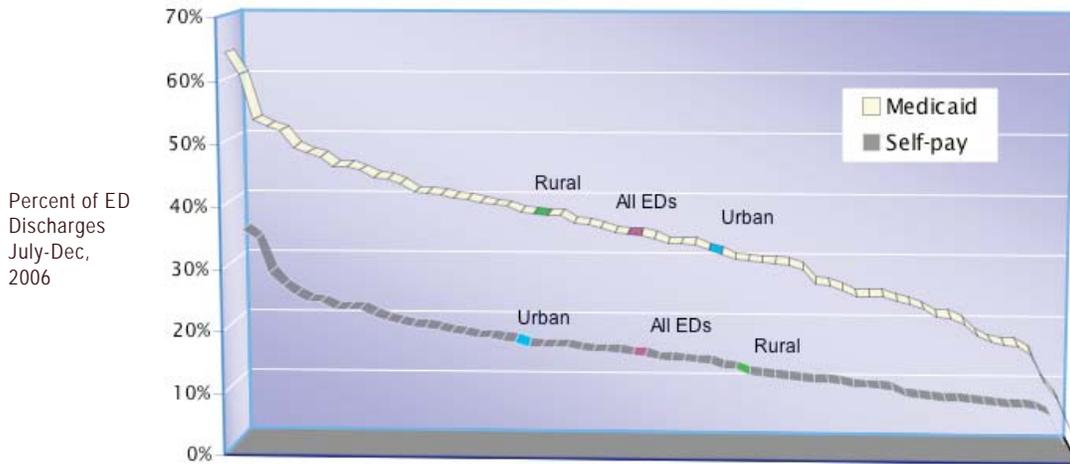


EMERGENCY DEPARTMENT UTILIZATION

Hospital Emergency Departments (ED) are major providers of safety-net services. Yet, this safety-net role differs substantially. Increased demand for care at EDs has led to the need for current benchmarks about the role of EDs, especially as safety-net programs*.

Percent of Safety-net Patients by Hospital EDs



Tiles signify individual hospital EDs or hospitals

Arizona

In the second half of 2006, approximately 813,000 Arizona residents were discharged from the 64 hospital EDs located throughout the state. Of that number, approximately 50% or 407,000 residents were billed as Medicaid or self-pay and considered to be in need of safety-net programs. The expressed need for this service by this medically underserved population varies considerably by hospital ED, Medicaid or self-pay designation, county, and especially, community. Utilization also varies by rurality, age group, and primary diagnosis.

This *HMS Associates* briefing is the first in a series on actual ED use in Arizona, within the context of facility and community specific benchmarks. Subsequent briefs will examine use by age groups, primary diagnoses, intensity level and charges and 2007 data. The purpose of the briefings is two-fold: 1. Provision of empirically derived statewide benchmarks and, 2. Awareness of timely state-of-the-art comparative informatics for assessing community needs and benefits and developing ED related services.

HMS Associates, Getzville, NY. All rights reserved.

Medicaid and Self-pay

One out of every two patients discharged from hospital Emergency Departments in Arizona is considered to be medically underserved. Indeed, seventy percent of patients discharged at several EDs are underserved.

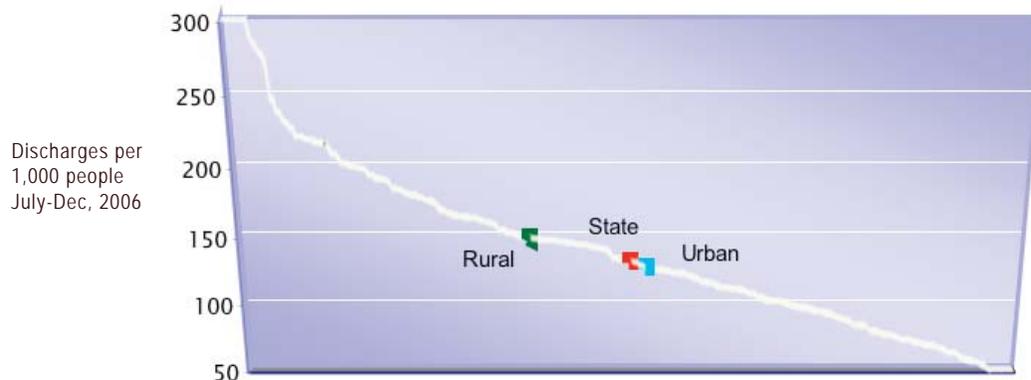
The impact of treating these medically underserved groups, i.e., Medicaid, no insurance or self-pay patients, on hospital bottom lines differs extensively by hospital throughout Arizona. Self pay discharge rates range from 1% to 34% of all ED discharges and Medicaid ranges from 6% to 64%.

The majority of the underserved are covered by Medicaid, 35% of all people discharged from EDs or 284,000 people statewide. Self-pay patients comprise 15% or 123,000 people. Facility ED proportions of Medicaid vary from 6% to 64% of all ED discharges and for self-pay, 1% to 34%. These proportions generally reflect the demographic make-up of the communities served by hospital EDs. Rural facilities have higher Medicaid proportions and urban counterparts more self-pay patients.

EMERGENCY DEPARTMENT UTILIZATION

Community ED reliance is related to the characteristics of the community, the proximity of the community to the hospital and the hospital's community service role and scope of service.

Crude ED Use Rates by Zip Code Community



Line plots individual Zip Codes or aggregates.

Community Reliance on EDs

Community reliance upon hospital EDs as sources of medical care range from over 300 discharges per 1,000 people for a six month period to less than 50 discharges per 1,000 people. The average crude discharge rate for Arizona is 131 discharges per 1,000 people. This range of use reflects considerable variation in community ED reliance and is related to the characteristics of the community, the proximity of the community to the hospital and the hospital's community service role and scope of service.

Atypically, ED use is not as highly correlated with age as most other health care services. Statewide youth and young adults, adults, and people over 65 years of age use EDs at relatively similar levels:

- Under 21 Years of Age - 142 discharges per 1,000 people
- 22 to 64 Years of Age - 129 discharges per 1,000 people
- 65 Years of Age and Over - 116 discharges per 1,000 people

Medically underserved populations are concentrated in age groups under 65 primarily because Medicare covers the vast majority of people over the age of 65. Medicaid has the highest proportions of youth and young adults, 50% of all Medicaid discharges and for self-pay, 2 out of every 3 ED patients who are discharged, are adults.

One size invariably does not fit all. The refinement of ED services must be guided by a recognition of community needs and benefits which integrates community or market characteristics and ED payer and clinical profiles. Medical triage or urgent care related programs designed to better meet community needs must be appropriately matched with the growing needs of the community.

The second *HMS Associates* ED brief will address payer and clinical profiles. For more information on this initial brief, customized data sets, and analyses, contact Greg Bonk at (716) 688 - 8448.

* This brief describes people discharged from non-federal hospital EDs and does not include people treated in EDs in need of inpatient care who are admitted to the hospital.

HMS Associates

HMS Associates, founded in 1990 in Buffalo, NY, is a national consultative services firm which has served clients in sixteen states. Health related informatics, health needs assessments and benefits driven health care network development and management are our core services. Contact us at (716) 688-8448 or see www.askhms.com.

All rights reserved.