

2019 New Mexico Emergency Department Data Annual Report

Health Systems Epidemiology Program
Community and Health Systems Epidemiology Bureau
Epidemiology and Response Division
New Mexico Department of Health



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Executive Summary

This report presents overall New Mexico (NM) emergency department (ED) visit numbers, as well as rates by age, sex, race/ethnicity, and health region (see Figure 1 on page 12) for NM residents.

Federal NM hospitals are not included in these data because they are not required to report their data to the New Mexico Department of Health (NMDOH); therefore, data from Indian Health Service (IHS) facilities and the Veterans Affairs (VA) Hospital are not included. ED visits and rates in areas with large American Indian/Alaskan Native populations are lower than they would be if IHS hospital ED visit data were included. The NMDOH is exploring ways to include IHS and VA Hospital data in future reports. In addition, ED visits for NM residents to out-of-state hospitals are not included.

In 2019, 37 non-federal emergency departments reported 840,007 records of emergency department visit data to the NMDOH. After record exclusion criteria were applied, 807,106 records (visits) remained for analysis.

Of the 807,106 reported ED visits, 54.2% were among females and 45.8% were among males. About 20% of all visits occurred among residents aged 65 years and older. The overall ED visit rate in 2019 for New Mexico residents was 3,853.0 visits per 10,000 population. The Northeast Region had the highest rate of New Mexico ED visits in 2019 (4,512.1 visits per 10,000 population). For First-Listed Diagnosis, ED visits had the highest rate in Diagnosis Category “Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified” (800.4 visits per 10,000 population). When looking at All Diagnoses, “Factors influencing health status and contact with health services” had the highest ED visit rate (1698.2 visits per 10,000 population).

For Diagnosis Category by First-Listed Diagnosis, the Metro Region had significantly lower ED visit rates in most of the diagnosis categories than other regions. The Southeast Region had the lowest rate in “Mental, behavioral and neurodevelopmental disorders” (141.4 visits per 10,000 population) but had the highest rate in “Diseases of the respiratory system” (635.1 visits per 10,000 population). The Northeast Region showed a significantly higher ED visit rate in “Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified” (970.2 visits per 10,000 population) than the other regions. For Diagnosis Category by All Diagnoses, the Metro Region had the lowest rate for almost all the categories. The Northwest Region and Northeast Region had significantly higher visit rate in “Mental, behavioral and neurodevelopmental disorders”, “Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified” and “Injury, poisoning and certain other consequences of external causes” than other parts of the state. The Northwest Region also had a significantly higher ED visit rate in “External causes of morbidity”.

Methods

The New Mexico Public Health Act grants the NMDOH the authority to “Investigate, control and abate the cause of disease” (Section 24-1-3C). Additional authority was enacted (NMAC 7.4.3.10) on April 30, 2009, which specifically requires that all non-federal emergency departments in the State of New Mexico report emergency department (ED) data to the NMDOH. The 2010-2019 ED data have been requested annually via letter from all non-federal New Mexico emergency departments.

In this report, emergency department discharge rates were calculated using the New Mexico 2019 population estimates, determined by NM Population Estimates, Geospatial and Population Studies (GPS) Program, University of New Mexico. Population estimates from UNM were recently updated in October 2019.

This report is intended to provide the general public and policy makers with an overview analysis of emergency department visits to non-federal emergency facilities in New Mexico. Although data were verified with the submitting hospital, all data and information presented in this report are as-submitted by reporting emergency departments to the NMDOH. This report does not include any emergency department visits of New Mexico residents to facilities outside the New Mexico state border, to Indian Health Service (IHS) facilities or to the Veterans Affairs (VA) Hospital.

Some records were excluded from the data reported due to missing information. As indicated in Table 1 below, records with unknown zip codes (and therefore unknown health region), unknown sex, unknown age, and missing primary diagnosis codes were excluded. The exclusion criteria above are not mutually exclusive. For example, a record may have both unknown sex and unknown primary diagnosis.

Table 1. Number of Discharges, NM, 2019

Total Records Collected	840,007
Record Exclusion* for 2019 ED	32,901
<i>Out-of-State or Unknown Zip Code</i>	32,189
<i>Missing/Invalid Principal Diagnosis Code</i>	662
<i>Unknown Sex</i>	75
<i>Unknown Age</i>	79
Records Remaining (Total)	807,106

*Note: The exclusion criteria listed in the table are not mutually exclusive. For example, a record may have both unknown sex and unknown Principal diagnosis.

Definitions for Diagnoses and Procedures: The Emergency Department diagnoses contained in the database were coded using the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). Definitions for diagnoses and procedures presented in this report may be found at <http://www.cdc.gov/nchs/icd/icd10cm.htm>.

Rate Calculations: all rates presented are per 10,000 population. Rates were age-adjusted to the 2000 U.S. standard population unless age groups are specified (<https://ibis.health.state.nm.us/resource/AARate.html>; <https://www.cdc.gov/nchs/data/statnt/statnt20.pdf>).

Limitations: Federal NM hospitals are not included in these data; therefore, data from Indian Health Service (IHS) facilities and the Veterans Affairs (VA) Hospital are not included. ED visits and rates in areas with large American Indian/Alaskan Native populations are lower than they would be if IHS hospital ED visit data were included. The NMDOH is exploring ways to include IHS and VA Hospital data in future reports. In addition, ED visits for NM residents to out-of-state hospitals are not included.

Diagnosis Categories: Each ED visit record has only one first-listed diagnosis code and up to 44 subsequent diagnosis codes reported. The count under "First-Listed Diagnosis" in this report is mutually exclusive from each Diagnosis Category. "All Diagnoses" includes the first-listed diagnosis code and all the subsequent diagnosis codes, where one ED visit may have diagnosis codes that fall into different Diagnosis Categories. For counts under "All Diagnoses" in this report, one ED visit is counted once under each of the different Diagnosis Categories. One discharge is only counted once if it has multiple diagnosis codes that fall into a single Diagnosis Category. Table 2 contains the diagnosis category (DC) numbers (DC_1 - DC_21) with the diagnosis category descriptions that appear in Figures 9 - 14. As an example, if a resident went to the ED and had discharges with two diagnosis codes that both fell under "Certain infectious and parasitic diseases," these would both be under DC_1 and would only be counted once.

Condition-Specific ICD-10 Cases: The conditions included in this report are Hepatitis C Virus (HCV), Asthma and Injury. Refer to appendix on page 35 for the ICD-10-CM codes used to define each condition. The rates for these conditions were calculated based on "All Diagnoses" (First-listed diagnosis and all secondary diagnoses).

Table 2. Diagnosis Category Descriptions

Diagnosis Categories	Diagnosis Category Description	ICD-10-CM Codes Range
DC_1	Certain infectious and parasitic diseases	A00 - B99
DC_2	Neoplasms	C00 - D49
DC_3	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50 - D89
DC_4	Endocrine, nutritional and metabolic diseases	E00 - E89
DC_5	Mental, behavioral and neurodevelopmental disorders	F01 - F99
DC_6	Diseases of the nervous system	G00 - G99
DC_7	Diseases of the eye and adnexa	H00 - H59
DC_8	Diseases of the ear and mastoid process	H60 - H95
DC_9	Diseases of the circulatory system	I00 - I99
DC_10	Diseases of the respiratory system	J00 - J99
DC_11	Diseases of the digestive system	K00 - K95
DC_12	Diseases of the skin and subcutaneous tissue	L00 - L99
DC_13	Diseases of the musculoskeletal system and connective tissue	M00 - M99
DC_14	Diseases of the genitourinary system	N00 - N99
DC_15	Pregnancy, childbirth and the puerperium	O00 - O9A
DC_16	Certain conditions originating in the perinatal period	P00 - P96
DC_17	Congenital malformations, deformations and chromosomal abnormalities	Q00 - Q99
DC_18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00 - R99
DC_19	Injury, poisoning and certain other consequences of external causes	S00 - T88
DC_20	External causes of morbidity	V00 - Y99
DC_21	Factors influencing health status and contact with health services	Z00 - Z99

Key Findings

Overview of Emergency Department Hospitals (see figure on page 13)

- All 37 non-federal facilities reported data in 2019.
- Of the 37 reporting facilities, San Juan Regional Medical Center in Farmington had the highest number of Emergency Department (ED) visits, with 61,959 visits, representing 7.7% of the total ED visits for 2019.
- Union County General Hospital had the lowest number of ED visits, with 1,679 visits, representing 0.2% of the total ED visits for 2019

Demographic Characteristics of Emergency Department Visits (pages 14-16)

- Except for ages younger than 15 years old, females had higher rates of ED visits. The difference between females and males is greatest in ages 15-44 years old, where females had a rate of 4,708.5 visits per 10,000 population, and males had a rate of 3,482.2 visits per 10,000 population.
- Ages 65 years old and over had the highest overall rate of ED visits, with a rate of 4,491.4 visits per 10,000 population.
- The Metro Region had the highest number of ED visits with 305,494 visits. The Northwest region had the lowest, with 93,237 visits (see Figure 1 on page 12 for a map of health regions).
- The Northeast Region had the highest rate of ED visits with a rate of 4,512.1 visits per 10,000 population. The Southeast Region followed, with a rate of 4,500.2 per 10,000 population. The Southeast region also had the greatest difference between female and male ED visit rates, with a rate of 5,093.2 per 10,000 population for females and 3,957.7 for males.
- African Americans had the highest overall rate of ED visits, with a rate of 5,227.5 visits per 10,000 population. This racial/ethnic group also had the highest female rate of ED visits (4,828.0 visits per 10,000 population). Native Americans had the highest ED visit rate for males in 2019 (4,628.9 visits per 10,000 population).
- Except for the Northeast Region which showed a 347-visit per 10,000 population increase from 2018 (an increase of 7.8%), all the other four regions in 2019 showed a slight decrease in overall ED visit rates from 2018. The Southeast Region decreased the most in overall ED visit rates from 2018 (a decrease of 14.2%).

Emergency Department Visits by Payer Type (pages 17-18)

- Medicaid represented the largest payer for ED visits, covering 43.6% of ED visits. This was followed by Medicare (25.4%). The percentage for Private Insurance visits was 17.1%.

- The Northwest Region had the highest rate of Medicaid payments (2,384.6 visits per 10,000 population). The Southwest Region had the lowest rate of Medicaid payments (1,569.8 visits per 10,000 population).

Emergency Department Visits by Category of Diagnosis (pages 19-25)

- For the First-Listed Diagnosis, the highest rate of ED visits was in the category of “Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified” with a rate of 800.4 visits per 10,000 population. These visits include cases that are not otherwise specified or of unknown etiology, cases requiring follow-up, or cases which, after extensive follow-up, no specific diagnosis was made. This was followed by the category “Injury, poisoning and certain other consequences of external causes” with a rate of 731.4 visits per 10,000 population. For all diagnoses, the highest rate fell into the category “Factors influencing health status and contact with health services” (1,698.2 visits per 10,000 population).
- For the First-Listed Diagnosis, the highest rate for females was “Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified” (916.6 visits per 10,000 population). For males, the highest rate fell into the category “Injury, poisoning and certain other consequences of external causes” (771.6 visits per 10,000 population). When looking at All Diagnoses, the highest rate fell into the category “Factors influencing health status and contact with health services” for both females and males (1,920.8 visits per 10,000 population for female, 1,483.5 for male). This was followed by “Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified” for both females and males (1,699.4 visits per 10,000 population for females, 1,320.6 for males).
- By age group, “Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified” had the highest rate in ages 65 years and over with a rate of 950.3 visits per 10,000 population.
- By region, “Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified” had the highest category of First-Listed Diagnosis in the Northeast Region with a rate of 970.2 visits per 10,000 population. “Injury, poisoning and certain other consequences of external causes” had the highest category of First-Listed Diagnosis in the Southeast Region with a rate of 882.8 visits per 10,000 population.

Emergency Department Visits by Patient Disposition (pages 27-28)

- Routine discharges to home accounted for 89.7% of total ED Visits (724,021/807,106). There was a higher percentage of females with routine discharges than males, 54.9% and 45.1% respectively (397,319 and 326,702 discharges).
- The rate of “left against medical advice” for ED visits in 2019 was 76.2 visits per 10,000 population. This rate was highest for the 15-44 year-old age group (100.8 per 10,000 population) and was highest in the Northwest Region (90.9 per 10,000 population) and

Southwest Region (90.0 per 10,000 population). This rate showed no significant difference for males and females.

- The rate of the disposition “expired” was highest in the 65+ age group (91.5 visits per 10,000 population). By region, the rate was lowest in the Northwest Region (14.7 per 10,000 population) in 2019 and highest in the Southeast Region (74.1 per 10,000 population) in 2019. The number discharge deaths rate showed a slight increase in 2019 from the previous year.

Infectious Disease – Hepatitis C Virus (HCV) (page 29)

- In 2019, a total of 4,761 ED visits occurred due to HCV. Persons in the 45-64 age group had more emergency department visits with a diagnosis of HCV (41.9 visits per 10,000 population) than any other age group and males had significantly higher visit rates than females across all the age groups.
- The Northeast Region had the highest rate in 2019, at 51.0 per 10,000 population. The Northwest Region had the lowest rate, 12.9 per 10,000 population.
- Overall in 2019, the rate of ED visits related to HCV in New Mexico was 22.8 per 10,000 population, a decrease from 2018 (26.1 per 10,000 population) and from 2017 (28.6 per 10,000 population).

Chronic Disease & Environmental Health Related Visits – Asthma (page 30)

- In 2019, a total of 38,991 ED visits occurred due to asthma. Except for ages younger than 15 years, females accounted for higher ED visit rates than males. Persons in the 15-44-year-old age group had a higher overall rate (230.6 visits per 10,000 population) than any other age group.
- In 2019, the ED visits rates with an Asthma diagnosis were the highest for the Northeast Region (237.7 per 10,000 population) and Southeast Region (234.9 per 10,000 population).
- Overall in 2019, the rate of ED visits related to asthma in New Mexico was 190.7 per 10,000 population, a 10.9% decrease from 2018 (214.0 per 10,000 population).

Injury – Opioid Overdose (page 31)

- In 2019, a total of 980 ED visits occurred due to an opioid overdose. The age group of 15-44-year-olds had the highest rate (8.4 visits per 10,000 population).
- For the period of 2017-2019, the Northeast Region had the highest rate in all three years.
- Overall in 2019, the rate of ED visits related to opioids in New Mexico was 4.9 per 10,000 population. The overall rates for the period of 2017-2019 showed no significant change.

Injury – Heroin Overdose (page 32)

- In 2019, a total of 516 ED visits occurred due to a heroin overdose. Persons aged 15-44 years old had a significantly higher rate (5.1 visits per 10,000 population) compared with other age groups.
- Males had a rate of 3.5 per 10,000 population, which was almost double the rate of females (1.9 per 10,000 population). Males had higher rates than females in all age groups.
- The Northeast Region has had the highest rate for all three years from 2017 to 2019.
- Overall in 2019, the rate of ED visits related to heroin in New Mexico was 2.7 per 10,000 population, which showed no significant change in the period 2017-2019.

