The Hilltop Institute

analysis to advance the health of vulnerable populations

Non-Emergent Emergency Department Use among Adults with Disabilities

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Introduction

- Disparities in health care among individuals with disabilities
  - Disproportionately represented in ED use
  - More likely to belong to a minority group
  - More likely to have lower socioeconomic status
- Many ED visits could be prevented with appropriate primary care

Objective

- Using data from the Medical Expenditure Panel Survey (MEPS), we examined the relationship between disability and:
  - Likelihood of ED use
  - Frequency of ED use
  - Non-emergent ED use
- MEPS is a healthcare survey of community dwelling Americans

METHODS

Data

- MEPS Household Component (MEPS-HC)
  - Pooled data from 2001 to 2007
  - Sample of 8,846 adults with disabilities (out of 39,934 total individuals)
- Applied the publicly available algorithm developed by researchers at NYU Center for Health and Public Service to classify ED visits by urgency

NYU Classification[1]

1. Non-Emergent

- Immediate care was not required within 12 hours
- E.g. Eye redness

2. Emergent/ Primary Care Treatable

- Treatment was required within 12 hours but could have been provided in a primary care setting
- Example:
  - Chronic bronchitis
  - Heartburn

[1]http://wagner.nyu.edu/faculty/billings/nyued-background

NYU Classification *(continued)*

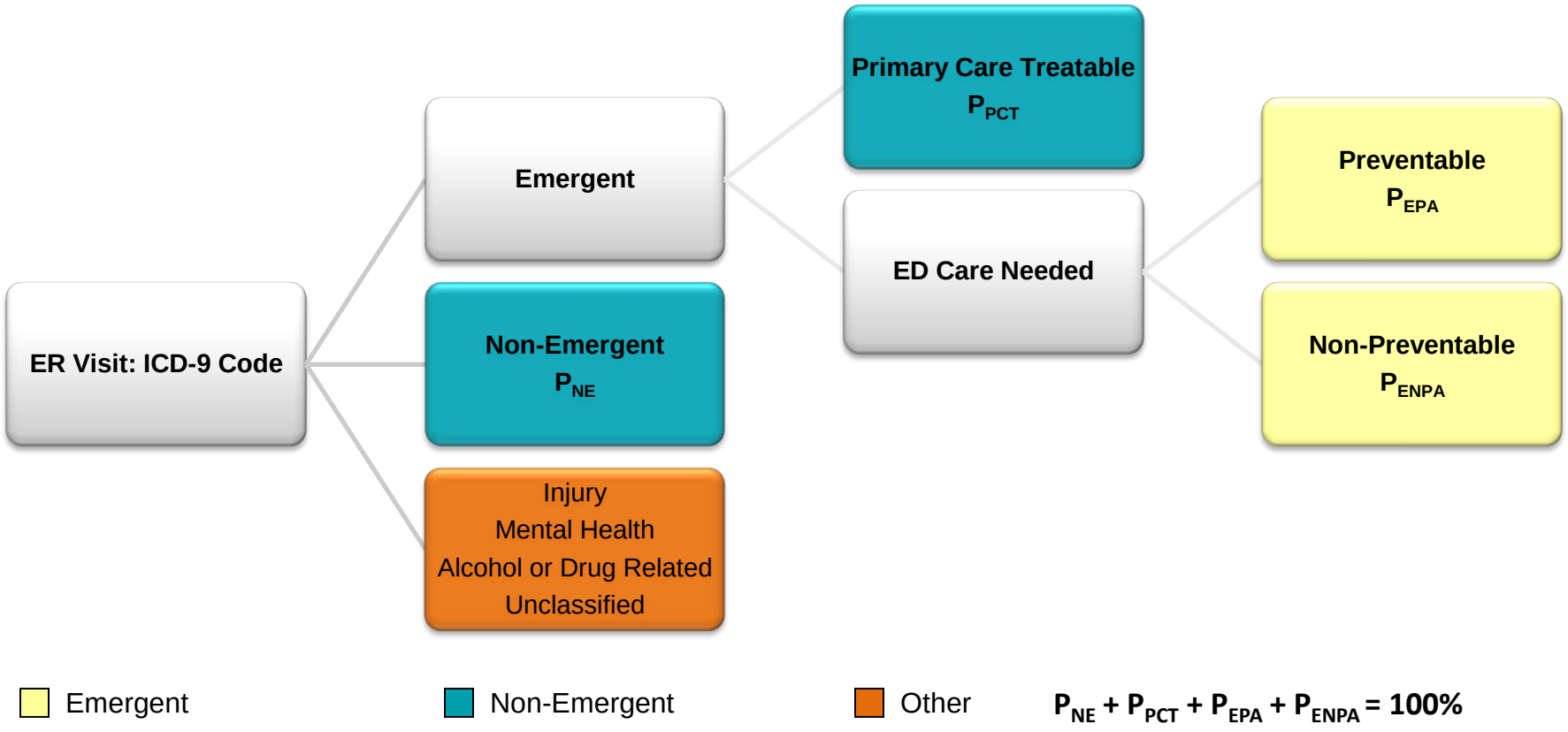
3. Emergent but Preventable/Avoidable

- ED care was required but was avoidable with appropriate ambulatory care
- Example:
  - Exacerbation of diabetes or asthma

4. Emergent and Not Preventable/Avoidable

- ED care was required and ambulatory care could not have prevented the condition
- E.g. Acute respiratory failure

Emergent Classification[2]



[2]Ballard, et al. (2010)., Validation of an algorithm for categorizing the severity of hospital emergency department visits. Medical Care, 48(1): 58-63.

Variables

- Disabilities:
  - Sensory, physical, cognitive, functional, and mental health
- Demographic controls:
  - Age, race/ethnicity, marital status, education, income, insurance status, having a usual source of care, self-reported health status, and region (MSA)

Models Estimated

- Logistic Regression
  - Any ED visit
  - 5 or more ED visits
  - Potentially non-emergent ED visits

RESULTS

Any ED Use

