Demographic and Treatment Patterns for Infections in Ambulatory Settings in the United States (2009)
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Methods
• Data from two large surveys of ambulatory care in 2009 by the National Hospital Ambulatory Care Survey (NHAMCS) for ED encounters and the National Ambulatory Care Survey (NAMCS) for outpatient clinic visits for adults 18 and older.
• International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9) codes used to identify encounters with UTI, URI and SSTI as primary diagnosis
• To maximize comparability, we excluded patients who were admitted to the hospital (NHAMCS) or referred to an ED (NAMCS)
• Data analyses conducted in Stata, v. 12 (College Station, TX) using complex survey command package. T-test and Chi-squared tests used to compare outpatient v. ED, using survey weights.

Results

Purpose and Hypothesis
• We explored demographics and care in adults with UTI, URI, and SSTI
• We compared EDs to outpatient clinic settings in the U.S. in 2009 using nationally representative data
• While both settings see similar infections, there may be differences in management, with implications for outcomes, quality, and cost.

Conclusions
Significant demographic differences between settings; greater proportion of black, Medicaid, and uninsured patients seeking ED care
• ED patients younger by an average of >10 years
• Greater use of diagnostic resources in EDs
• Substantial broad-spectrum antibiotic use for uncomplicated infection suggest need for stewardship
• Sampling/coding errors could have led to over or underestimation of specific diagnoses

Disclosures
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