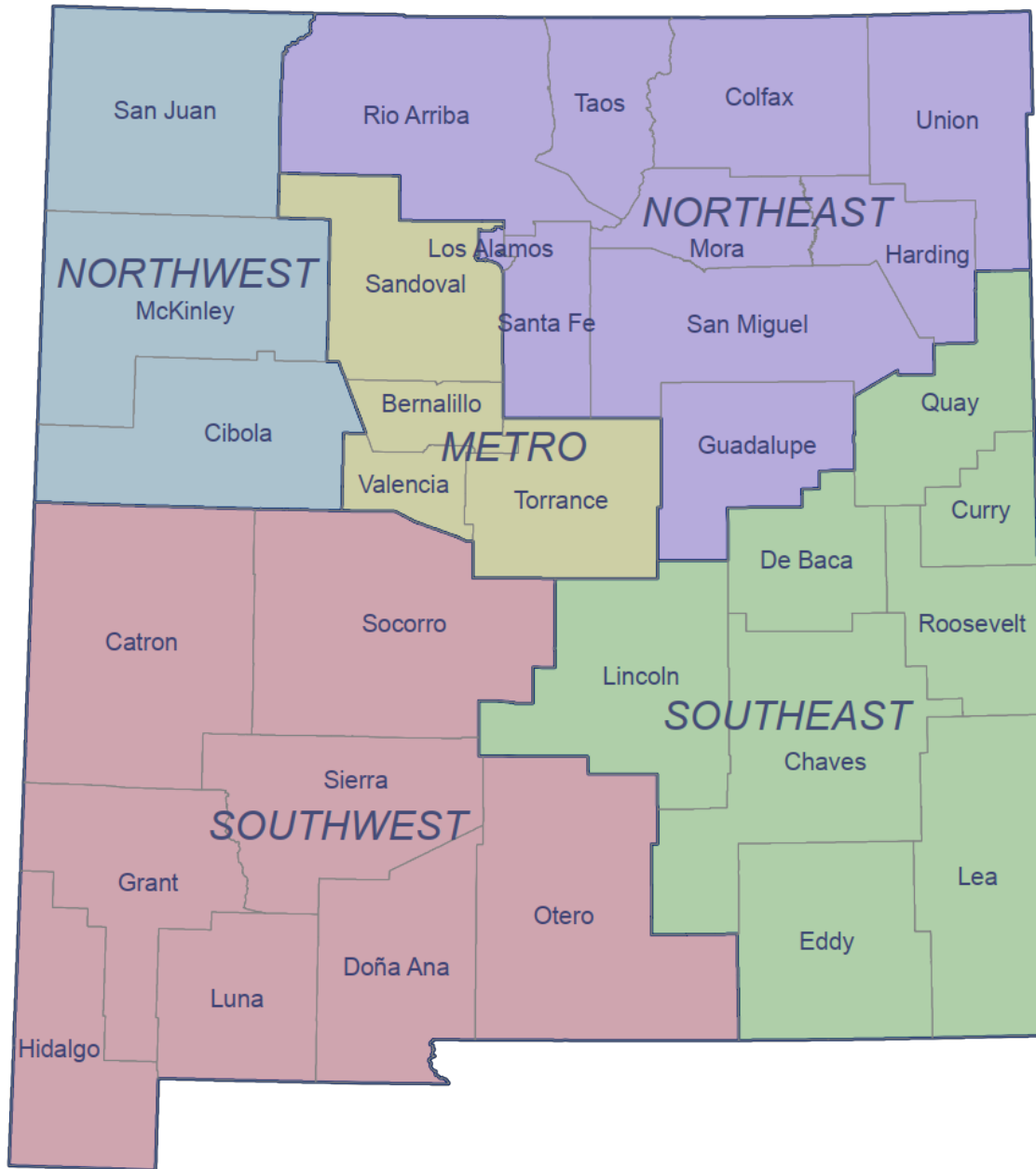
Injury – Fall Injuries (page 33)

- In 2019, a total of 28,304 ED visits had a diagnosis related to fall injuries. Except for ages younger than 15 years old, females had higher rates than males. People 65 years or older had the highest rates at 269.4 visits per 10,000 population. The second highest rate was for those aged less than 15 years, which was at 171.2 per 10,000 population.
- The Northwest Region had the highest rate for 2019 (268.2 per 10,000 population), and the Metro Region had the lowest rate (58.3 per 10,000 population). For all five health regions, the rates for 2019 decreased from 2018.
- Overall in 2019, the rate of ED visits related to falls in New Mexico was 128.8 per 10,000 population, showing a continuous decrease from 2017 (172.3 per 10,000 population in 2017 and 154.6 in 2018).

Injury – Motor Vehicle Injuries (page 34)

- In 2019, a total of 6,484 ED visits occurred due to motor vehicle injuries. Persons in the 15-44-year-old age group had the highest rate, at 46.3 visits per 10,000 population, and females had higher rates than males across all four age groups.
- The Southwest Region had the highest rate in 2019 (50.0 per 10,000 population). The Metro Region had the lowest rate (22.3 per 10,000 population).
- Overall in 2019, the rate of ED visits related to motor vehicle injuries in New Mexico was 32.0 per 10,000 population, showing a continuous decrease from 2017 (46.4 per 10,000 population in 2017 and 39.9 in 2018).

Figure 1. New Mexico Health Regions



Northwest Region: San Juan, McKinley, and Cibola counties

Northeast Region: Rio Arriba, Taos, Colfax, Union, Los Alamos, Santa Fe, Mora, San Miguel, Guadalupe, and Harding counties

Metro Region: Bernalillo, Sandoval, Torrance, and Valencia counties

Southeast Region: Quay, De Baca, Curry, Lincoln, Roosevelt, Chaves, Eddy, and Lea counties

Southwest Region: Catron, Socorro, Grant, Sierra, Hidalgo, Luna, Doña Ana, Otero counties

Table 3. Number of ED Visits and Percentage of Total Visits by Facility, NM, 2019

Facility Name	Number of ED Visits	% of Total
Alta Vista Regional Hospital	15,390	2.1
Artesia General Hospital	11,301	1.5
Carlsbad Medical Center	21,755	2.9
Christus St. Vincent Hospital	39,508	5.3
Cibola General Hospital	9,745	1.3
Dr. Dan C. Trigg Memorial Hospital	4,576	0.6
Eastern New Mexico Medical Center	2,630	0.4
Gerald Champion Regional Medical Center	28,445	3.8
Gila Regional Medical Center	16,235	2.2
Guadalupe County Hospital	4,219	0.6
Holy Cross Hospital	11,543	1.5
Lea Regional Hospital	19,120	2.6
Lincoln County Medical Center	13,218	1.8
Los Alamos Medical Center	7,619	1.0
Lovelace Health System - Downtown	39,571	5.3
Lovelace Health System - Westside	21,424	2.9
Lovelace Health System - Women's	31,508	4.2
Lovelace Roswell Regional Hospital	12,491	1.7
Memorial Medical Center	38,153	5.1
Mimbres Memorial Hospital	13,966	1.9
Miners' Colfax Medical Center	4,932	0.7
Mountain View Regional Medical Center	30,617	4.1
Nor - Lea General Hospital	11,732	1.6
Plains Regional Medical Center	31,518	4.2
Presbyterian - Espanola Hospital	25,301	3.4
Presbyterian - Kaseman Hospital	45,673	6.1
Presbyterian Main Hospital	56,643	7.6
Presbyterian Rust Hospital	42,374	5.7
Presbyterian Santa Fe Medical Center	15,392	2.1
Rehoboth McKinley Hospital	17,235	2.3
Roosevelt General Hospital	6,296	0.8
San Juan Regional Medical Center	61,959	8.3
Sierra Vista Hospital	6,734	0.9
Socorro General Hospital	10,215	1.4
Union County General Hospital	1,679	0.2
UNM - Sandoval Medical Center	16,874	2.3
UNM - University Hospital	59,515	8.0

