

Emergency Department Utilization in Connecticut

October 2007

Connecticut Emergency Departments

- Available 24 hours a day, 7 days a week, 365 days a year
- Care for all patients regardless of ability to pay
- Serve as our healthcare safety net



How people imagine the ED...

...Doctors and nurses
with severely ill
patients



The reality of the ED....

- Emergency departments continue to be used for non-urgent care (approximately 24% of total visits)
- People on Medicaid are 4 times more likely and the uninsured are 2 times more likely than the privately insured to rely on the ED for non-urgent care



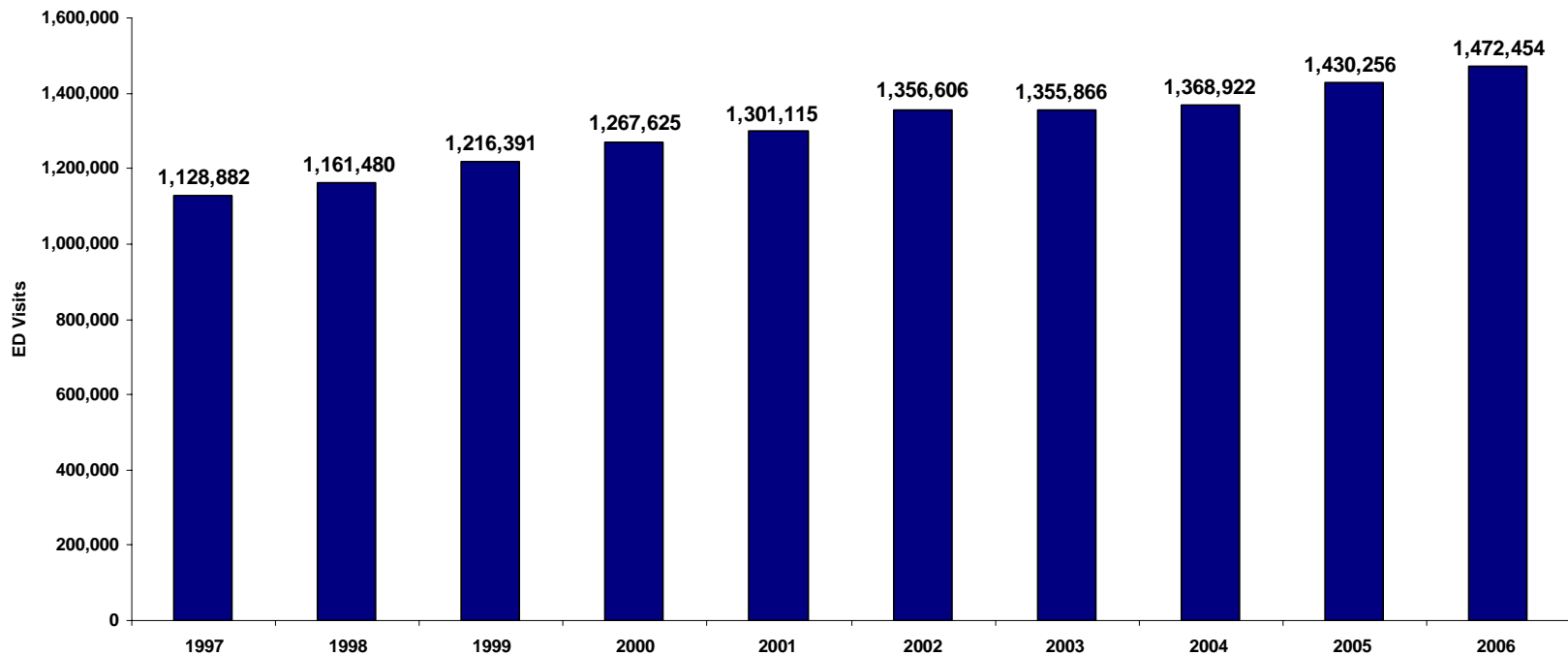
ED Overview

- How many people use ED services?
- For what conditions are they treated?
- Are they all severely ill patients?
- Who pays for ED services?
- How many mental health/substance patients present to the ED?



