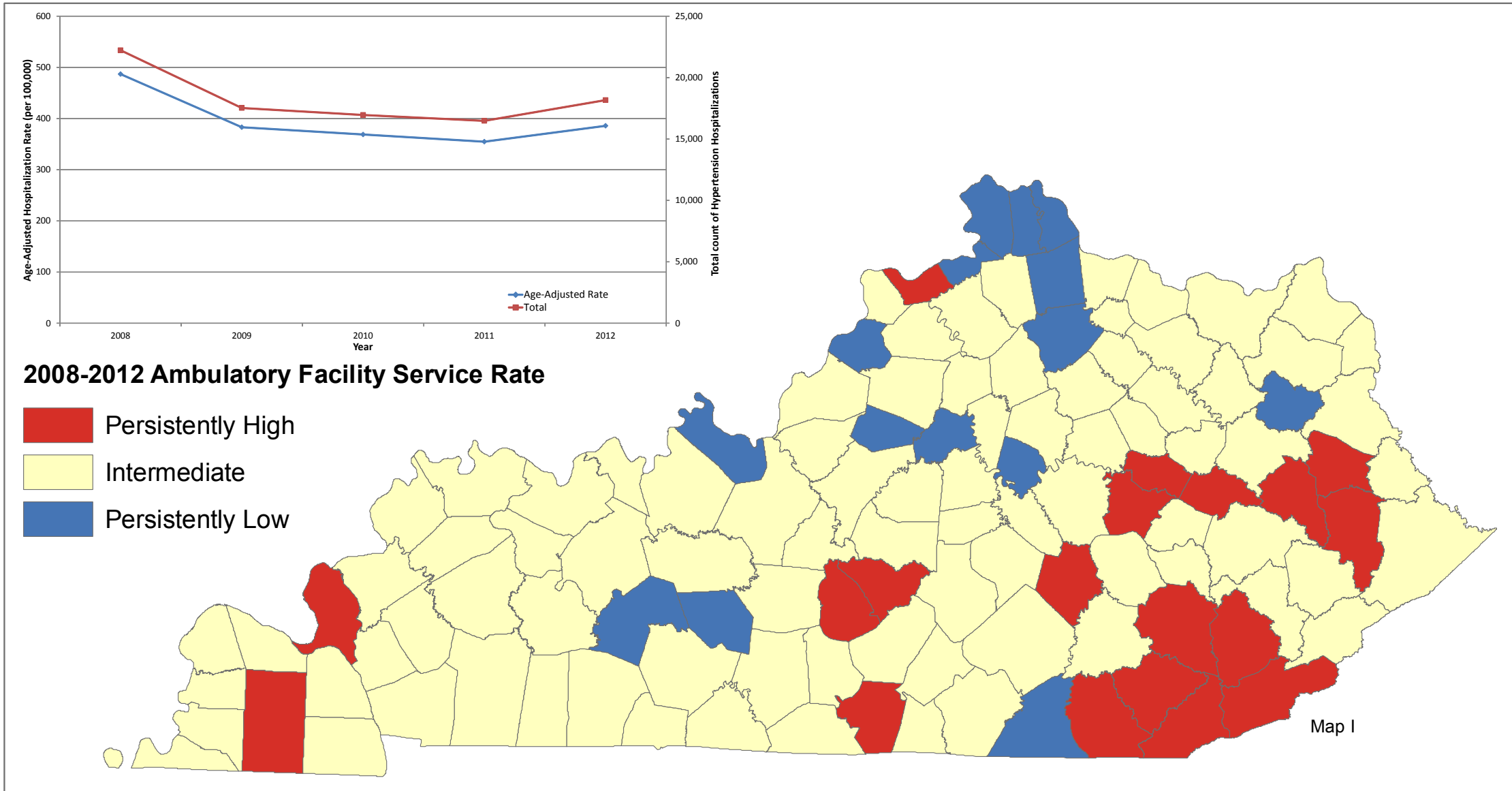


# Outpatient Ambulatory Service Rates for Hypertension (2008-2012) in Kentucky



**Kentucky Public Health**  
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These maps demonstrate the geographic distribution of age-adjusted\* outpatient ambulatory service rates for hypertension as a primary diagnosis (ICD 9: 401.X-405.X) based on a patient's county of residence.

