

Utah Health Status Update:

Primary Care Sensitive Emergency Department Visits¹

June 2004

Utah Department of Health

Hospital Emergency Departments (ED) have a critical role as a safety net provider in a community. For the uninsured, underinsured, or those who otherwise have limited access to primary care providers, the ED serves as the primary means of entry into the health care system. Therefore, ED utilization profiles can provide proxy information about the accessibility to primary and preventive care in a community.

Using the 2001 Utah emergency department outpatient-encounter data the Utah Health Data Committee and Utah Department of Health have examined policy issues related to access to primary care and health care seeking behavior in Utah.

The New York University (NYU) algorithm² of classifying ED patient emergency status was used to categorize all Utah residents' outpatient ED visits into one of five emergency statuses:

1. non-emergent
2. emergent but primary care treatable
3. emergent-ED needed but preventable/avoidable
4. emergent-ED needed-not preventable/avoidable
5. other (which included injuries and conditions related to mental health, alcohol, and substance abuse, and residual diagnoses codes).

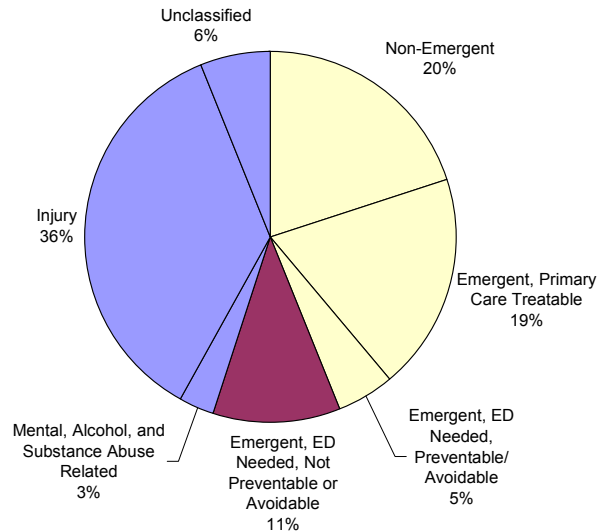
We combined the first three categories as an indicator for primary care sensitive emergency department visits.

Our analyses showed that:

1. **Primary Care Sensitive (PCS) ED visits are common.** Four out of every ten ED visits in 2001 were PCS ED visits.
2. **PCS ED visits consume significant health care dollars.**
 - PCS ED visits were associated with use of substantial health care resources totaling approximately \$113.5 million (40% of total ED facility charges).
 - About \$16 million in ED charges occurred for patients who were uninsured, intended to pay for care themselves, re-

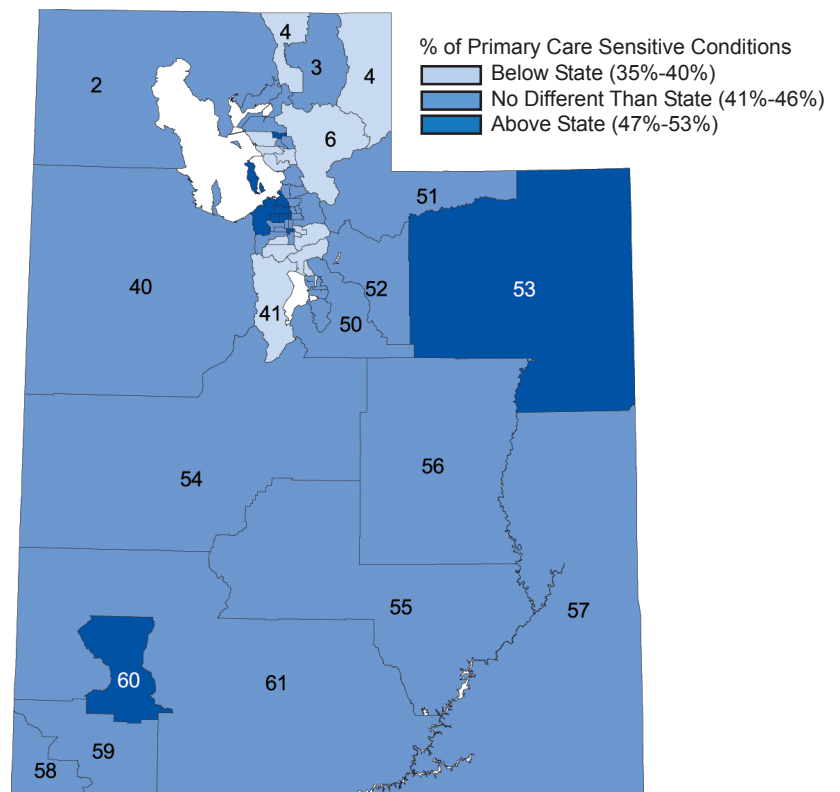
Distribution of PCS ED Visits

Figure 1. Percentage of ED visits by emergency status, Utah residents, 2001.



PCS Visits to ED

Figure 2. Primary care sensitive condition visits to the emergency departments by small area, Utah, 2001.



ceived charity care or whose insurers were unknown to the reporting emergency department. EDs that provided these treatments were likely to be uncompensated or under-compensated.

- Approximately \$17 million ED facility charges were billed to the Medicaid Program for a total of 48,712 PCS ED visits. Medicaid's reimbursement policy for some PCS ED visits is to pay primary care rates rather than ED rates.