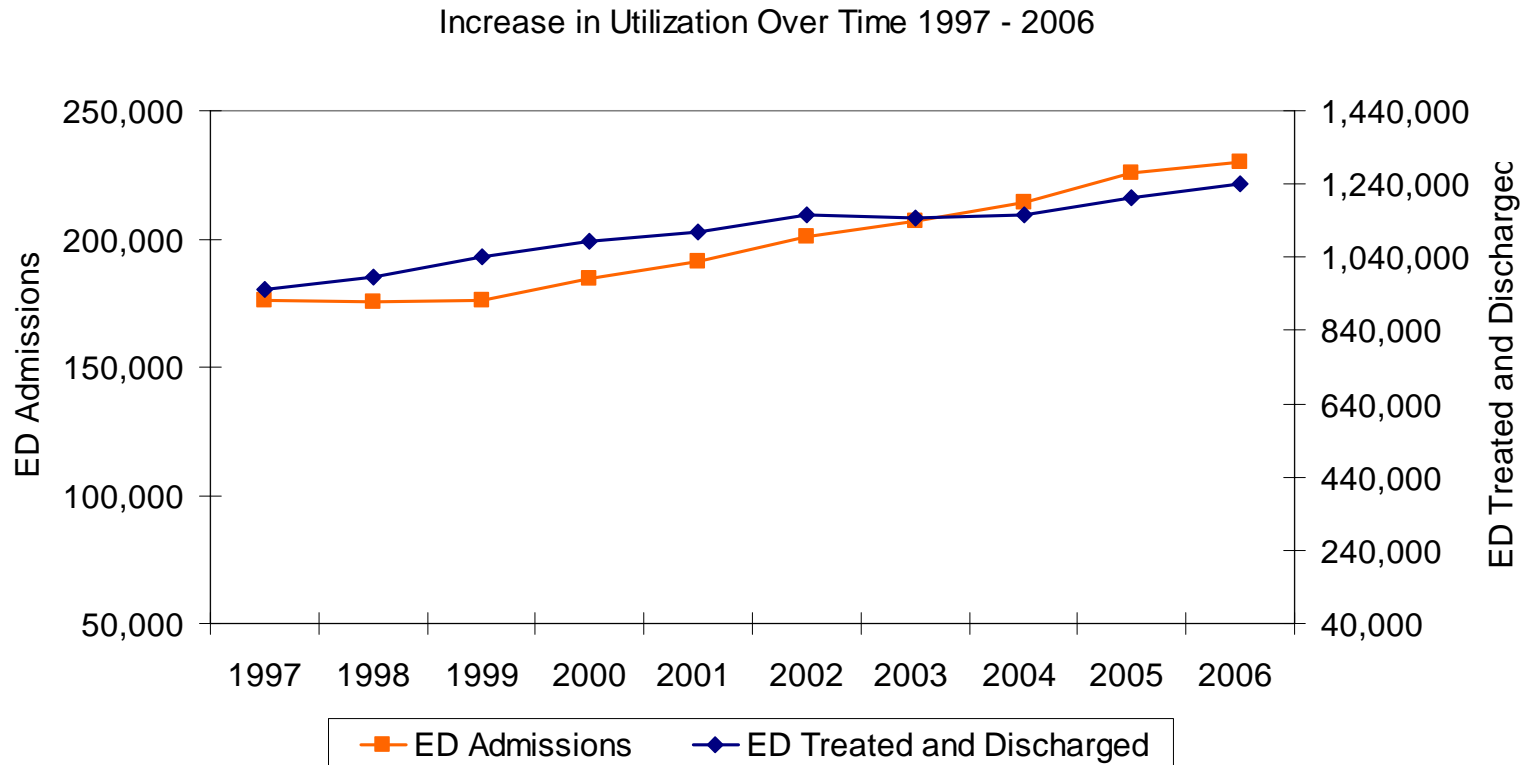
ED Utilization Trend

- ED visits steadily increasing, resulting in a 30% increase from FYs 1997–2006.