Ambulatory facilities include any facility where care is provided on an outpatient basis. The Ambulatory Facility Service rate was calculated from all records of any single utilization of a service received at an ambulatory facility for Hypertension.

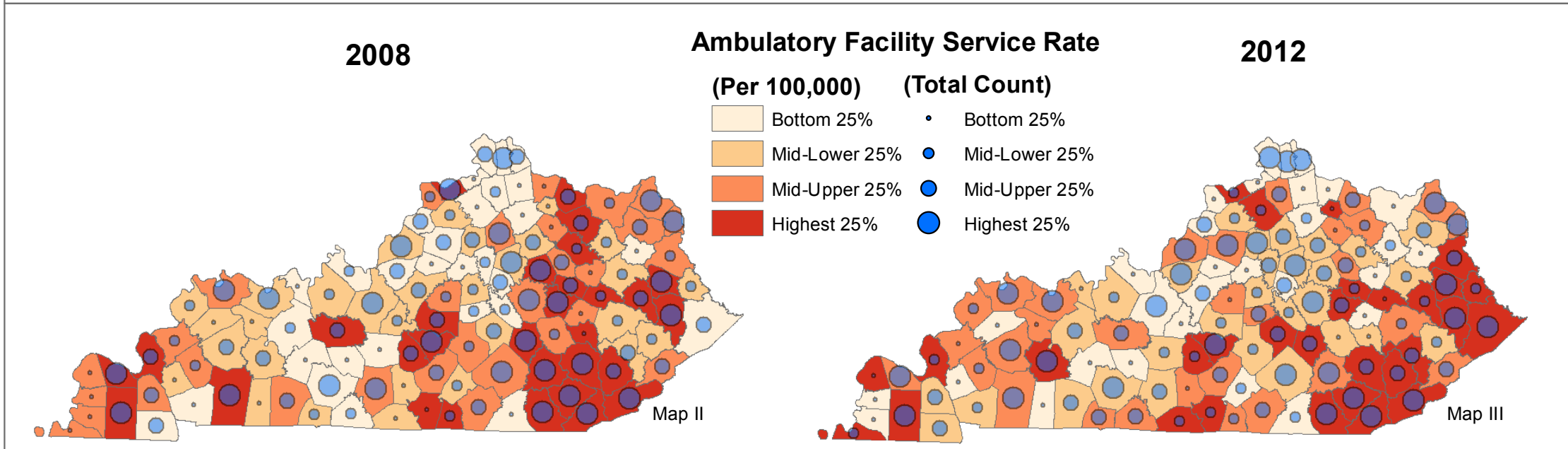
The center map (Map I) displays overall changes for counties between 2008 and 2012. Persistently high/low counties were counties that fell in the highest/lowest quartiles in both years. The map demonstrates clusters of areas with a large burden in the overall ambulatory facility utilization by those with diagnosed hypertension.

The two maps at the bottom (Map II & III) show the ambulatory service rate overlaid by total counts of ambulatory services utilization by county. Color bands and graduated circles are classified based on data quartiles -- each color/symbol represents 25% of the counties. The two maps are fairly similar in terms of counties that experience the relative highest rates and the largest counts.

\*Age-adjustment to 2000 US standard population using respective census intercensal estimates (2008) and vintage postcensal estimates (2012)

**Limitations of the data:**  
The records comprising these data files are built from hospital-submitted or ambulatory facility submitted claims to payors. The inpatient files contain all inpatient discharges for a given calendar year. These are claims data and must be used with caution in epidemiological analysis. Individual records represent single admit-through-discharge events; multiple admissions of an individual patient cannot be definitively identified. Additionally, the number of facilities submitting data has increased over recent years. Data only includes medical facilities in Kentucky, therefore patients seeking care in neighboring states are not included and estimated rates may appear lower than the true rate.

**Note:** Due to the limitations of the data, it is important to focus on the general geographic trends and not focus on a specific county's rates.



**Source:** 2008-2012 Office of Health Policy - Hospital Inpatient Discharge and Outpatient Services Database  
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