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Finger Lakes Health Systems Agency

# **Reducing Primary Care-Related Emergency Department Use in the Six-County Finger Lakes Region**

**Report from the Low Acuity ED Use/Preventable Hospitalization  
Work Group July 16, 2009 Meeting**

## Second Meeting (June 16, 2009)

- Reviewed data on Treat & Release ED visits in the 6-county Finger Lakes Region
  - Special attention on primary care-related ED visits
- Discussed future of the work group

## Treated & Release ED Visits by 6 County Finger Lakes Region\* Residents, 2006-07 Avg.

- There are two types of ED visits:
  - Treated & Admitted (T&A): Results in a hospital admission, ~20% of visits
  - Treated & Released (T&R): Patient is not admitted, ~80% of visits
- On average in 2006-07, there were 223,017 adult and 46,936 pediatric T&R visits per year.

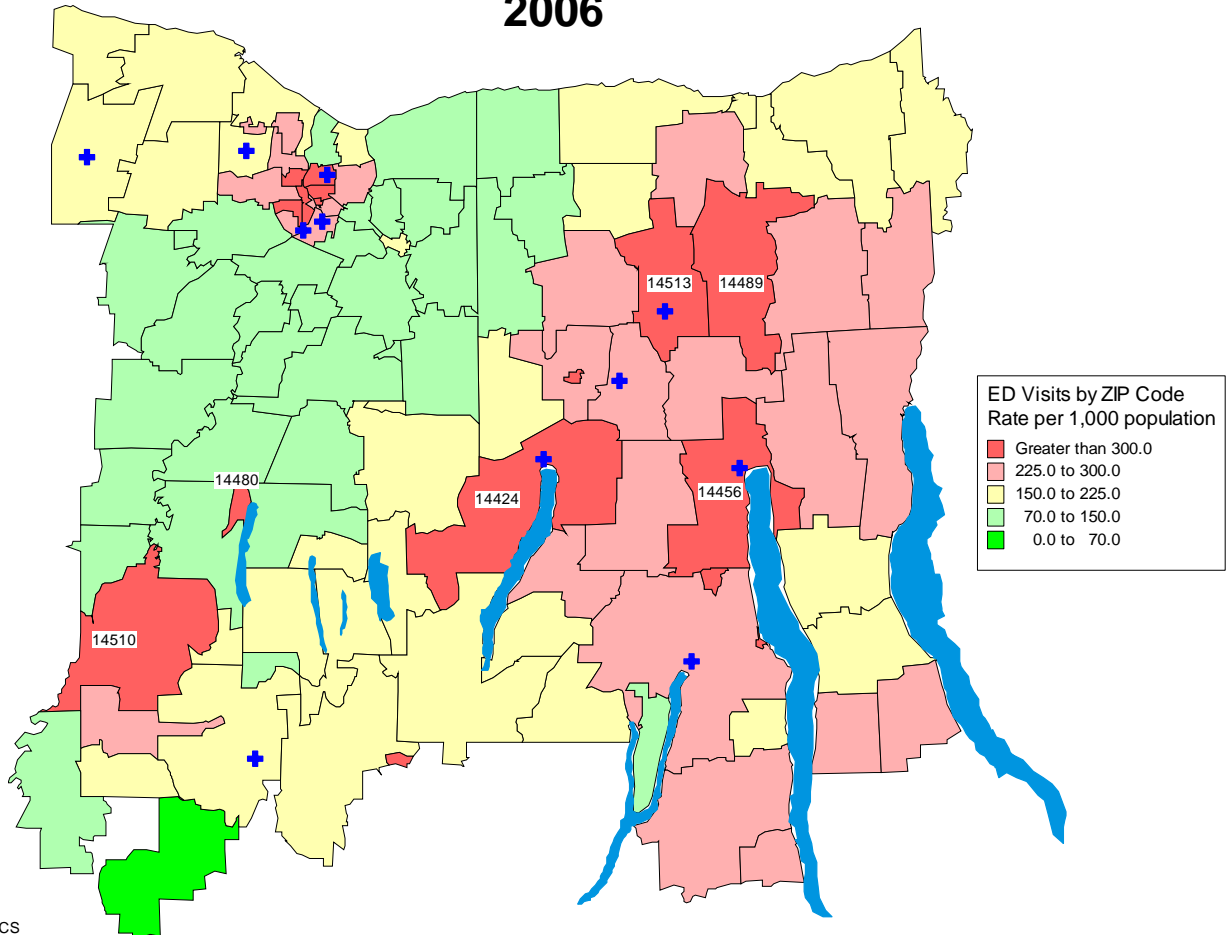
\*The six-county Finger Lakes region comprises Livingston, Monroe, Ontario, Seneca, Wayne, and Yates counties.