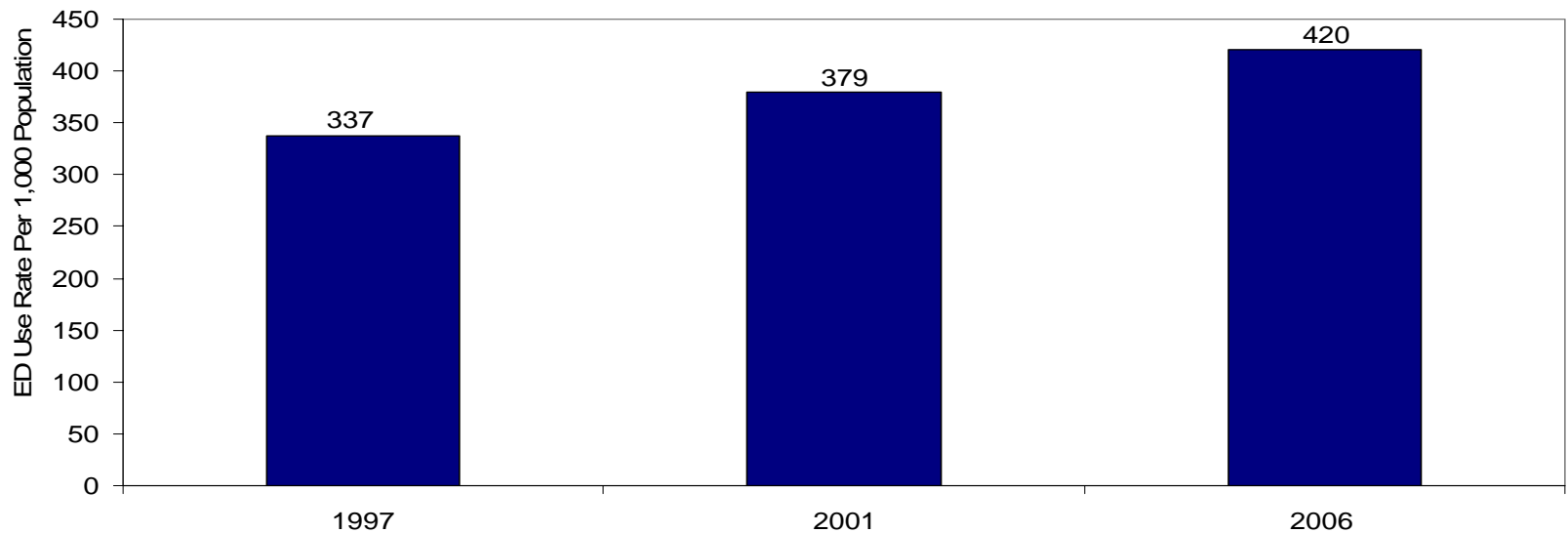
ED Utilization Trend

- The rate of increase for ED admissions compared to ED patients treated and discharged has been similar over time.