Demographic Characteristics of ED Visits

Figure 2 Number of ED Visits by Age and Sex, NM, 2019

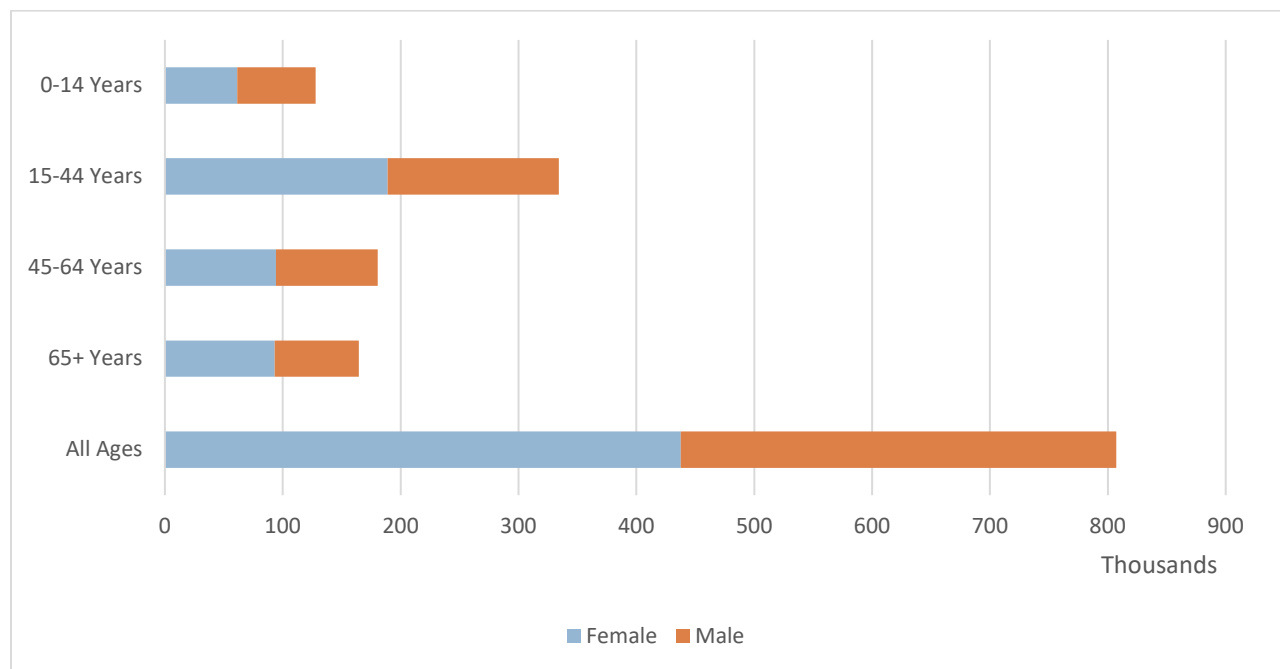


Figure 3. ED Visit Rates by Age and Sex, NM, 2019

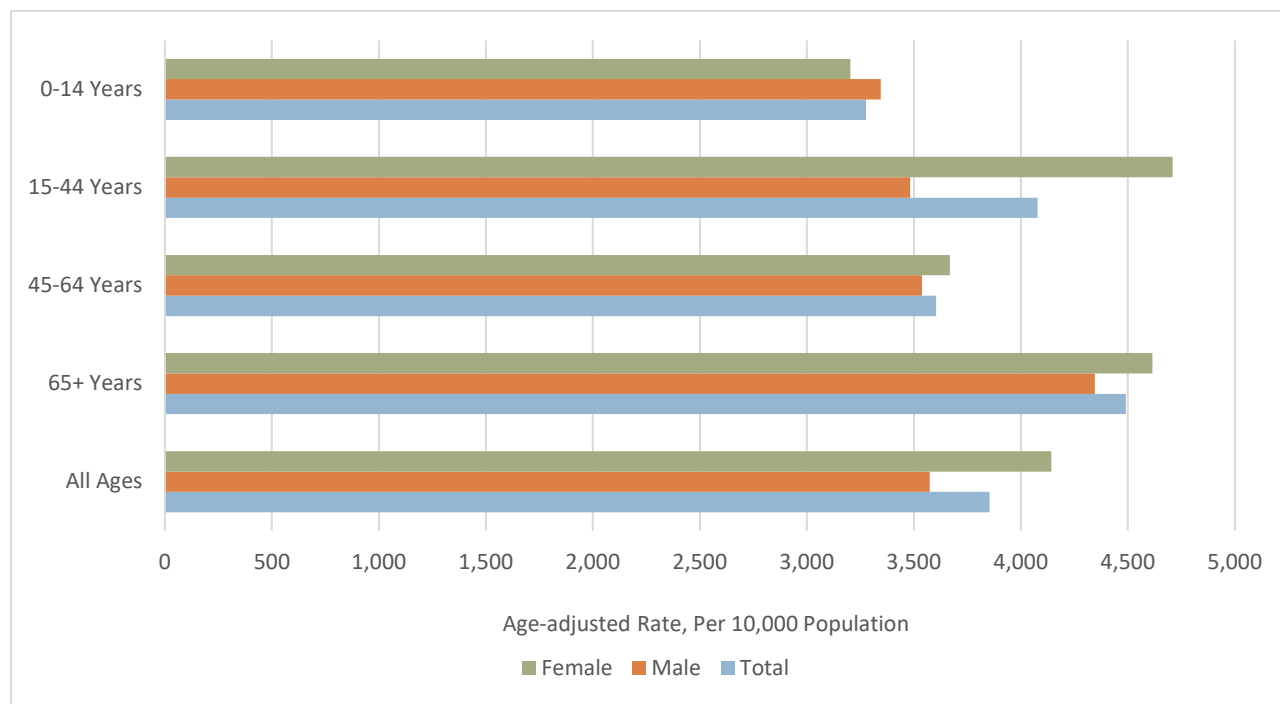


Figure 4. Number of ED Visits by Health Region and Sex, NM, 2019

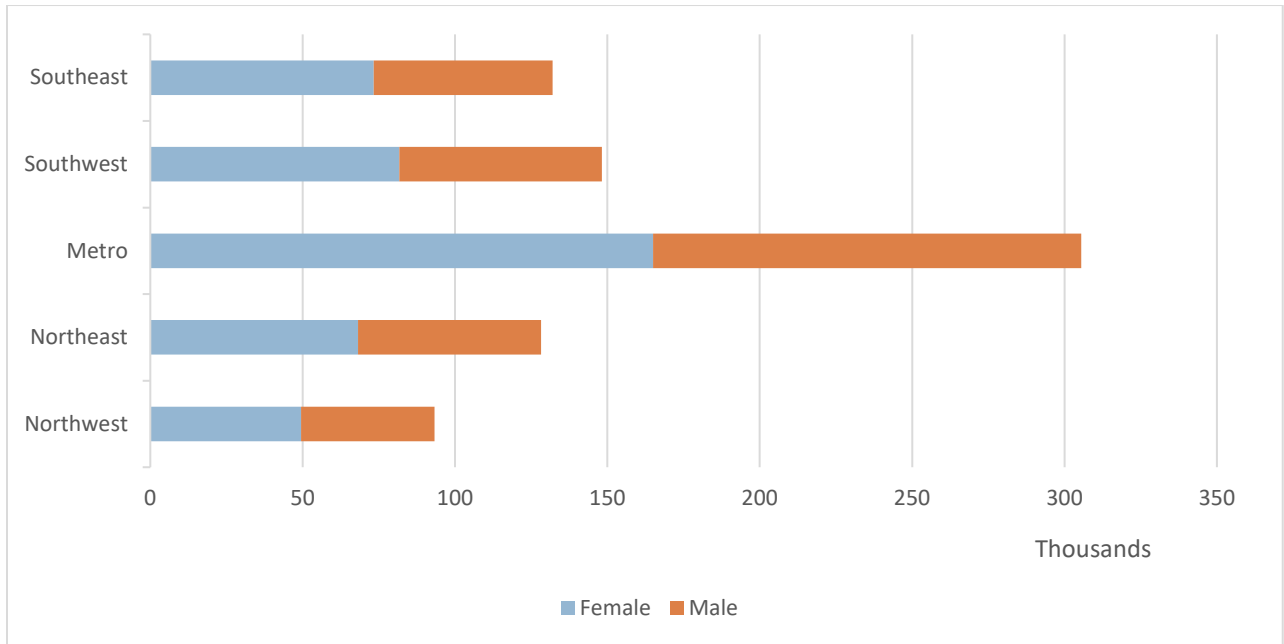


Figure 5. ED Visit Rates by Health Region and Sex, NM, 2019

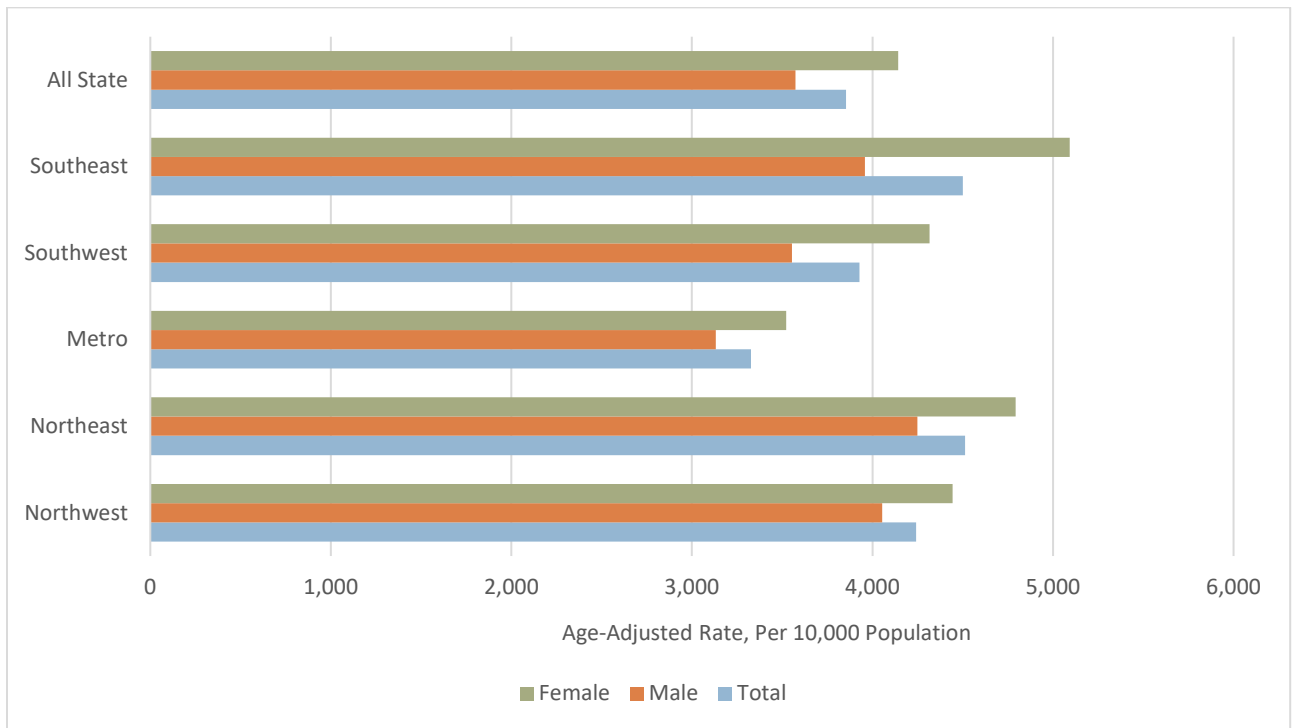
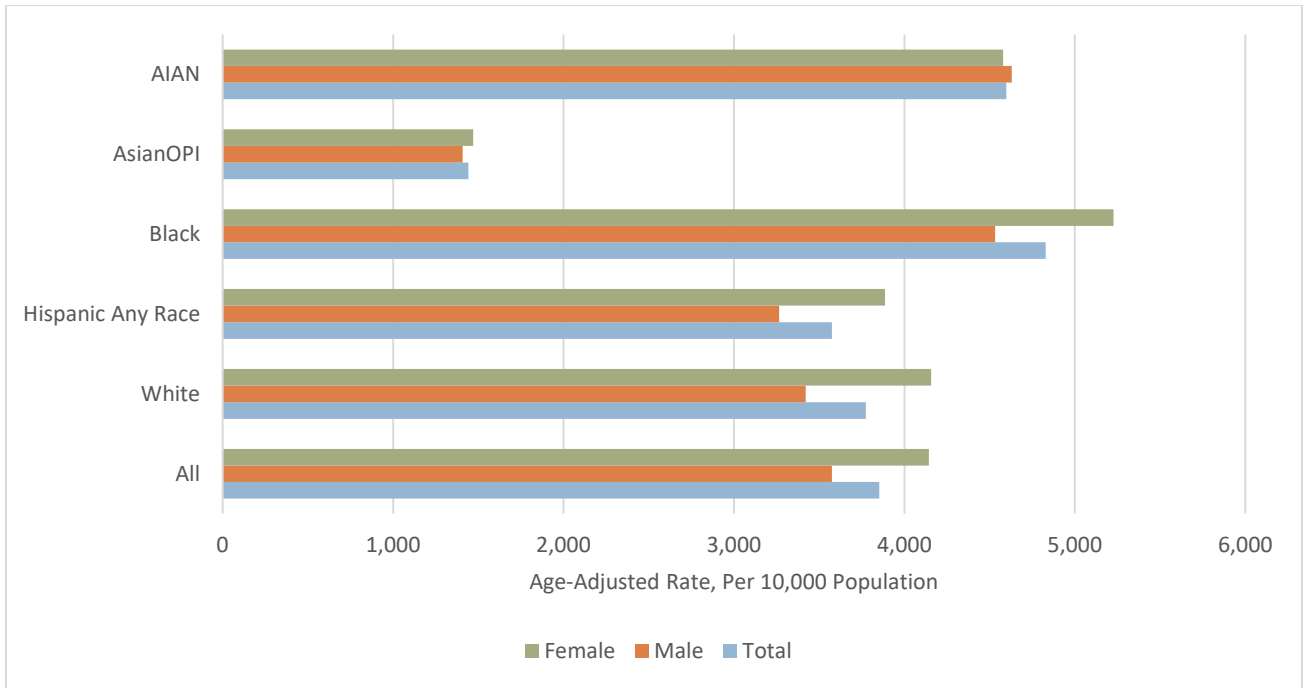


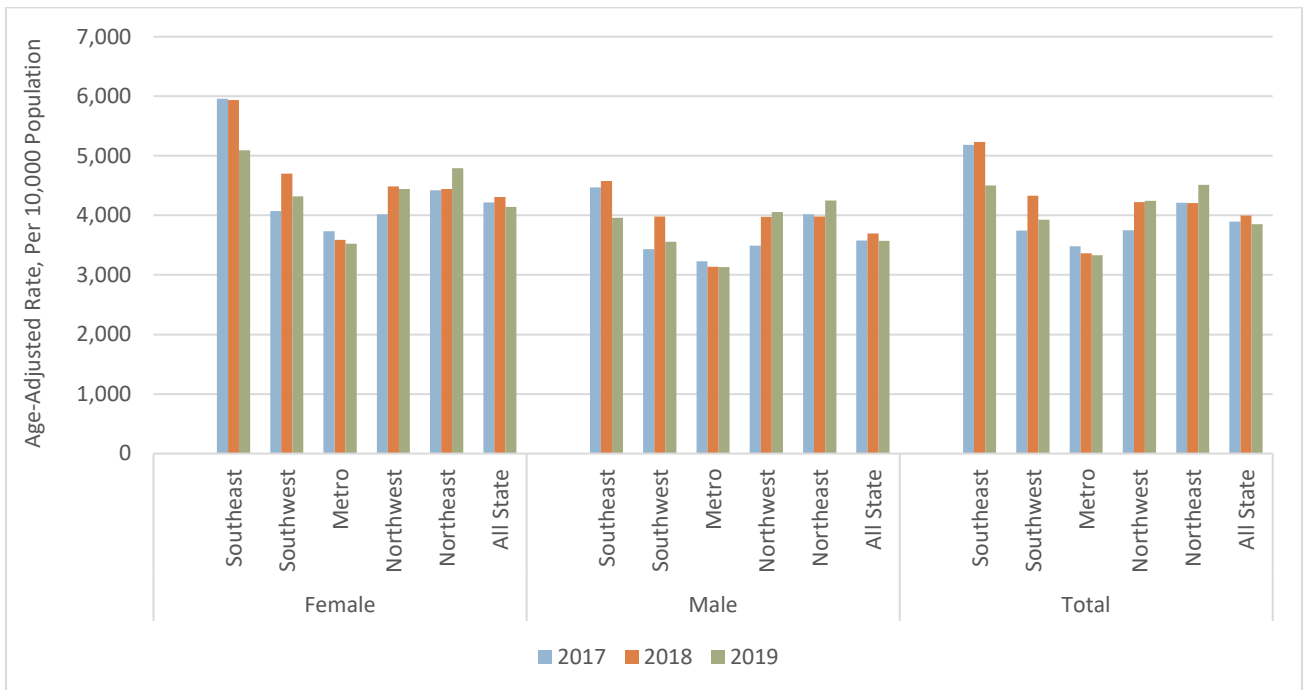
Figure 6. ED Visit Rates by Race/Ethnicity and Sex, NM, 2019



Notes:

1. For this report, if Race was missing and Ethnicity was Hispanic, then the discharges are included in the “Hispanic Any Race” group.
2. AsianOPI = Asian or Pacific Islander, AIAN = American Indian or Alaska Native

Figure 7. ED Visit Rates by Health Region and Sex, NM, 2017-2019



ED Visits by Payer Type

Figure 8: Percent of ED Visits by Payer Type, NM, 2019

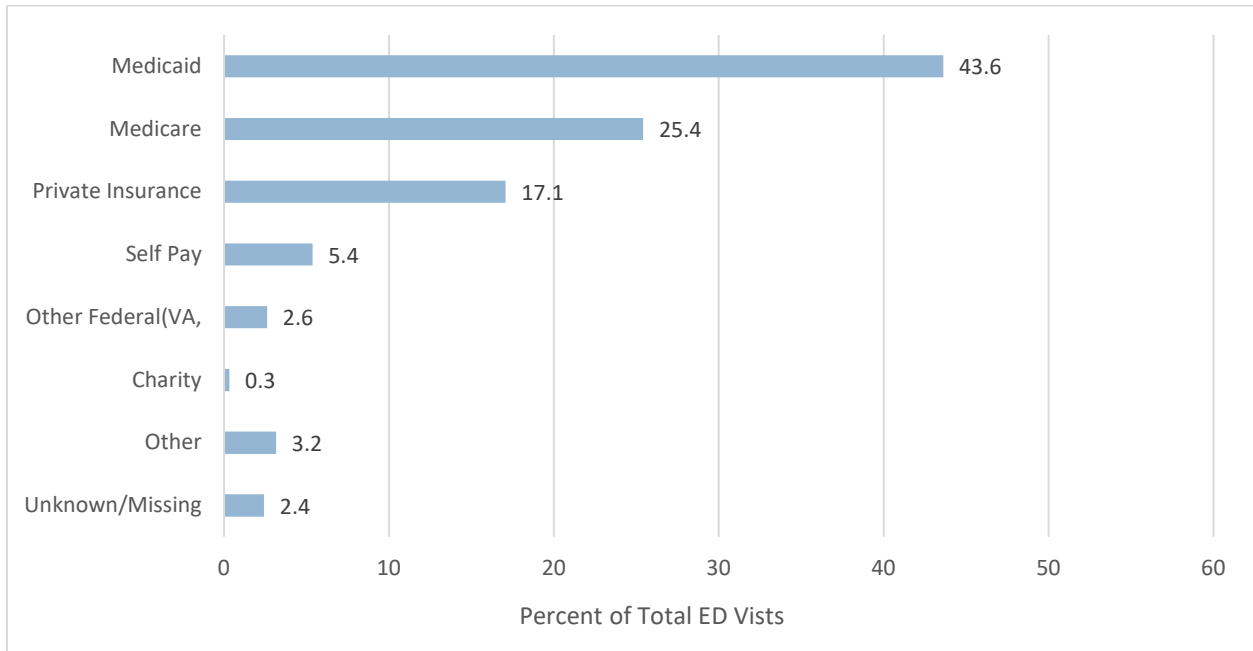
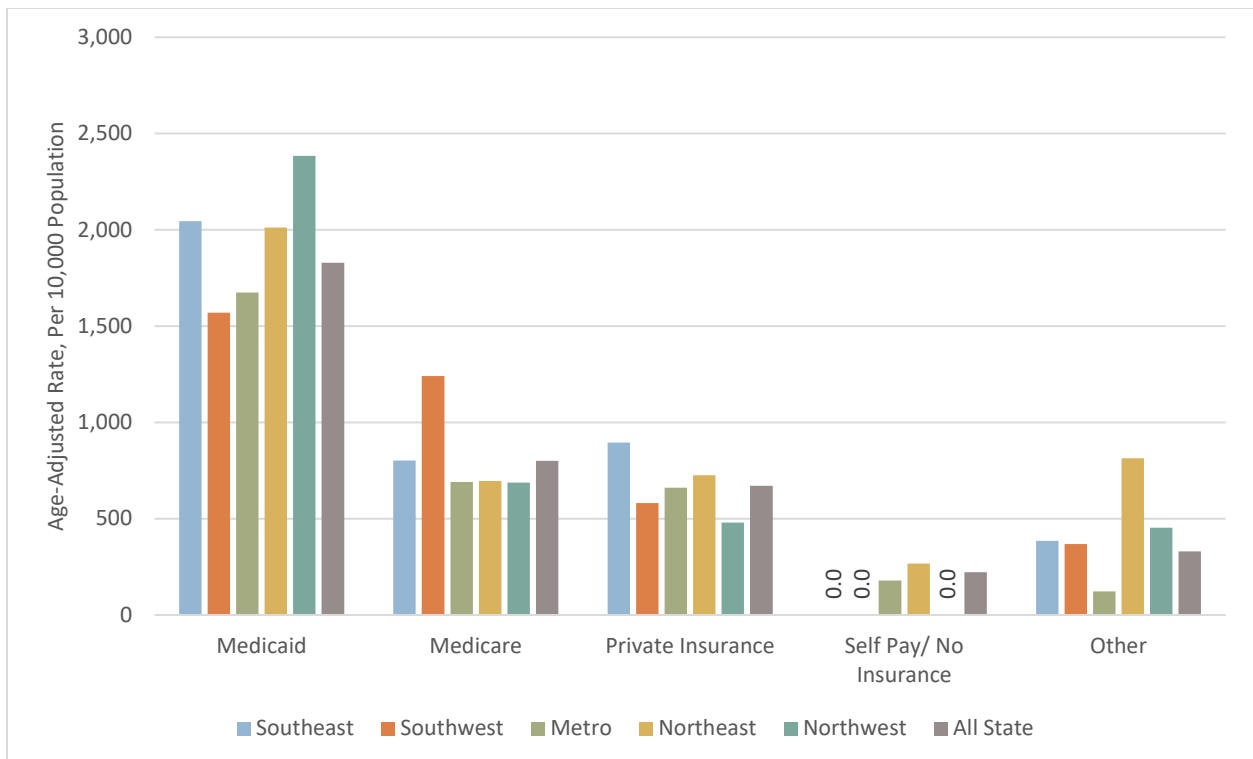