3. PCS ED visits are more prevalent among certain subpopulations.

- Children under 15 years of age were slightly more likely than other age groups to have PCS ED visits.
- Utah Medicaid enrollees had the highest percentage (56.9%) of PCS ED visits among all payers.
- Small geographic areas that had higher rates of hospitalization due to ambulatory sensitive conditions (e.g. children's asthma hospitalizations) also tended to have a higher rate of PCS ED visits. In small areas where the rate for prenatal care during the

first trimester was low, the rate of PCS ED visits was higher.

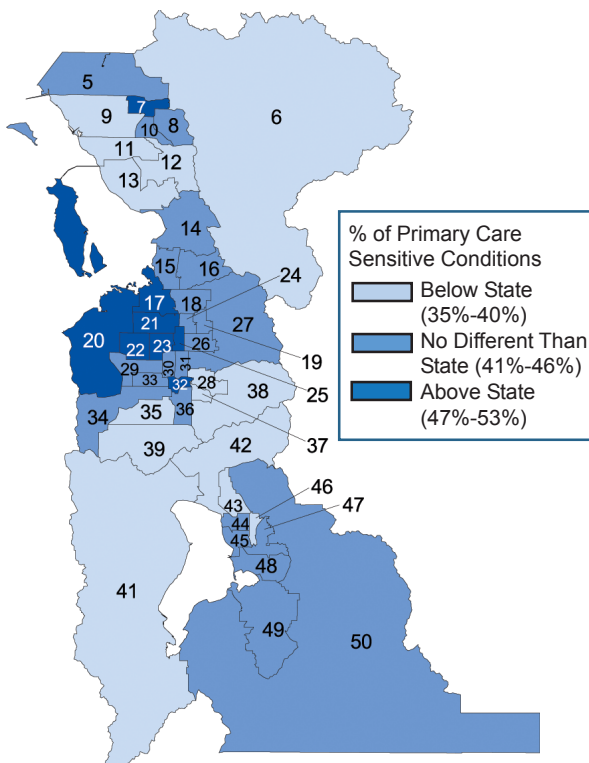
- Approximately 53% of ED visits in the TriCounty Local Health District (small area number 53=Duchesne, Uintah and Daggett Counties) were for PCS conditions; compared to a state rate of 44%. Other areas, where at least half of ED visits were classified as PCS conditions, are Rose Park (No. 17) at 52%, Glendale (No. 21) at 51%, Cedar City (No. 60) at 51.1%, and South Salt Lake (No. 25) at 50% (see maps; a complete list of small areas may be found at <http://health.utah.gov/ibisq/UtahSmallAreaInfo.pdf>).
- A cluster of low-income small geographic areas along the Wasatch Front areas had ED utilization rates that were greater than the overall state rate. These areas are Downtown Odgen (No. 7, 48.3%), Magna (No. 20, 47.5%), West Valley I (No. 22, 46.8%), West Valley II (No. 23, 48.0%), and Midvale (No. 32, 47.7%).

References

1. Utah Office of Health Care Statistics. (2004) Primary Care Sensitive Emergency Department Visits in Utah, 2001. Salt Lake City, UT: Utah Department of Health. http://health.utah.gov/hda/Reports/Primary_Care_ERvisits_Utah2001.pdf
2. Billings, John, Nina Parikh and Tod Mijanovich. "Emergency Room Use: The New York Story", Issue Briefs, The Commonwealth Fund November, 2000

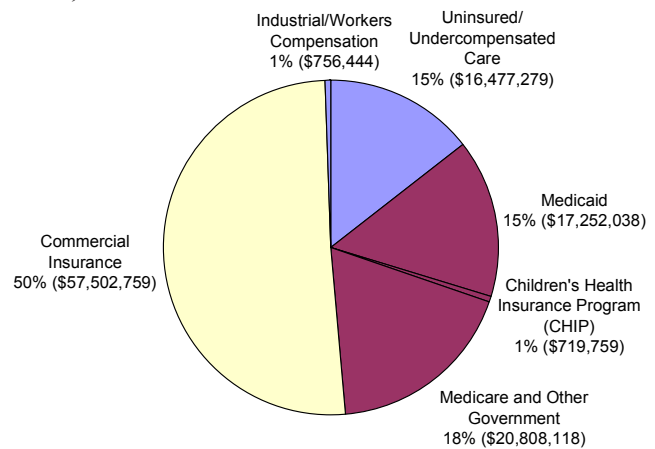
PCS Visits to ED

Figure 3. Primary care sensitive condition visits to the emergency departments by small area, Utah, Wasatch Front, 2001.



ED Charges for PCS ED Visits

Figure 4. Total ED charges for primary care sensitive ED visits by payer, Utah residents, 2001.



June 2004 Utah Health Status Update

For additional information about this topic contact the Office of Health Care Statistics, Utah Department of Health, P. O. Box 144004, Salt Lake City, Utah 84114-4004 (801) 538-7048, FAX (801) 538-9916; or by contacting the Office of Public Health Assessment, Utah Department of Health, P.O. Box 142101, Salt Lake City, Utah 84114-2101, (801) 538-6108, FAX (801) 538-9346, email: phdata@utah.gov.