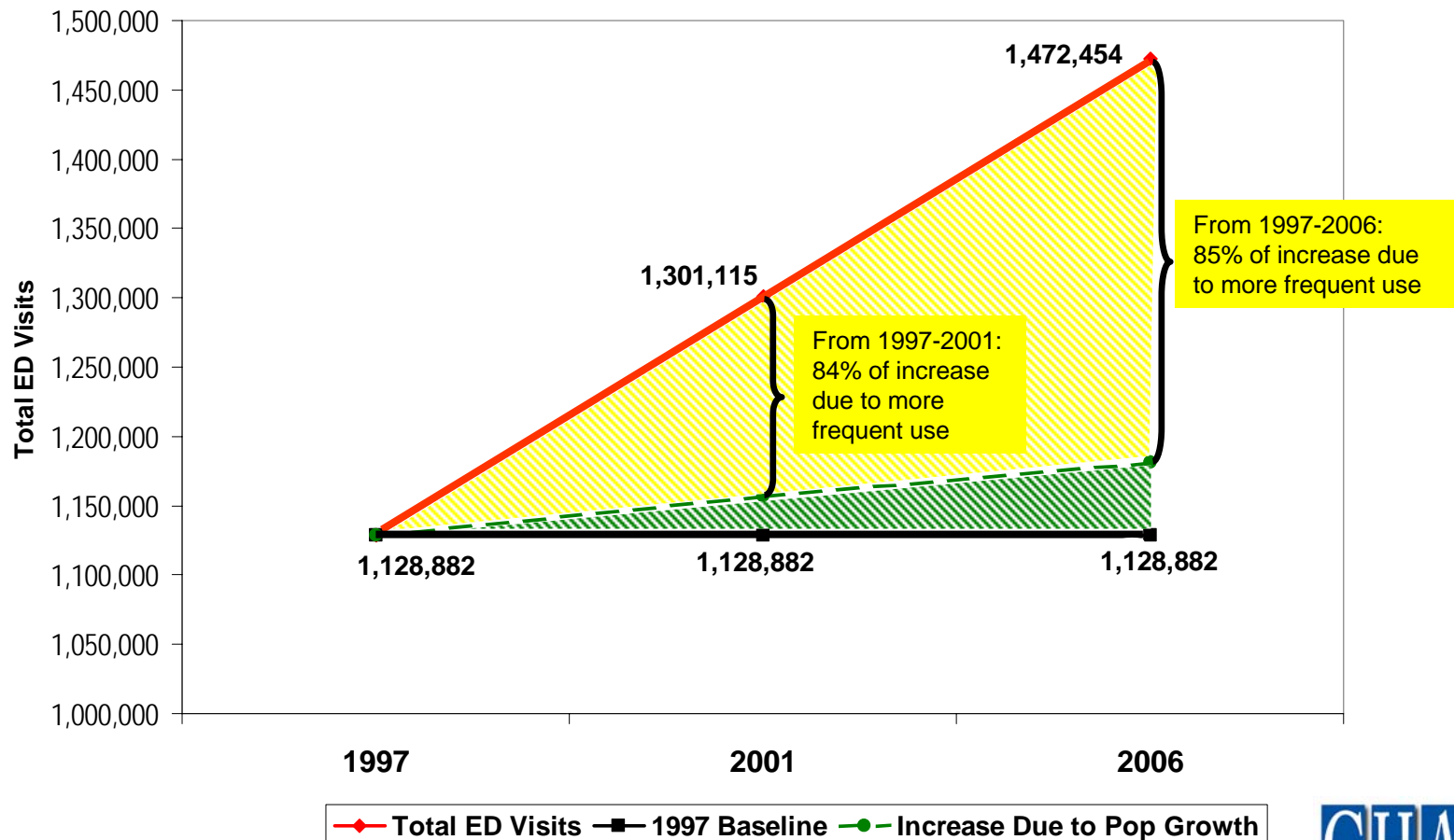
ED Utilization Trend

- On a population adjusted basis, ED visits have increased 25% from FYs 1997–2006.
- In FY 2006, for every 1,000 CT residents we can expect over 420 ED visits.



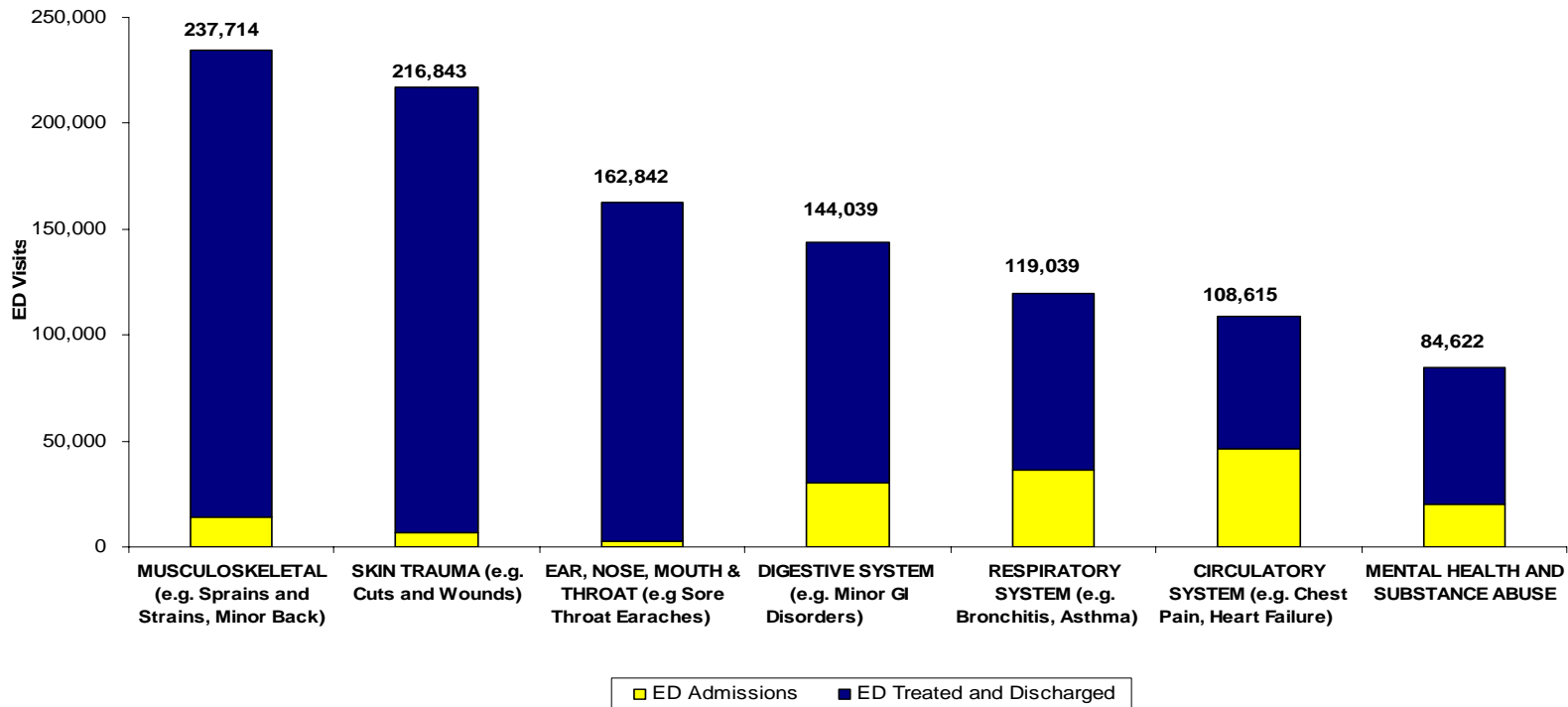
ED Utilization Trend

- In FY 2006, on a population adjusted basis, 85% of the increase in ED visits is due to more frequent use and the remaining 15% is due to population growth.