Figure 9: Rates of ED visits by Payer Type and Region, NM, 2019



ED Visits by Category of Diagnosis

Table 4. Number of ED Visits by Category of Diagnosis, NM, 2019

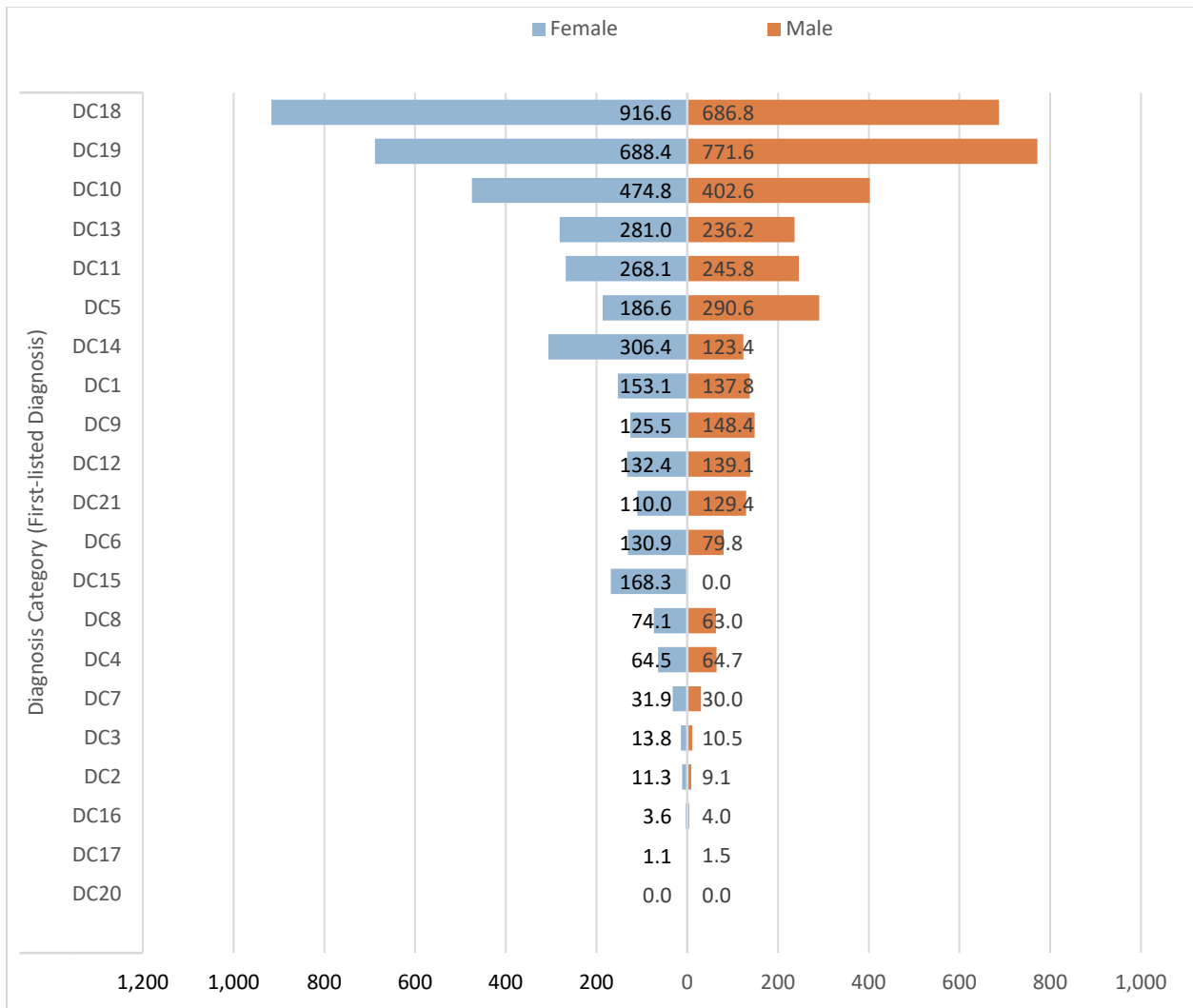
Diagnosis Category	Diagnosis Category Description (ICD-10-CM Codes Range)	First-Listed Diagnosis		All Diagnoses	
		Count	Rank	Count	Rank
DC18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00 - R99)	168,100	1	320,013	2
DC19	Injury, poisoning and certain other consequences of external causes (S00 - T88)	151,618	2	178,693	6
DC10	Diseases of the respiratory system (J00 - J99)	88,894	3	162,548	7
DC13	Diseases of the musculoskeletal system and connective tissue (M00 - M99)	55,809	4	120,652	9
DC11	Diseases of the digestive system (K00 - K95)	55,021	5	114,310	10
DC5	Mental, behavioral and neurodevelopmental disorders (F01 - F99)	47,271	6	202,352	3
DC14	Diseases of the genitourinary system (N00 - N99)	45,569	7	103,969	11
DC9	Diseases of the circulatory system (I00 - I99)	34,241	8	201,725	4
DC1	Certain infectious and parasitic diseases (A00 - B99)	30,426	9	57,781	13
DC12	Diseases of the skin and subcutaneous tissue (L00 - L99)	27,586	10	42,438	14
DC21	Factors influencing health status and contact with health services (Z00 - Z99)	24,057	11	371,636	1
DC6	Diseases of the nervous system (G00 - G99)	22,016	12	74,914	12
DC15	Pregnancy, childbirth and the puerperium (O00 - O9A)	16,303	13	16,919	17
DC4	Endocrine, nutritional and metabolic diseases (E00 - E89)	14,472	14	186,488	5
DC8	Diseases of the ear and mastoid process (H60 - H95)	13,264	15	21,240	16
DC7	Diseases of the eye and adnexa (H00 - H59)	6,283	16	14,374	18
DC3	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50 - D89)	2,783	17	35,504	15
DC2	Neoplasms (C00 - D49)	2,492	18	12,661	19
DC16	Certain conditions originating in the perinatal period (P00 - P96)	648	19	874	21
DC17	Congenital malformations, deformations and chromosomal abnormalities (Q00 - Q99)	251	20	3,771	20
DC20	External causes of morbidity (V00 - Y99)	0	21	155,776	8
Total		807,106		807,106	

Note: refer to methodology section on pages 6-7 for more information on how discharges were categorized by First-listed Diagnosis and All Diagnoses (also in tables and graphs below).

Table 5. Age-Adjusted ED Visits Rates (visits per 10,000 population) by Category of Diagnosis and Sex, NM, 2019

Diagnosis Category	Diagnosis Category Description (ICD-10-CM Codes Range)	First-Listed Diagnosis		All Diagnoses	
		Rate	Rank	Rate	Rank
DC18	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00 - R99)	800.4	1	1,506.7	2
DC19	Injury, poisoning and certain other consequences of external causes (S00 - T88)	731.4	2	855.6	4
DC10	Diseases of the respiratory system (J00 - J99)	438.1	3	763.1	7
DC13	Diseases of the musculoskeletal system and connective tissue (M00 - M99)	259.1	4	542.7	9
DC11	Diseases of the digestive system (K00 - K95)	256.7	5	518.5	10
DC5	Mental, behavioral and neurodevelopmental disorders (F01 - F99)	238.7	6	974.3	3
DC14	Diseases of the genitourinary system (N00 - N99)	213.5	7	455.8	11
DC1	Certain infectious and parasitic diseases (A00 - B99)	145.2	8	274.9	13
DC9	Diseases of the circulatory system (I00 - I99)	136.6	9	827.1	5
DC12	Diseases of the skin and subcutaneous tissue (L00 - L99)	135.6	10	203.5	14
DC21	Factors influencing health status and contact with health services (Z00 - Z99)	119.4	11	1,698.2	1
DC6	Diseases of the nervous system (G00 - G99)	105.2	12	332.6	12
DC15	Pregnancy, childbirth and the puerperium (O00 - O9A)	81.6	13	84.7	17
DC8	Diseases of the ear and mastoid process (H60 - H95)	68.5	14	107.1	16
DC4	Endocrine, nutritional and metabolic diseases (E00 - E89)	64.6	15	788.8	6
DC7	Diseases of the eye and adnexa (H00 - H59)	30.9	16	66.9	18
DC3	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50 - D89)	12.1	17	151.5	15
DC2	Neoplasms (C00 - D49)	10.1	18	50.1	19
DC16	Certain conditions originating in the perinatal period (P00 - P96)	3.8	19	5.1	21
DC17	Congenital malformations, deformations and chromosomal abnormalities (Q00 - Q99)	1.3	20	18.4	20
DC20	External causes of morbidity (V00 - Y99)	0.0	22	749.9	8
Total		3,853.0		3,853.0	

Figure 10. ED Visit Rates by Diagnosis Category (First-Listed Diagnosis) and Sex, NM, 2019



Note: refer to Table 1 on page 8 for Diagnosis Category descriptions (also in Figures 11-15 below).

Figure 11. ED Visit Rates by Diagnosis Category (All Diagnoses) and Sex, NM, 2019

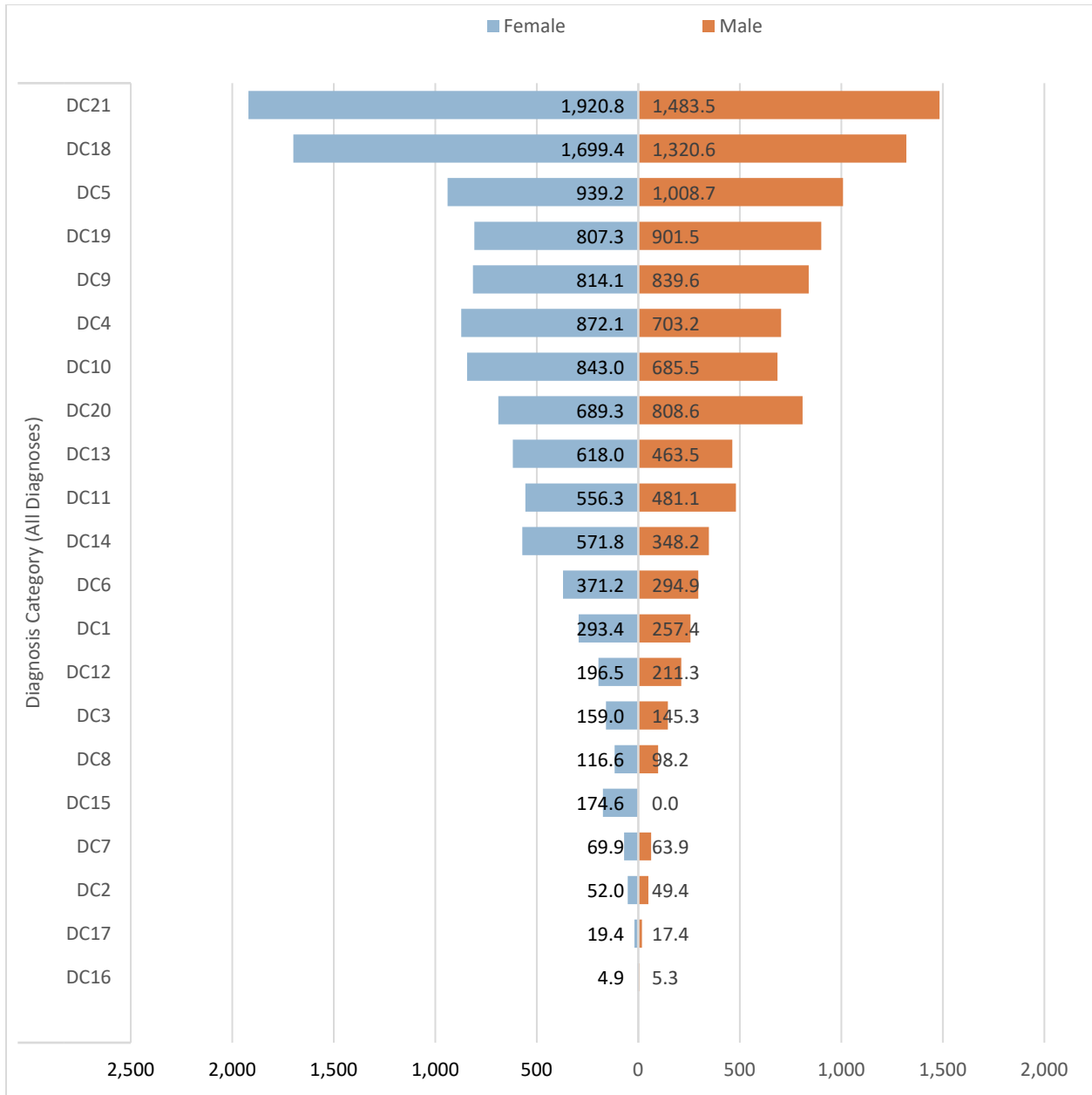


Figure 12. ED Visit Rates by Category of First-Listed Diagnosis and Age Group, NM, 2019

