



FOR IMMEDIATE RELEASE, September 30, 2006

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**NEW CENTRAL TEXAS STUDY ON EMERGENCY ROOM VISITS RELEASED
UNINSURED ALMOST FOUR TIMES MORE LIKELY THAN INSURED TO RECEIVE CARE
IN ER**

The Indigent Care Collaboration, a regional collaboration of hospitals, doctors, and other safety-net providers in Central Texas, today released a study of 437,000 Emergency Room visits for 2005 at twelve major hospitals in Travis, Hays, and Williamson Counties. The study also analyzed trends in Central Texas ER visits over the past seven years at these hospitals, from 1999 to 2005.

The ICC conducted the analysis based upon an Emergency Room data algorithm developed by the Center for Health and Public Service Research at the Robert F. Wagner School of Public Service at New York University (NYU). The NYU methodology does not classify visits as misuse or inappropriate use of the ER but rather as visits that potentially are preventable/avoidable. Preventable or avoidable ER visits are those types of visits that could have been addressed in a primary care setting, such as a doctor's office or clinic.

A recent report from the Centers for Disease Control and Prevention (CDC) that evaluated the distribution of ambulatory, outpatient care in 2001–2002 demonstrated that nationwide the uninsured have overall lower visit rates than other populations, however, when they did seek care, **the uninsured are almost four times more likely than insured patients to receive care in the ER rather than in a doctor's office** (74.4% doctor's office, 25.6% ER) In sharp contrast, individuals with private insurance receive care in doctor's offices over 90% of the time, and the ER only 7.2% of the time.

More recent, local data from I-Care for uninsured patients is comparable. I-Care data for 2005 shows that 24% of visits in Travis County by uninsured patients occurred in Emergency Rooms, while 76% occurred in clinic or physician office settings.

“The study indicates that uninsured adults in Central Texas may be getting a disproportionate amount of their health care in the Emergency Room – which is not the best setting to receive ongoing care or the best approach to preventing illness,” said Ann Kitchen, ICC Executive Director.

Additional study findings include:

- **The majority of all Emergency Room visits by all Central Texas residents are for preventable, primary care treatable diagnoses**, however, ER visits by Medicaid and self-pay, or uninsured patients have a higher percentage of preventable visits.
- **Both the total number of Emergency Room visits and the rate of visits per thousand of population have increased.** Total ED visits increased 28% since 1999 (342,000 in 1999 to 437,000 in 2005). The ED rate per thousand ranged from 311 per thousand (1999) to 356 per thousand (2005).
- **Emergency Room visits for preventable, primary care services varies by zip code, with a relationship in several Travis County zip codes to poverty level.** Two in Travis County, 78753 (northeast) and 78741 (southeast) had the largest increases in poverty from 1990 to 2000 and some of the highest rates of preventable, primary care treatable ER visits. Two in Williamson and Hays Counties, 78664 and 78666, also fall in the top ten highest volume zip codes.
- **Hospitals' mix of payers for ER visits has shifted over the seven year period from 1999 to 2005, towards higher percentages of uninsured and Medicaid patients.**

The ER study challenges Central Texas to shift care for uninsured patients back to the doctor's office. "The community suffers when care focuses on illness, instead of prevention." said Ms. Kitchen. "To be successful we must use our dollars wisely, which means providing care for uninsured individuals at the right time, place, and cost. Uninsured individuals must have access to care at a doctor's office, a more effective, less costly approach to health."

The ICC members have implemented regional, community-wide strategies aimed at shifting patients to more appropriate care in doctors' offices and clinics, including:

- Urgent Care Center – next to Brackenridge ER for patients with primary care conditions
- I-Care - community-wide data-sharing resource to assist physicians in providing care
- E-Merge Program - mental health and primary care services available in the physician's office
- Medicaider Screening – a web-based, electronic tool to determine eligibility for payment
- Clinical Pharmacist Program - education to help patients manage their medications

The hospital ER data covered children, adults, and people over age 65, and included commercially insured, Medicaid, Medicare, and self-pay, or uninsured populations. The hospital ER data represent patient visits, not number of patients, only for those ER visits that did not result in an inpatient admission to the hospital, which represent over 90% of ER visits. The ICC also analyzed I-Care data, which represents numbers of patients, as well as visits.

The report is available at: <http://www.icc-centex.org/library/library.cfm>

The Indigent Care Collaboration (ICC) is a nonprofit collaboration of 18 safety net providers in Central Texas (Williamson, Travis, and Hays Counties). ICC members work together to improve the efficiency and quality of health care services available for uninsured individuals in the region.

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