Top Conditions

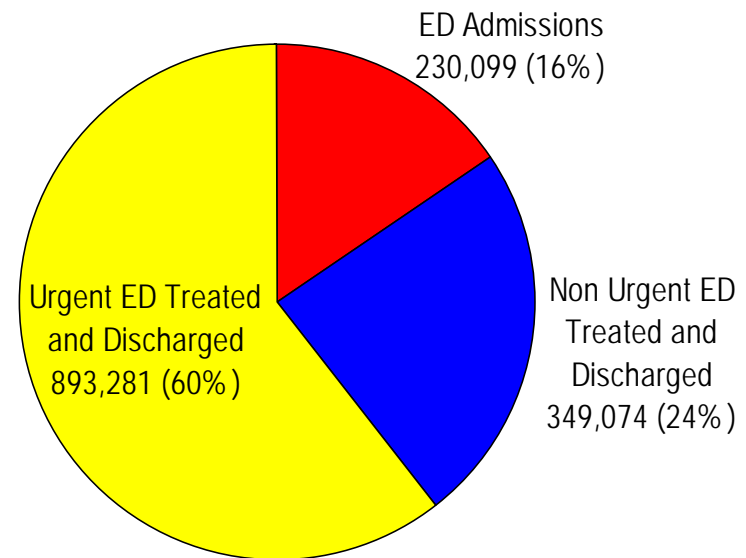
- Of the 1.4 million, seven conditions account for nearly 3/4 of the total ED visits.
- Patients with circulatory conditions are admitted half of the time they enter the ED, while mental health and respiratory patients are admitted at a rate of 25%.



Urgent and Non-Urgent Care

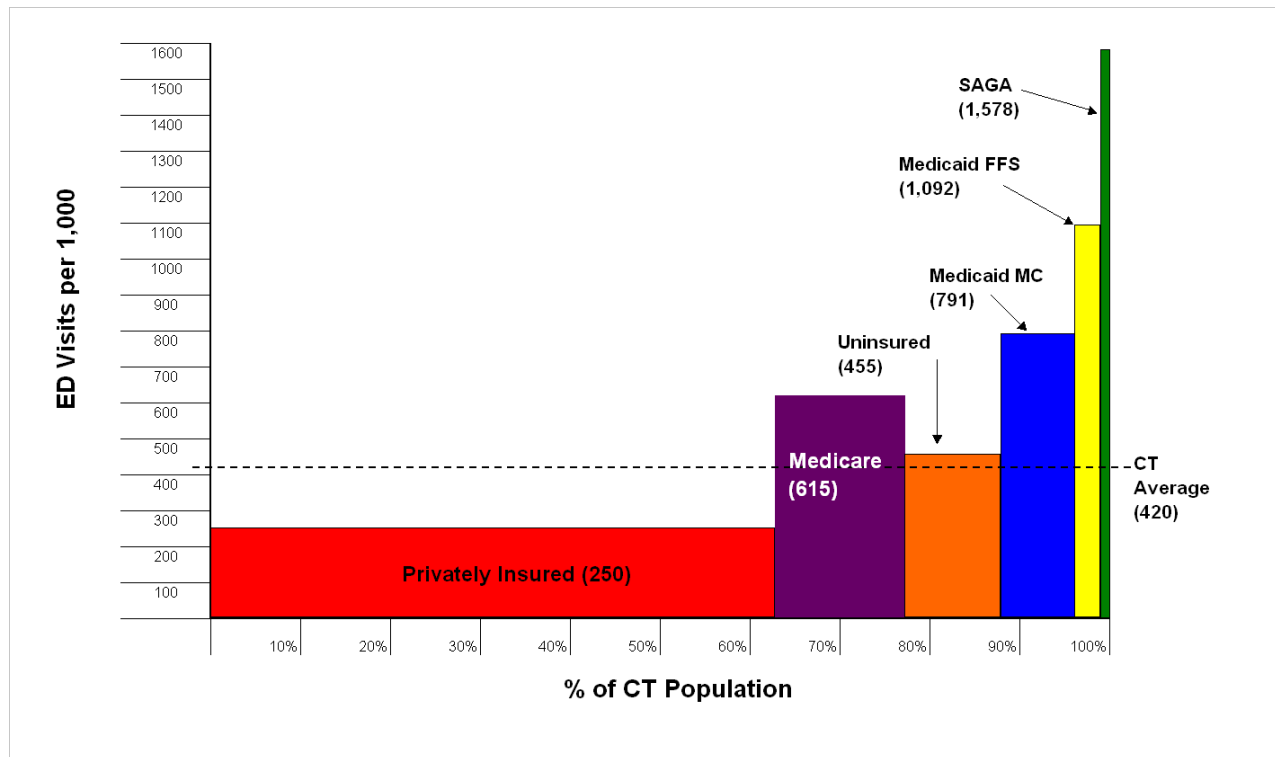
- 16% of ED visits need inpatient care (60% of all inpatients enter the hospital from the ED)
- Nearly one quarter of ED patients are treated for non-urgent care
 - Of the 4,000 patients presenting to the ED each day, 950 of those are for non-urgent care