# Adult T&R ED Visit Rates by ZIP Code

## ED Visits by ZIP Code Age 15 and older 2006

Hospitals +

- Unity - Park Ridge
- Lakeside Memorial
- Rochester General
- Highland
- Strong Memorial
- Newark Wayne
- Clifton Springs
- F.F. Thompson
- Geneva General
- Soldiers & Sailors
- Nicholas Noyes



# ED Discharges from Facilities by County

- Monroe = 163,583
- Central Subarea = 120,461
  - Livingston = 11,312
  - Ontario = 75,426
  - Wayne = 24,299
  - Yates = 9,424

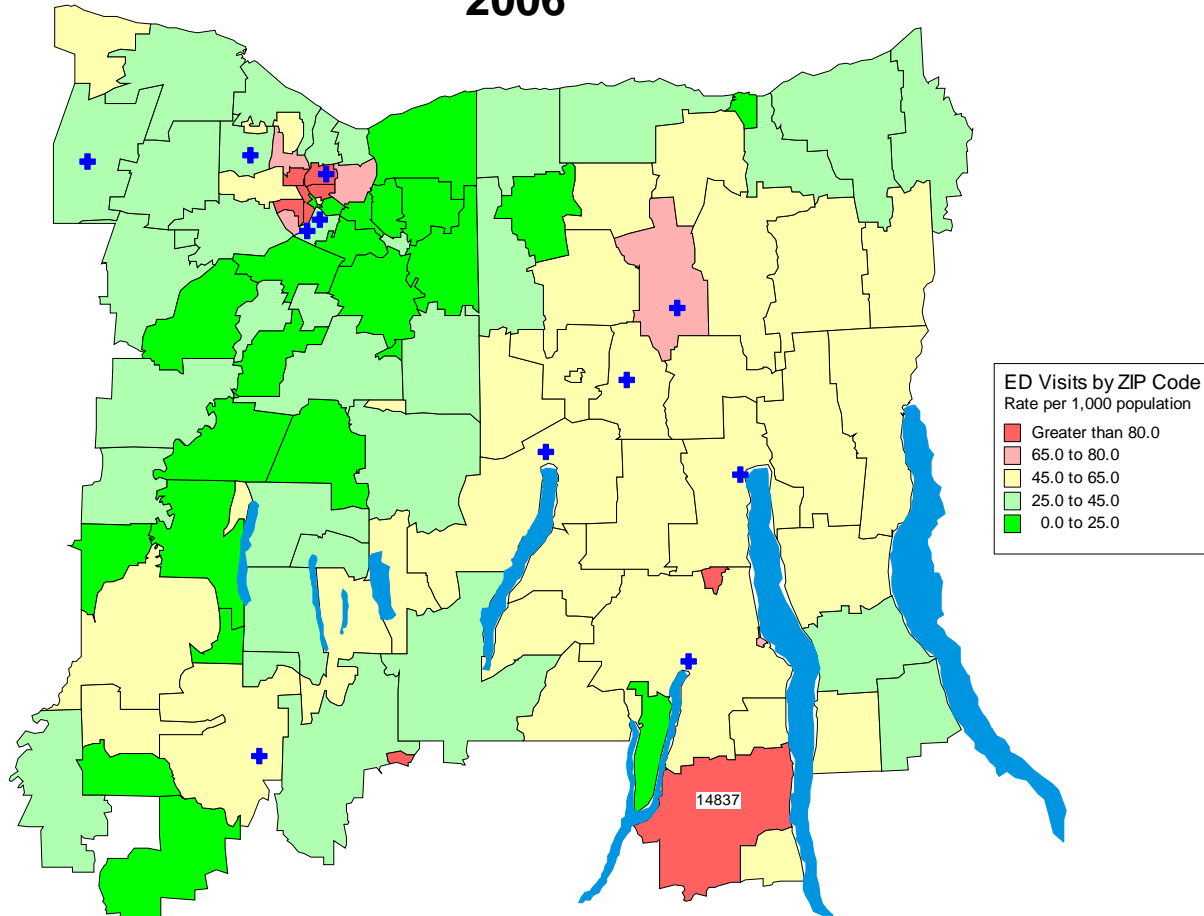
Source: NYSDOH - SPARCS