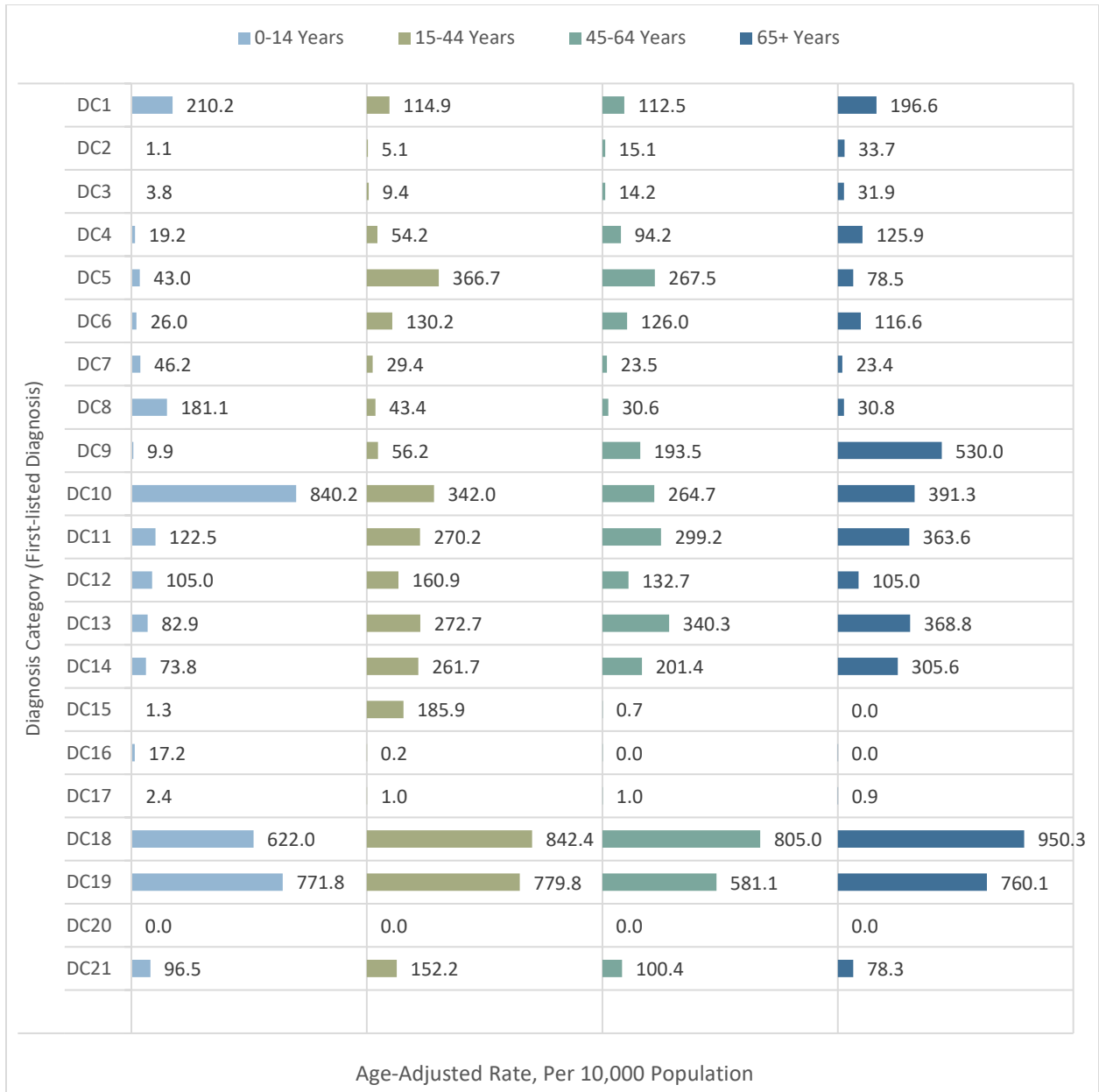


Figure 13. ED Visit Rates by Category of Diagnosis (All Diagnoses) and Age Group, NM, 2019

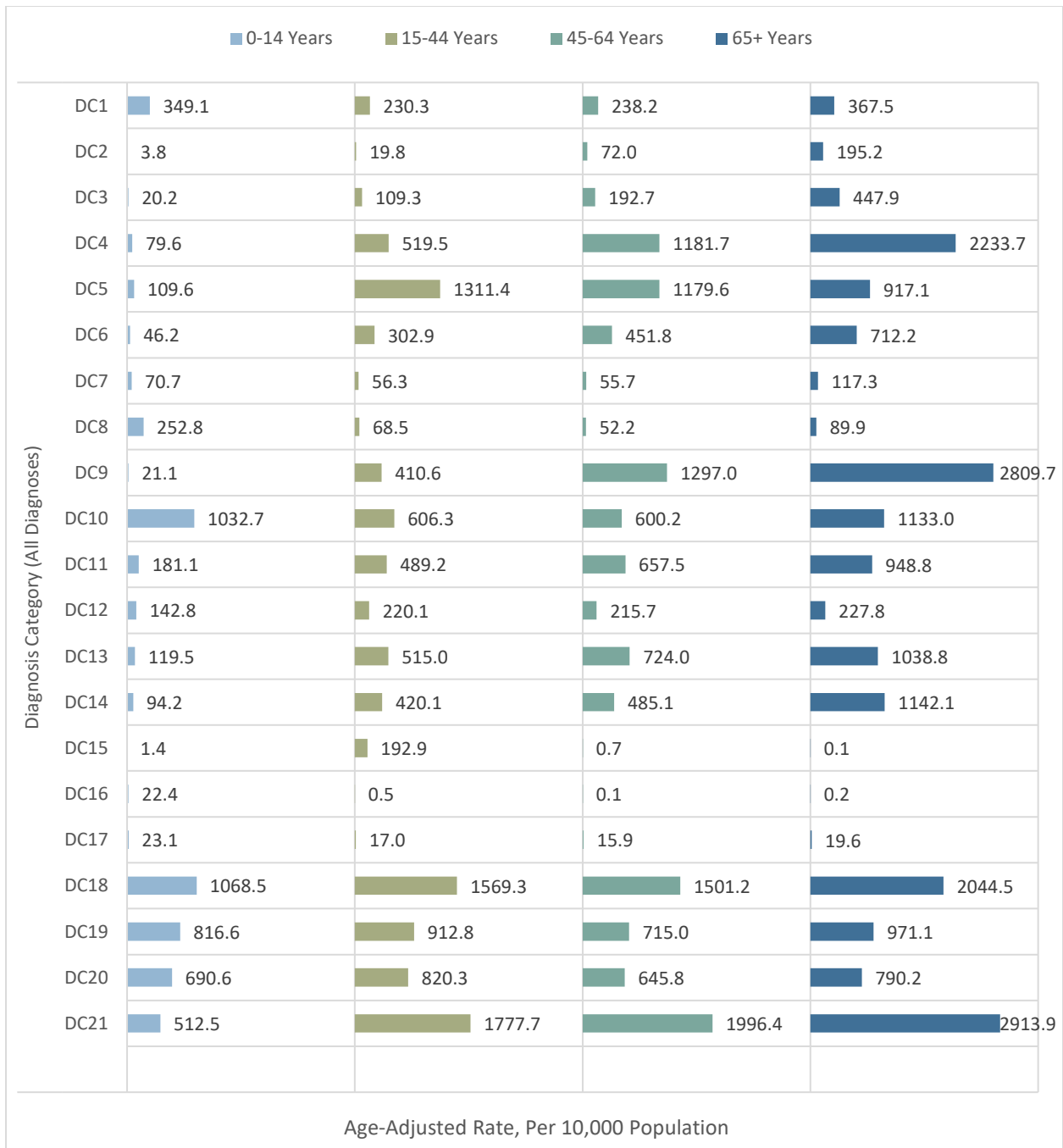


Figure 14. ED Visit Rates by Category of First-Listed Diagnosis and Region, NM, 2019

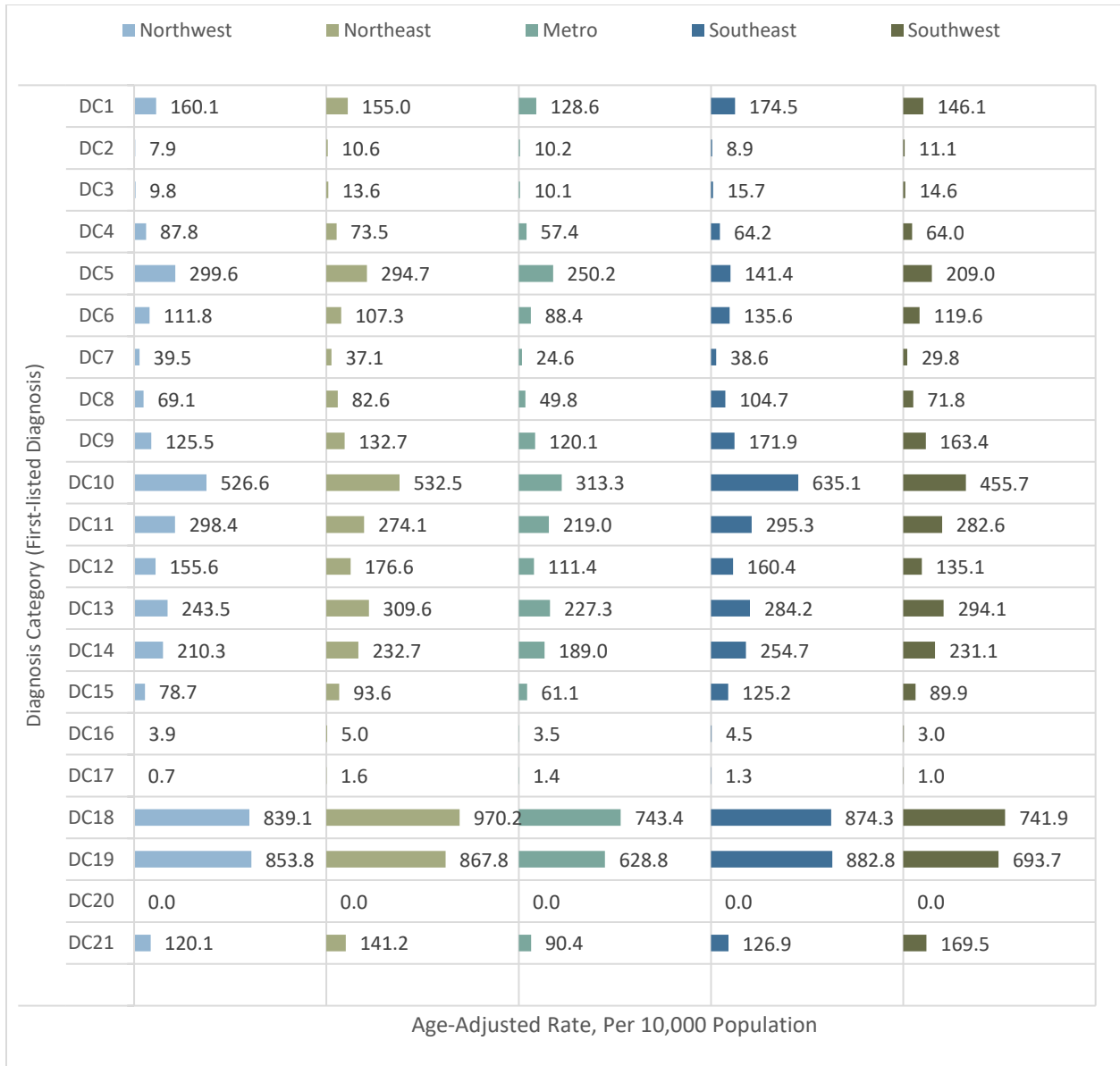
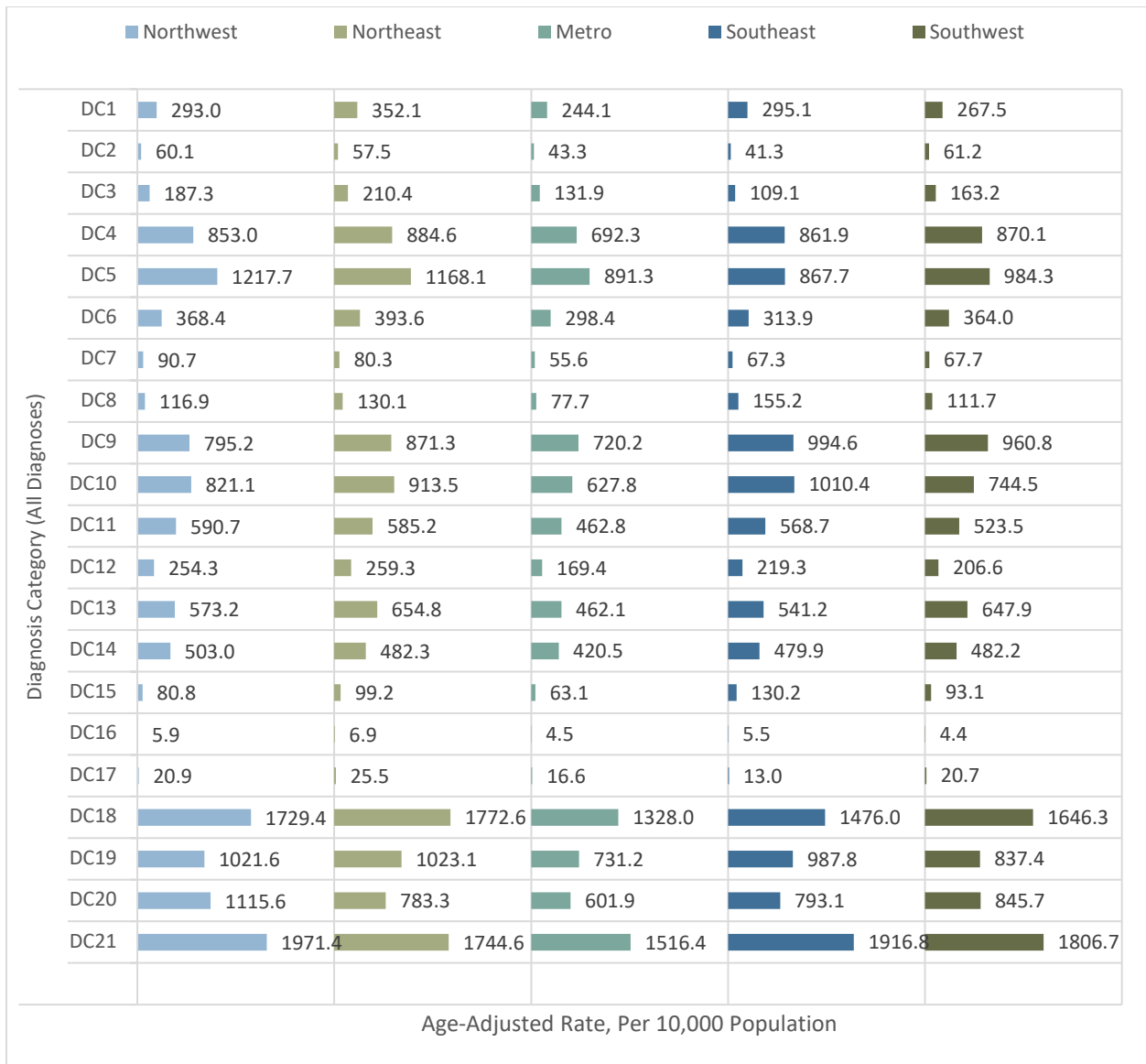


Figure 15. ED Visit Rates by Category of Diagnosis (All Diagnoses) and Region, NM, 2019