FY 2006 ED Visits



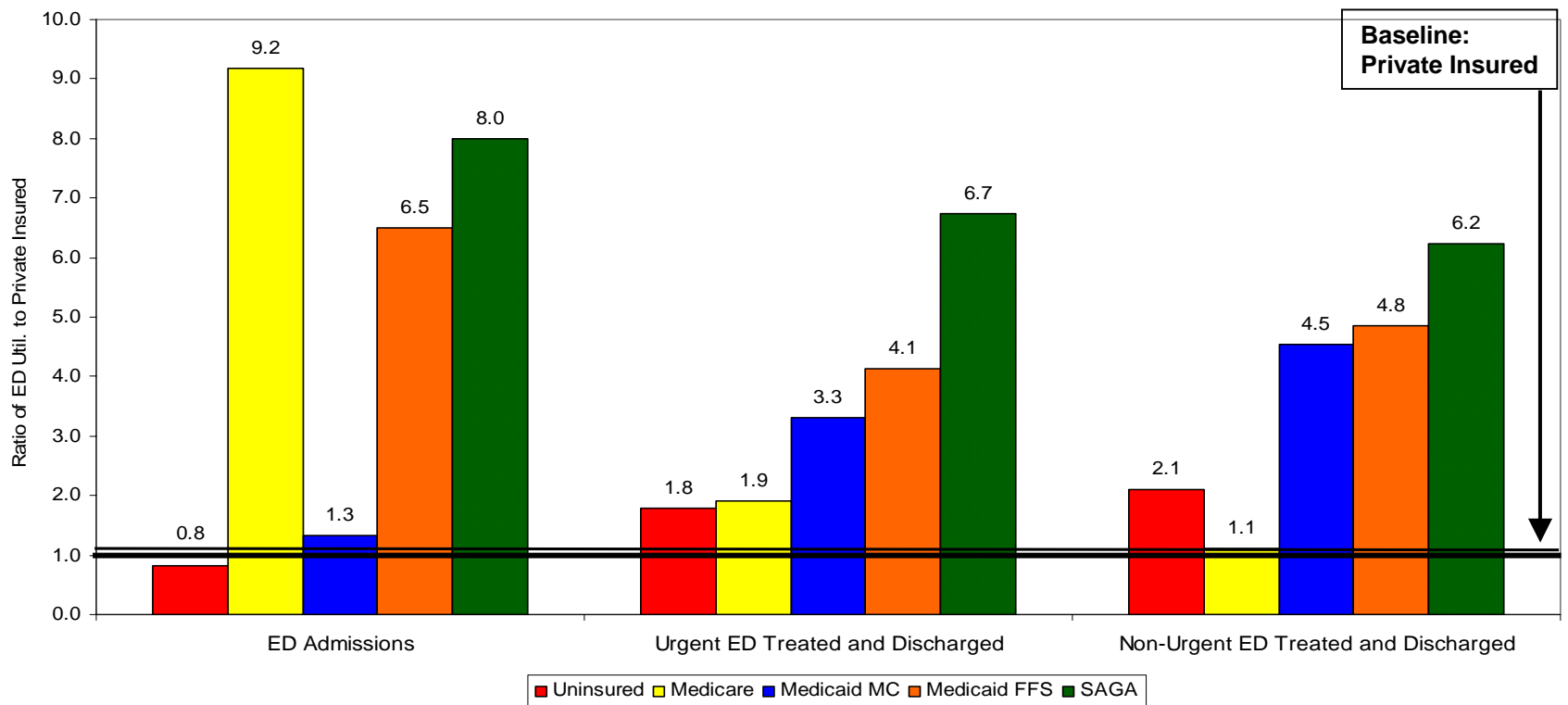
ED Frequency of Visits by Payor

- In FY 2006, for every 1,000 CT residents enrolled in Medicaid, there were three times more ED visits than the privately insured.
- For every 1,000 CT residents enrolled in SAGA, there were six times more ED visits than the privately insured.