# Ped T&R ED Visit Rates by ZIP Code

## ED Visits by ZIP Code Age 0-14 2006

### Hospitals +

- Unity - Park Ridge
- Lakeside Memorial
- Rochester General
- Highland
- Strong Memorial
- Newark Wayne
- Clifton Springs
- F.F. Thompson
- Geneva General
- Soldiers & Sailors
- Nicholas Noyes

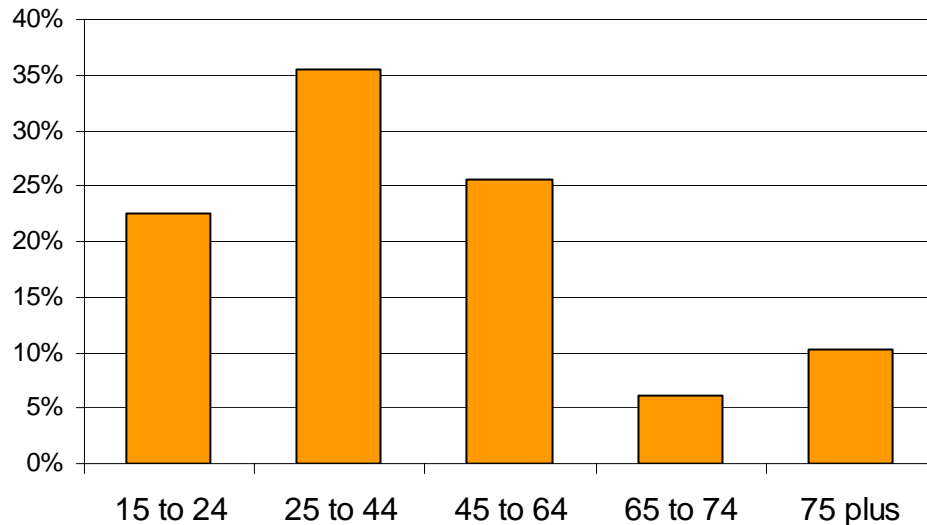


Source: NYSDOH - SPARCS

# T&R ED Visits – Age as a Variable

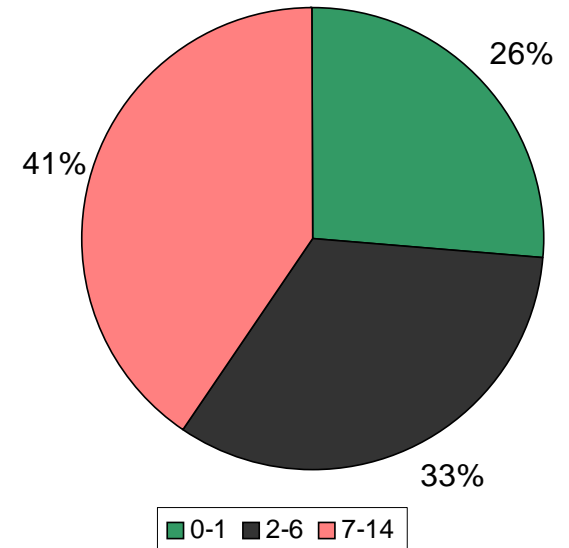
Percent Annual Average Treated & Release ED Visits,  
6 County Finger Lakes Region, 2006-07

