**Introduction**

The increasing life expectancy and growing prevalence of non-communicable diseases results in increased demand for resources. The integration of care, with the purpose of increasing access and quality (among others), has been widely discussed as a possible solution in this context (1). The admissions for Ambulatory Care Sensitive Conditions (ACSC) have proven to be a valid indicator of both Primary Care access and quality (2), indirectly enabling to measure integration of care. However, in Portugal, there is no framework on ACSC or any knowledge of their magnitude and evolution (3).

**Objectives**

- Determine and characterize the ACSC admissions in Portugal
- Determine potential improvement scenarios
- Characterize the historic evolution of ACSC admissions
- Evaluate the impact of the utilization of different ACSC lists

**Methods**

- 12,467,427 public hospital admission records of mainland Portuguese residents were analyzed (national public hospital admissions databases 2000-2012)
- The ACSC admissions were identified according to two lists:
  - Canadian Institute for Health Information (CIHI) (4)
  - Caminal et al. (validated for Spain) (5)

**Results**

**Table 1: Comparative results according to two ACSC lists**

<table>
<thead>
<tr>
<th>Year</th>
<th>Canadian List</th>
<th>Spanish List</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>22,321</td>
<td>164,061</td>
</tr>
<tr>
<td>Rate ACSC admissions (100,000 hab.)*</td>
<td>223.7</td>
<td>1644.5</td>
</tr>
<tr>
<td>% all admissions</td>
<td>2.4%</td>
<td>17.7%</td>
</tr>
<tr>
<td>% medical admissions†</td>
<td>4.4%</td>
<td>32.5%</td>
</tr>
<tr>
<td>% males</td>
<td>57%</td>
<td>52%</td>
</tr>
</tbody>
</table>

*According to the populations estimates of the Portuguese national statistics institute for 2012
†Excluding surgical, obstetric, traumatic and mental health admissions

**Figure 2: rate of ACSC admissions variation (%) (reference year=2000)**

**Table 2: Potential improvement scenarios**

<table>
<thead>
<tr>
<th>2012</th>
<th>Canadian List</th>
<th>Spanish List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up the ladder</td>
<td>-20.3%</td>
<td>-43.9%</td>
</tr>
<tr>
<td>All the best</td>
<td>-45.9%</td>
<td>-53.5%</td>
</tr>
</tbody>
</table>

The scenarios were calculated after categorizing the municipalities in quintiles according to their standardized rate of ACSC admissions. Up the ladder municipality improves to the average level of the next quintile. All the best: every municipality improves to the average level of the best performing quintile (6).

**Discussion**

The scope and specificity of the two ACSC lists are definitely different, determining an opposite evolution of the rate of ACSC admissions. According to the list used, not only the number and rate of ACSC admissions varies significantly, but also the most frequent causes of admission are different.

There are regional clusters of above and under average performance and our results demonstrate that there is a significant potential to reduce admissions for ACSC.

**Conclusions**

The ACSC admissions in Portugal are a relevant phenomenon with important regional differences to be analyzed in further detail. There is a significant potential for improvement but the ACSC selection method is determinant, creating the need to discuss the most adequate method of ACSC admissions determination in Portugal.

**List of References**