ED Visits by Disposition

Figure 16. Number of ED Visits by Disposition Status and Sex, NM, 2019

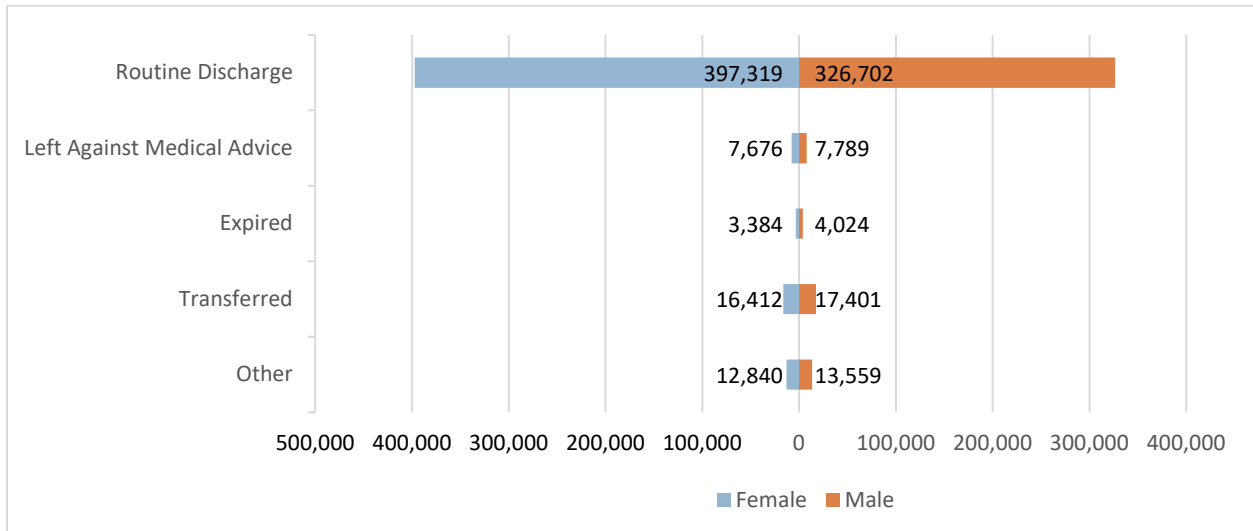


Figure 17. Rate of Left Against Medical Advice by Age, Sex, Region, NM, 2017-2019

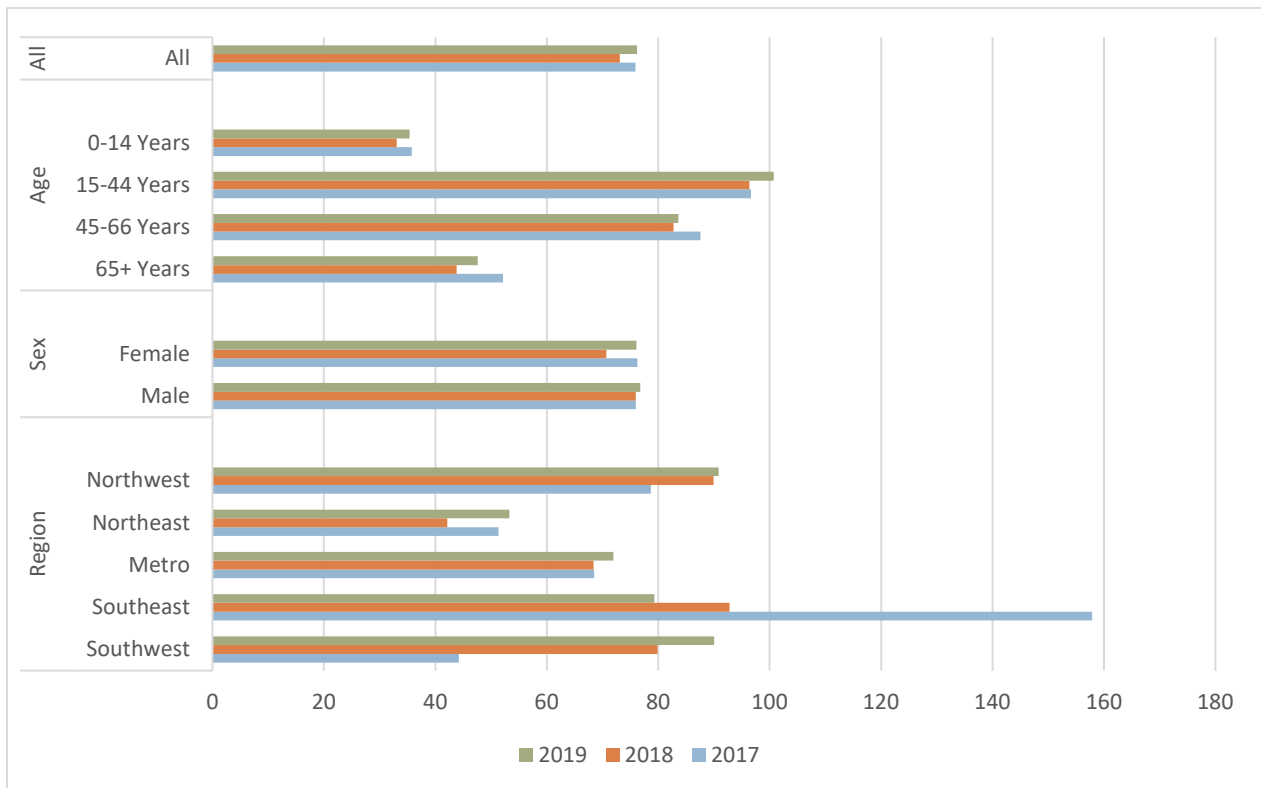
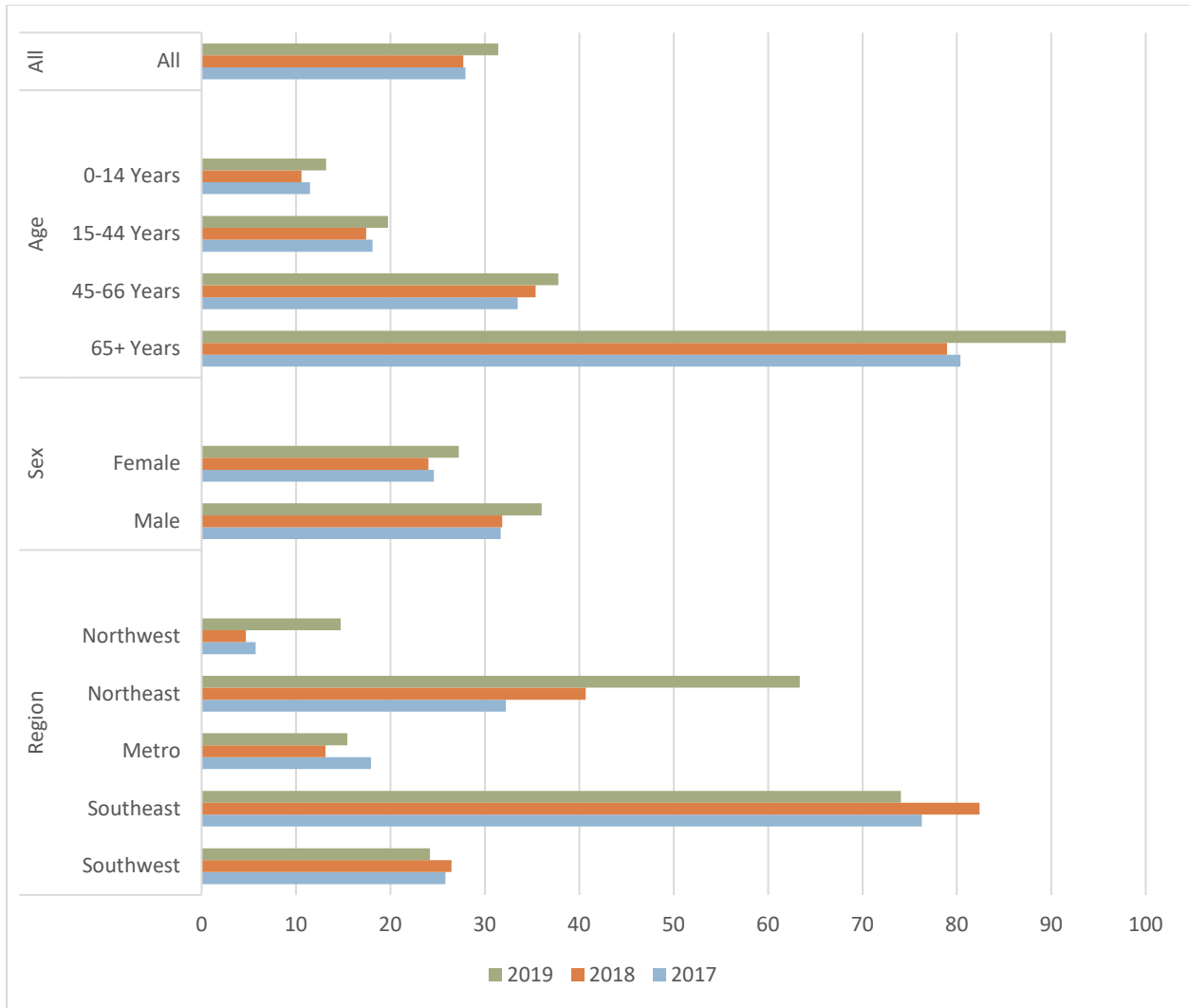
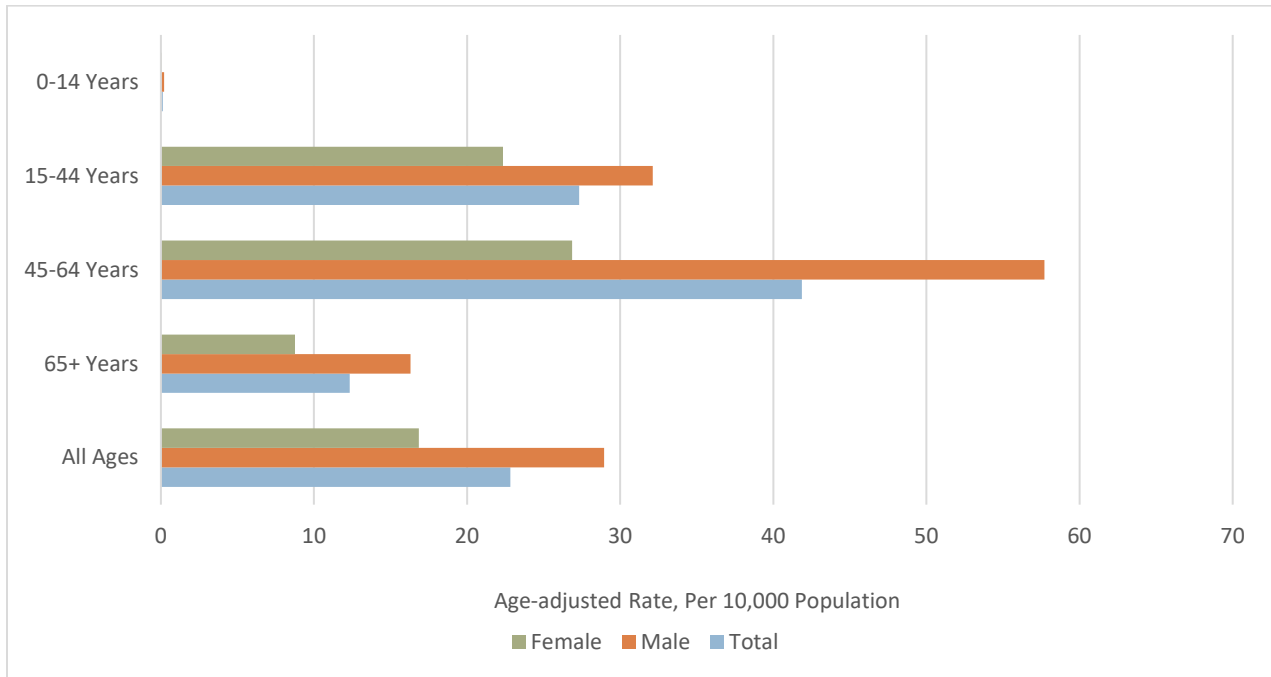


Figure 18. Rate of Patient Disposition as Expired, by Age, Sex, and Region, NM, 2017-2019



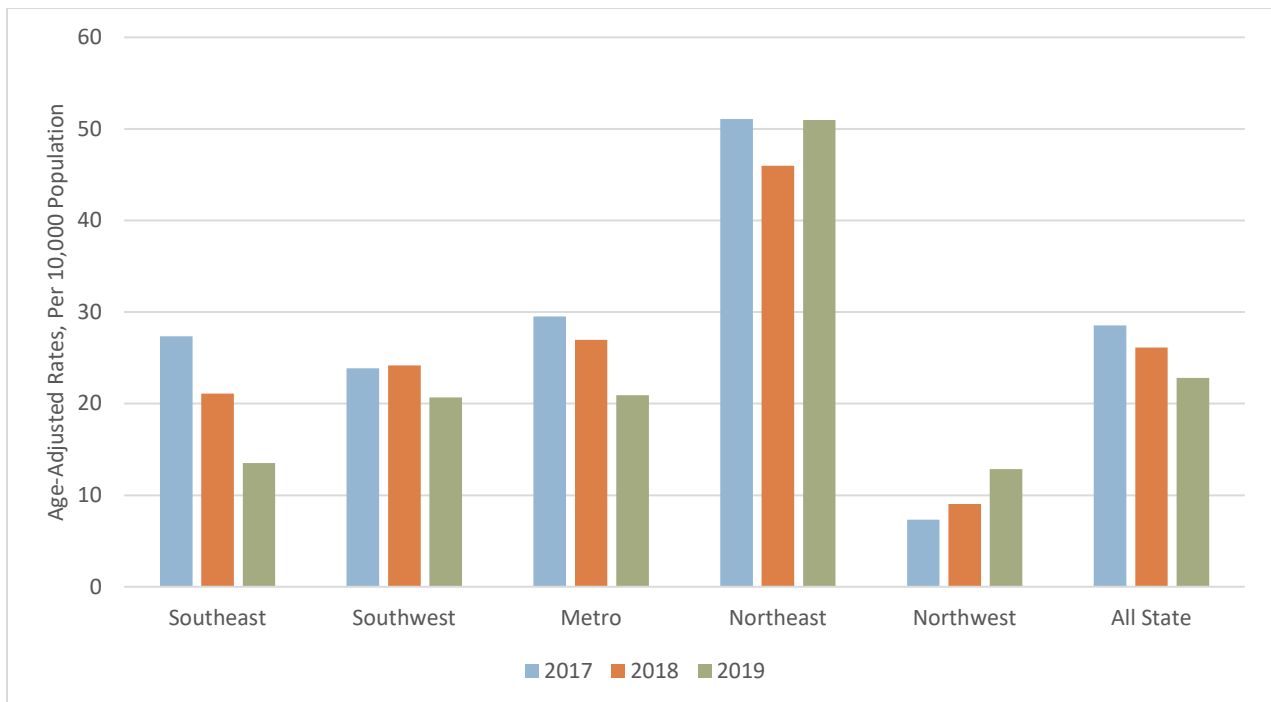
Infectious Disease – Hepatitis C Virus (HCV)

Figure 19. Rates for Hepatitis C Virus by Age Group and Sex, NM, 2019



Note: Rates are for “all diagnoses”. Refer to “Methods” section on page 7 for more details. (Also in Figures 20-30 below).