Adults  
(N=233,017)



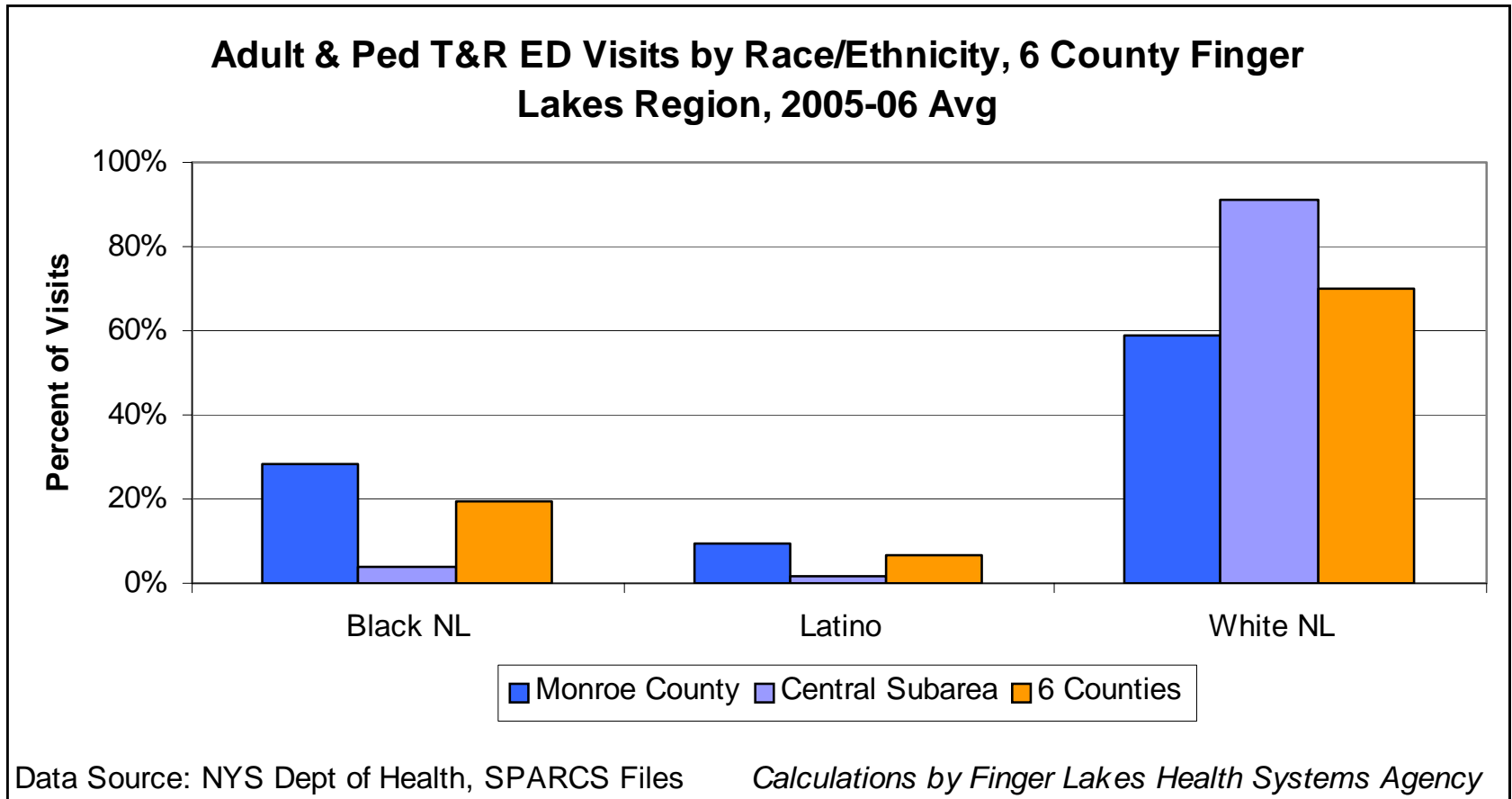
Data Source: NYS Dept of Health, SPARCS Files