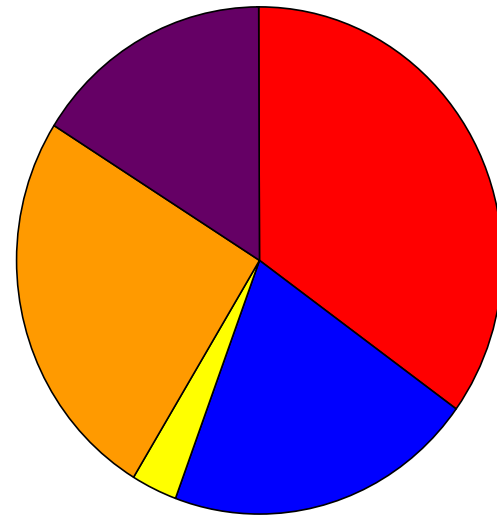
ED Reason for Visit by Payor

- For non-urgent care, Medicaid enrollees had nearly five times more ED visits than the privately insured.
- For non-urgent care, SAGA enrollees had over six times more ED visits than the privately insured.



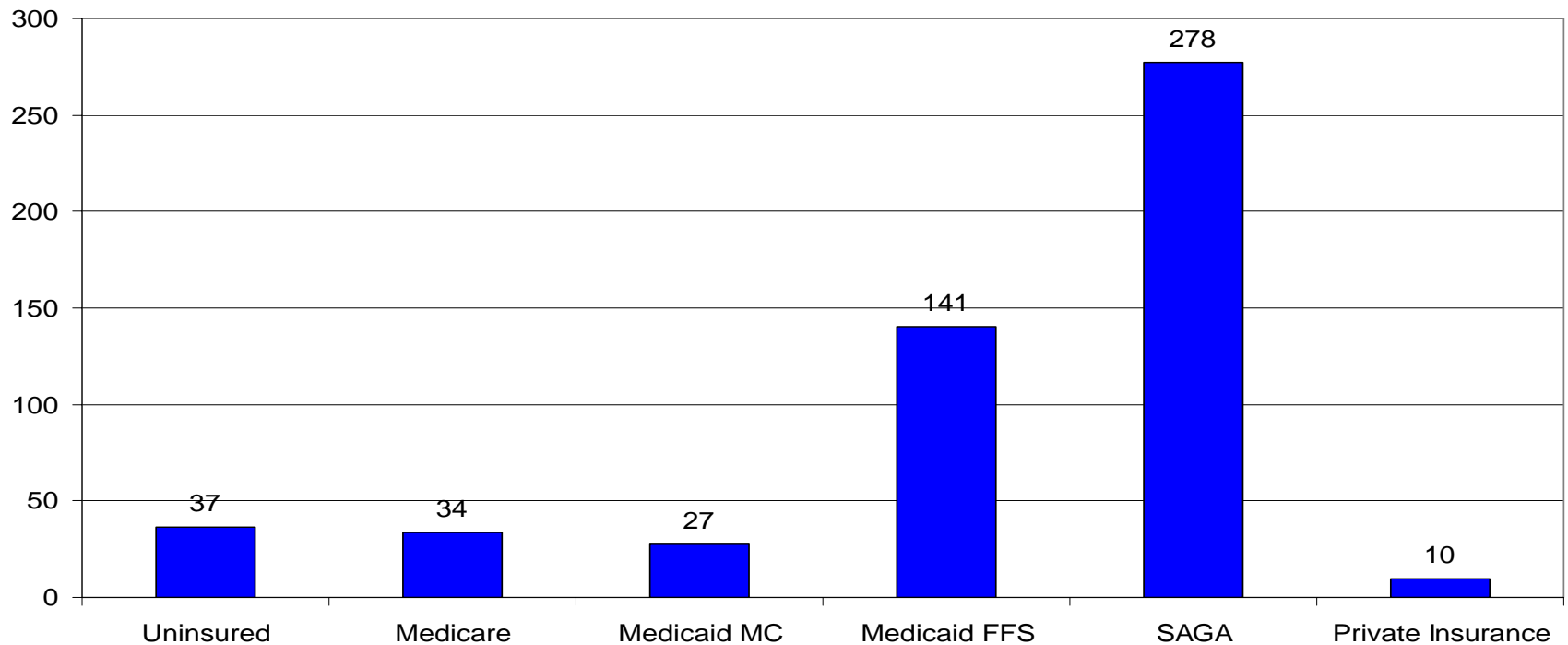
Mental Health and Substance Abuse Patients Treated in the ED

- Medicaid and SAGA patients make up 36% (29,640) of ED patients treated for mental health and substance abuse, but only 12% of the general population.