Figure 20. Rates for Hepatitis C Virus by Health Region, NM, 2017-2019



Chronic Disease & Environmental Health Related Visits – Asthma

Figure 21. Rates for Asthma by Age Group and Sex, NM, 2019

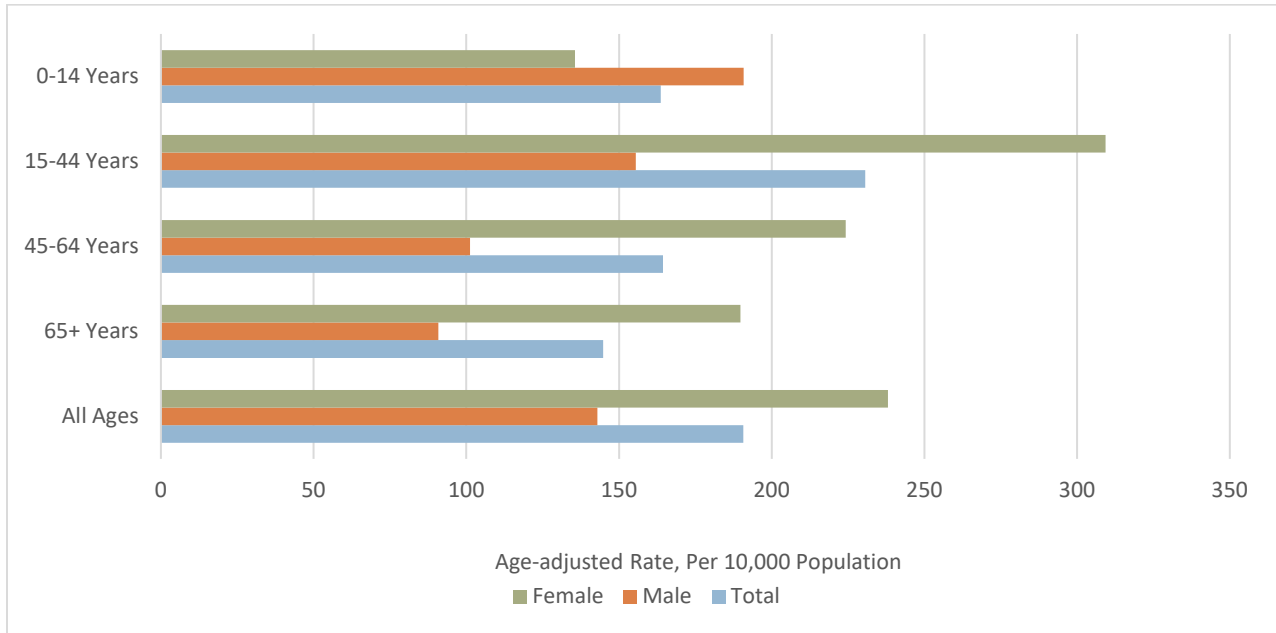
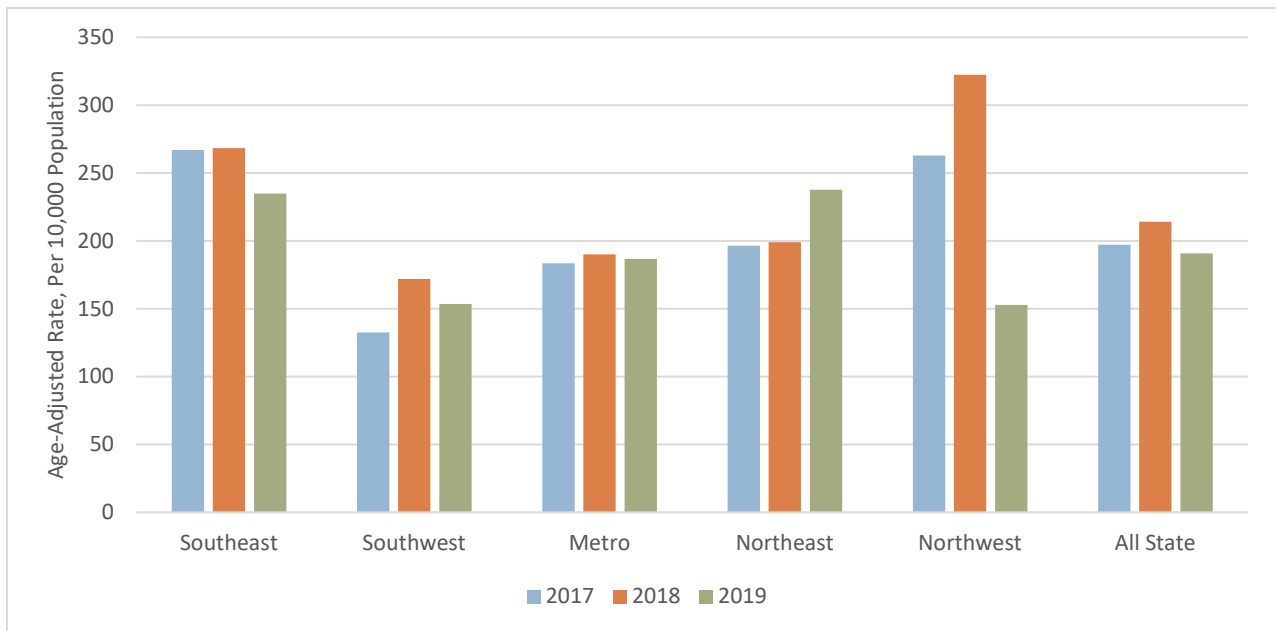