- Individuals with a disability had 1.6 times the odds of reporting any ED use
- Higher odds of ED use are also associated with:
  - Blacks
  - Women
  - Those with public insurance
  - Those who reported a person as a primary or usual source of care
- As self-reported health declined, odds of ED use increased

Five or More ED Visits

- Adults with disabilities had 2.65 times the odds of frequent ED use
- Higher odds are also associated with:
  - Women
  - Those with public insurance
- As self-reported health status declined, odds of frequent use increased
- Hispanics and those of another race had lower odds of frequent ED use
- Having usual source of care was not associated with frequent ED use

Non-Emergent ED Use

- Individuals with disabilities did not have significantly different odds of non-emergent ED use
- Demographic and Socioeconomic Effects:
  - Blacks had higher odds
  - Women had higher odds
  - Insurance and self-reported health status were not significantly related
  - Individuals who reported a person as a regular or usual source of care had lower odds

CONCLUSIONS

Conclusions

- Individuals with disabilities were more likely to be:
  - Non-Hispanic Black
  - Of lower socioeconomic status
  - Publicly insured
  - In poorer health
- Controlling for these factors, we found that adults with disabilities:
  - had higher odds of any ED use and frequent ED use
  - No statistical difference in odds of non-emergent ED use

Conclusions (continued)

- Primary care is of added importance to individuals with disabilities
- Adults with disabilities are more likely to have a usual source of care. However, primary care providers may not address all the needs of individuals with disabilities.
- The ACA includes provisions to support management of chronic conditions and integrated delivery systems that may improve healthcare for individuals with disabilities
- Continued efforts to improve access to care and develop effective, culturally competent models of chronic disease management are warranted

About The Hilltop Institute

The Hilltop Institute at UMBC is a non-partisan health research organization—with an expertise in Medicaid and in improving publicly financed health care systems—dedicated to advancing the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels. Hilltop is committed to addressing complex issues through informed, objective, and innovative research and analysis.

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