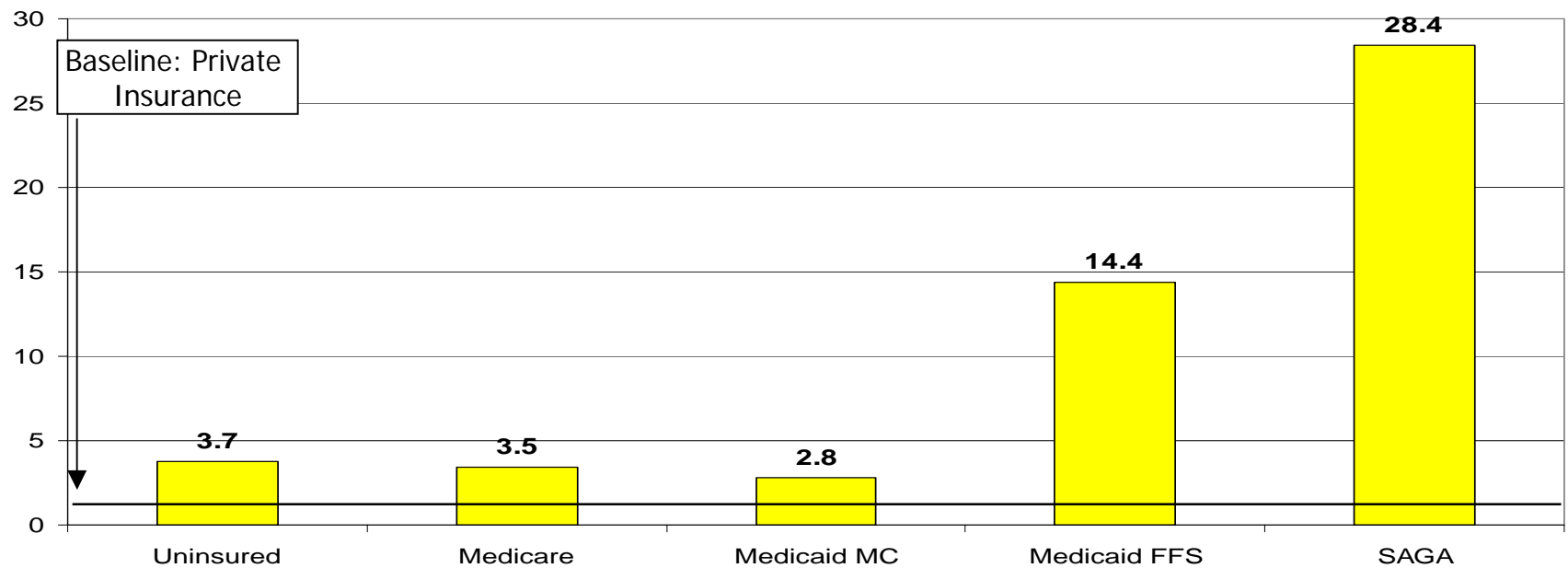
Mental Health and Substance Abuse Patients in the ED

- Mental health and substance abuse patients enrolled in SAGA utilize the ED at a rate of 278 visits per every 1,000 enrollees. This is compared to private insurance enrollees which have a total of 10 visits per every 1,000 enrollees.



Mental Health and Substance Abuse Patients in the ED

- Medicaid FFS recipients use the ED at a rate of 14 times higher than the privately insured.
- SAGA recipients use the ED at a rate 28 times higher than the privately insured.



Conclusion

- We rely on our Emergency Departments to devote ED resources to all who present to the ED, whether the visit is urgent or non-urgent
- Many of the patients presenting for non-urgent care are insured through state-funded programs
- Measures are required to support hospitals' ability to provide the appropriate infrastructure and resources to treat and properly place all who present to the ED, and to provide individuals with appropriate treatment alternatives in instances in which emergency services are not necessary

Urgent and Non-Urgent Care

- Classification of urgent and non-urgent care is based on Evaluation and Management (E/M) CPT codes. The first two E/M CPT codes are classified as non-urgent while the remaining three E/M CPT codes are classified as urgent.
- Classification is key component for determining whether visit is labeled as an emergency visit or clinic visit for billing and payment purposes.