Figure 22. Rates for Asthma by Health Region, NM, 2017-2019



Injury

Figure 23. Rates for Opioid Overdose by Age Group and Sex, NM, 2019

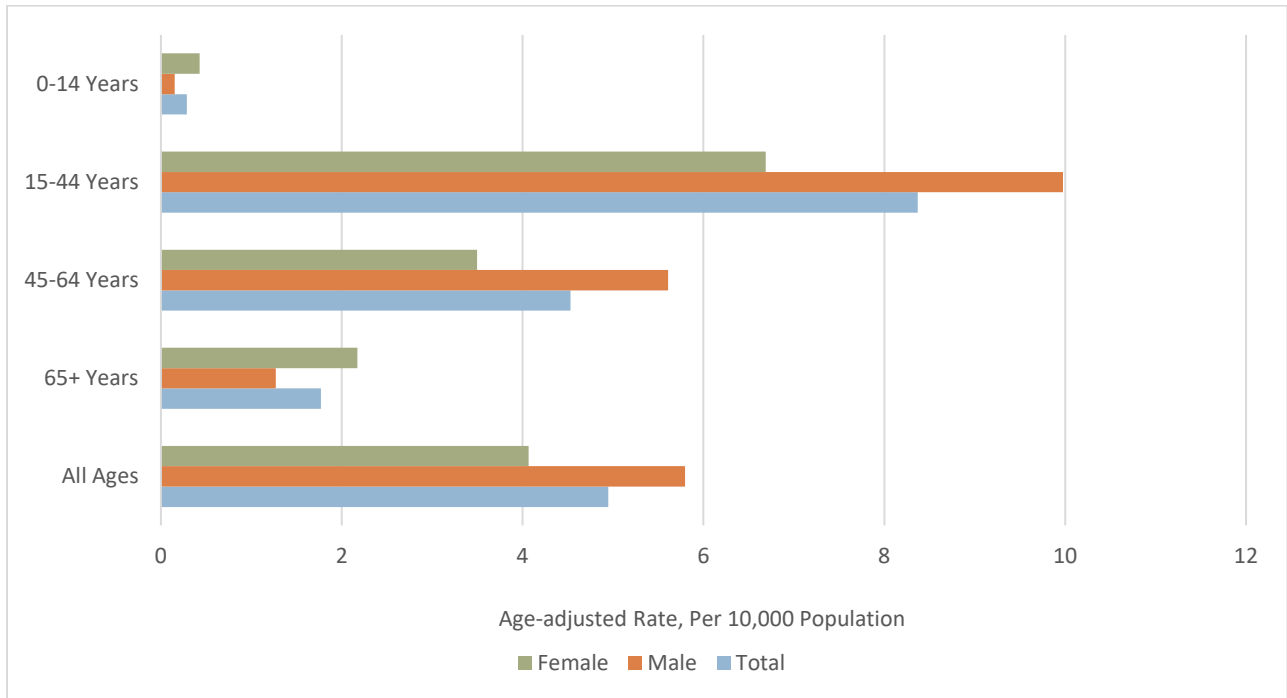


Figure 24. Rates for Opioid Overdose by Health Region, NM, 2017-2019

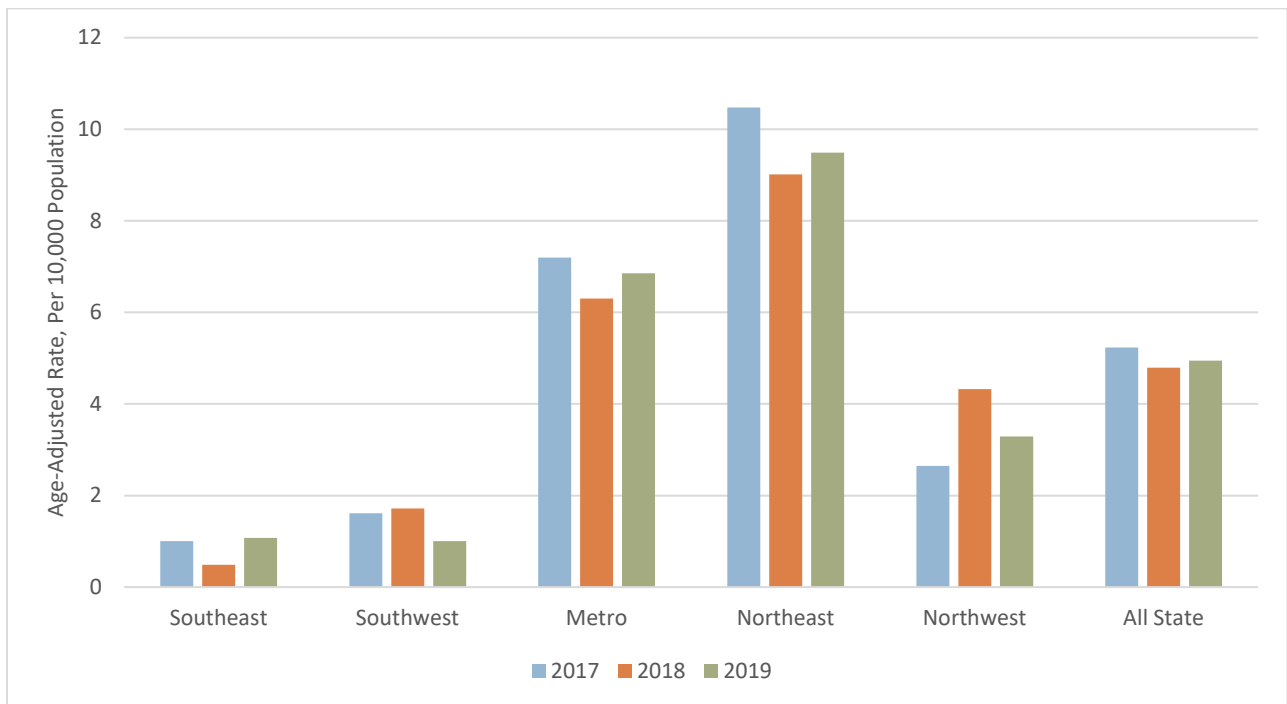


Figure 25. Rates for Heroin Overdose by Age Group and Sex, NM, 2019

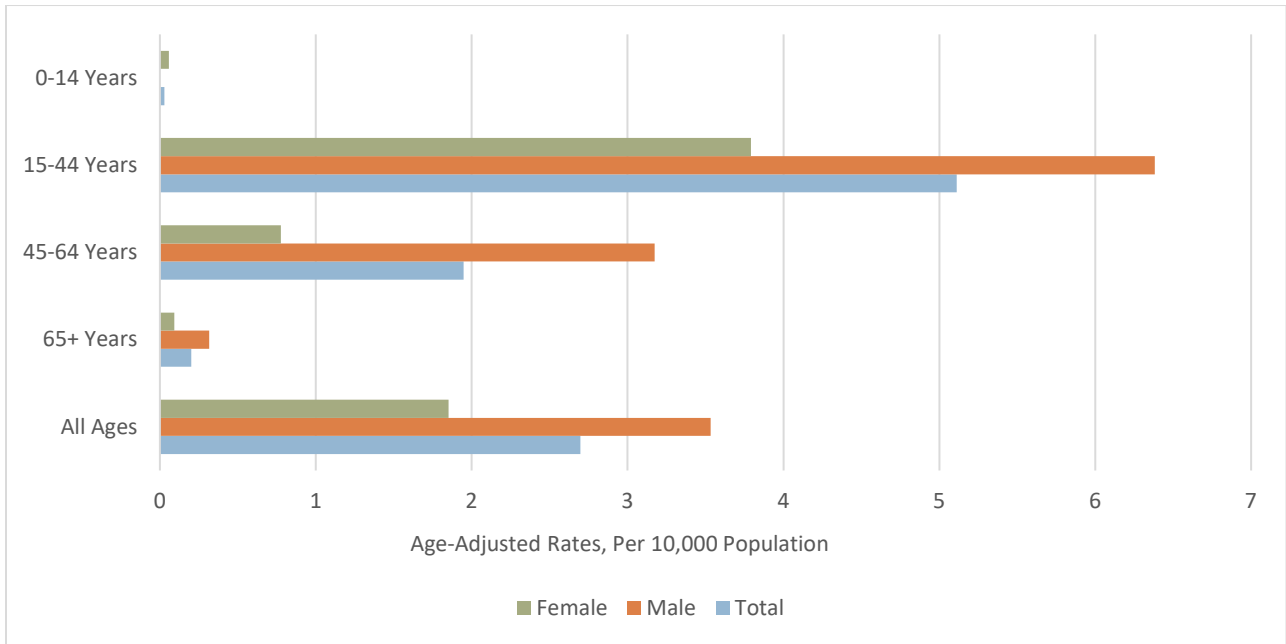


Figure 26. Rates for Heroin Overdose by Health Region, NM, 2017-2019

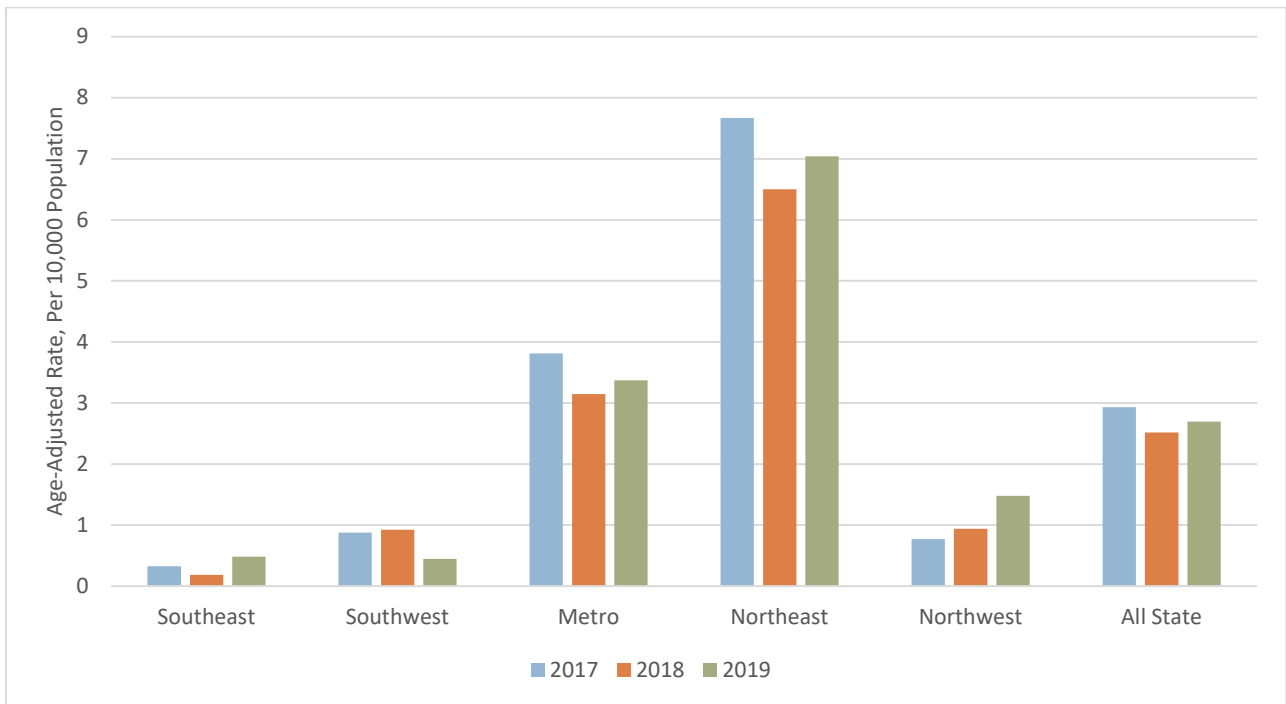


Figure 27. Rates for Fall Injuries by Age Group and Sex, NM, 2019

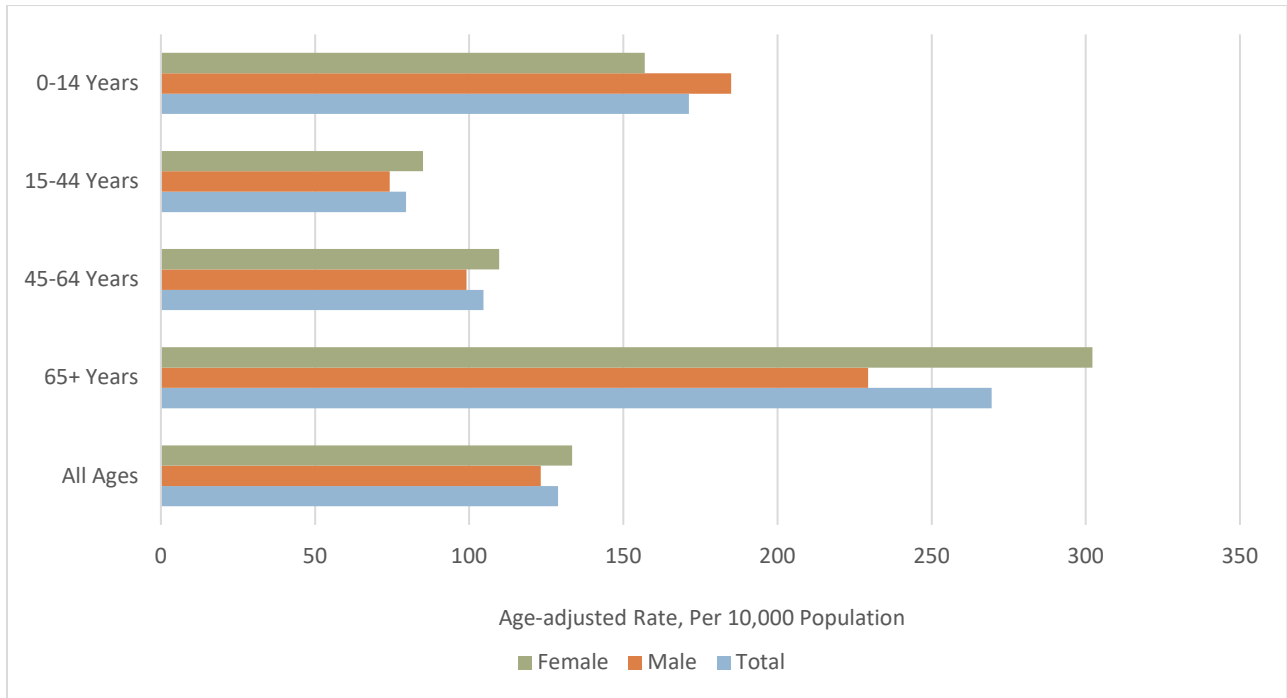


Figure 28. Rates for Fall Injuries by Health Region, NM, 2017-2019

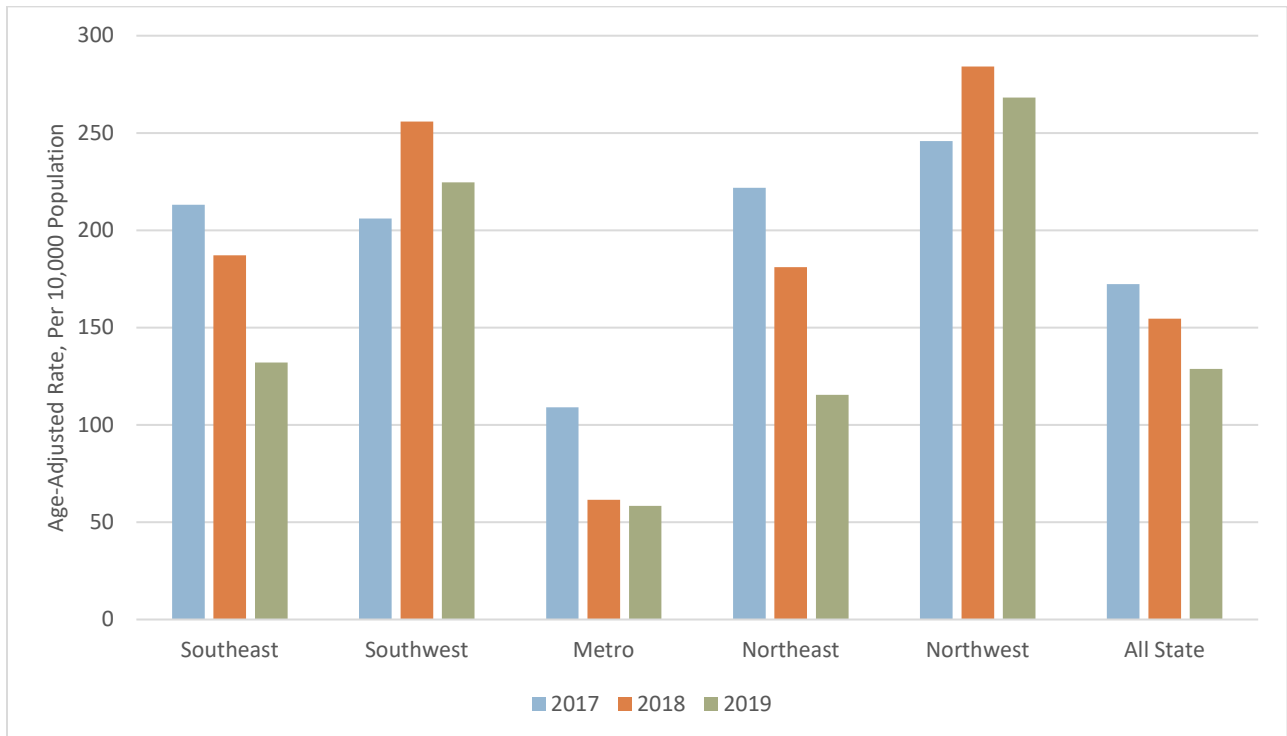


Figure 29. Rates for Motor Vehicle Injuries by Age Group and Sex, NM, 2019

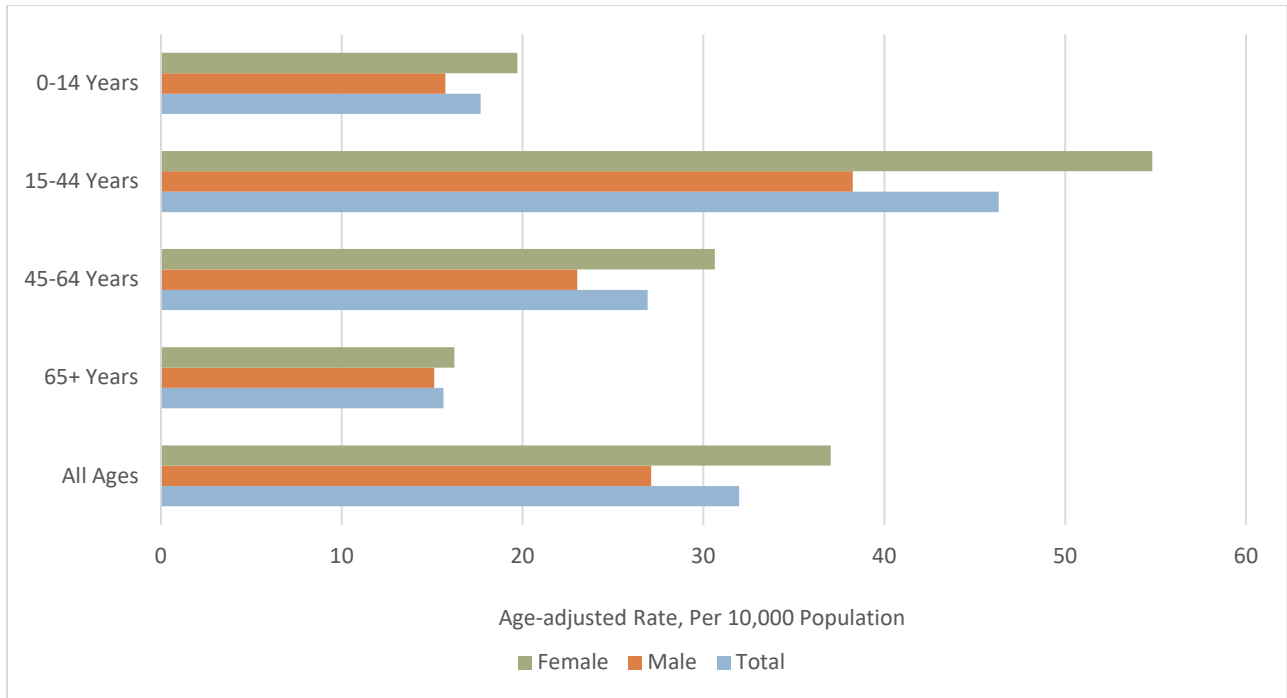
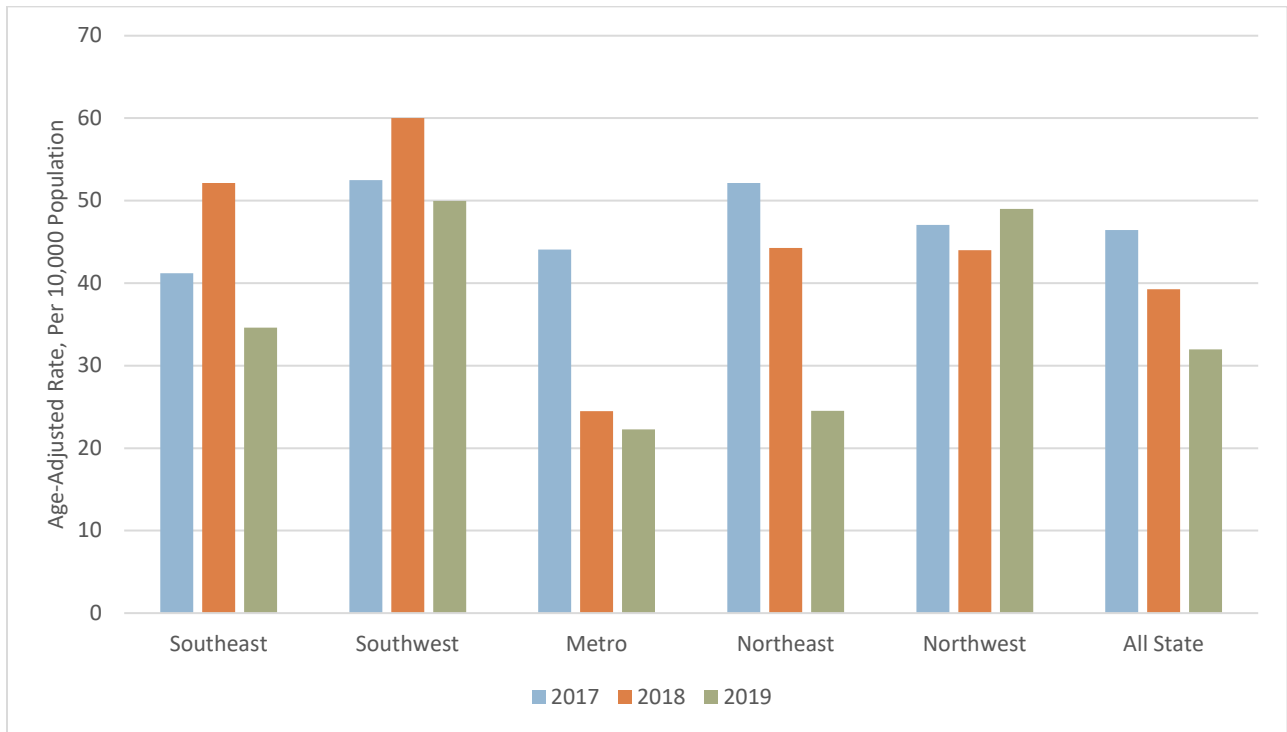


Figure 30. Rates for Motor Vehicle Injuries by Health Region, NM, 2017-2019



Appendix:

Condition-Specific ICD-10 Case Definitions

Infectious Disease (Hepatitis C)

ICD-10-CM: B17.10, B17.11, B18.2, B19.20, B19.21

Chronic Disease & Environmental Health Related Visits (Asthma)

ICD-10-CM: J45

Injury (Opioid Overdose)

ICD-10-CM: T40.0X [1-4], T40.1X [1-4], T40.2X [1-4], T40.3X [1-4], T40.4X [1-4]

Injury (Heroin Overdose)

ICD-10-CM: T40.1X [1-4]

Injury (Falls)

ICD-10-CM: W00-W19

Injury (Motor Vehicle Accidents)

ICD-10-CM: V40-V59