Peds  
(N=46,936)



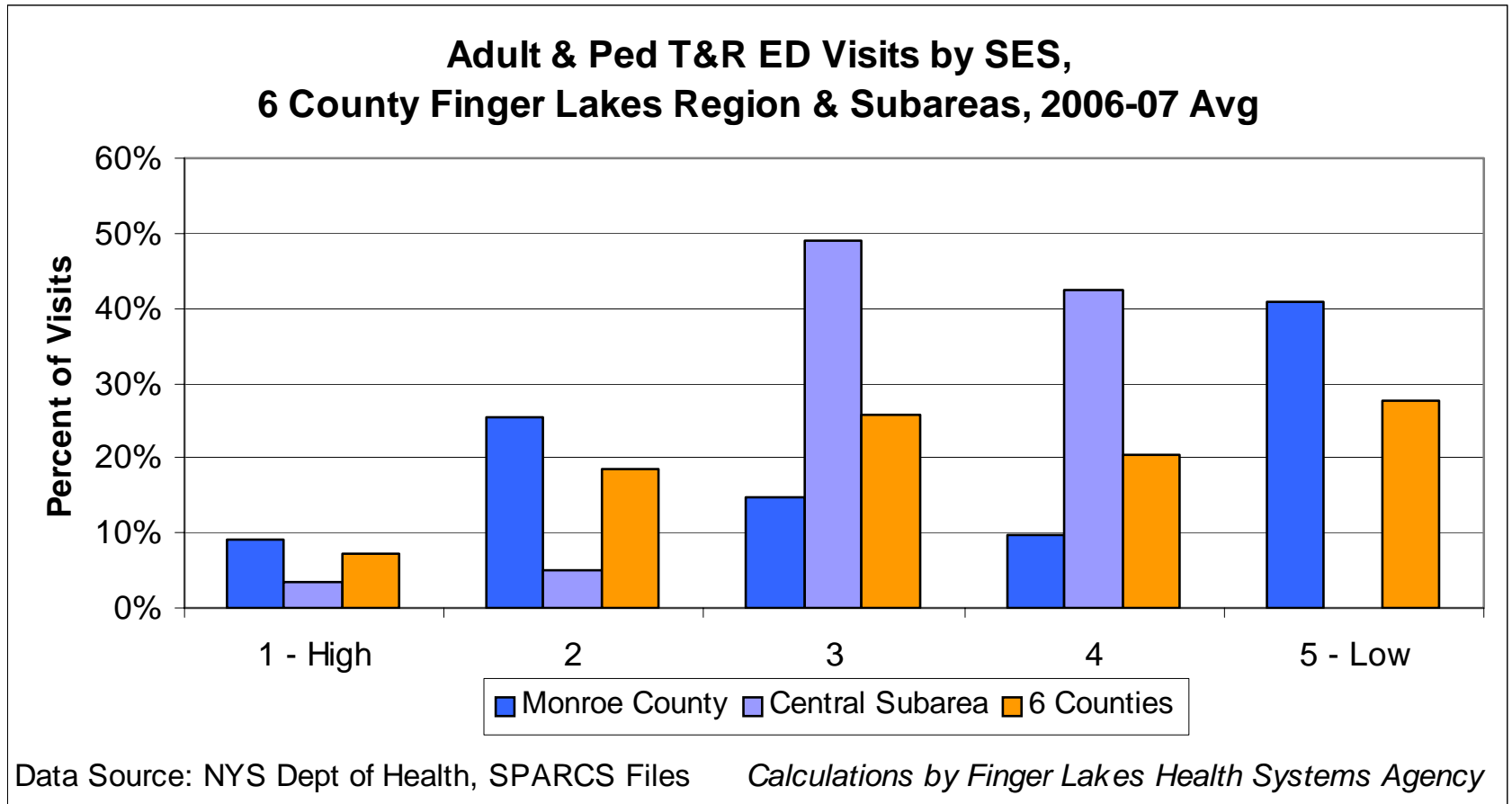
Calculations by Finger Lakes Health Systems Agency

# T&R ED Visits – Race/Ethnicity as a Variable



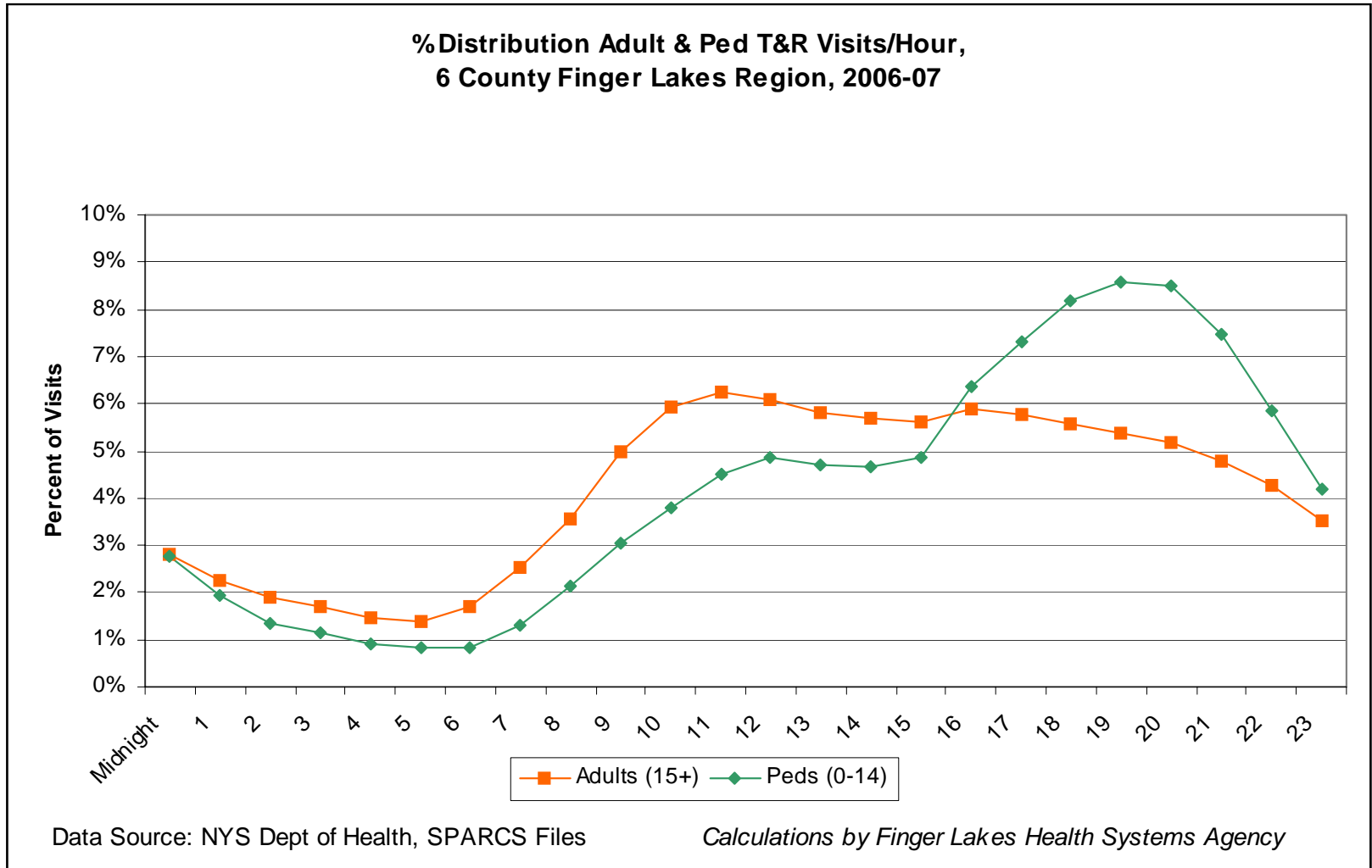
N=263,118

# T&R ED Visits – SES as a Variable

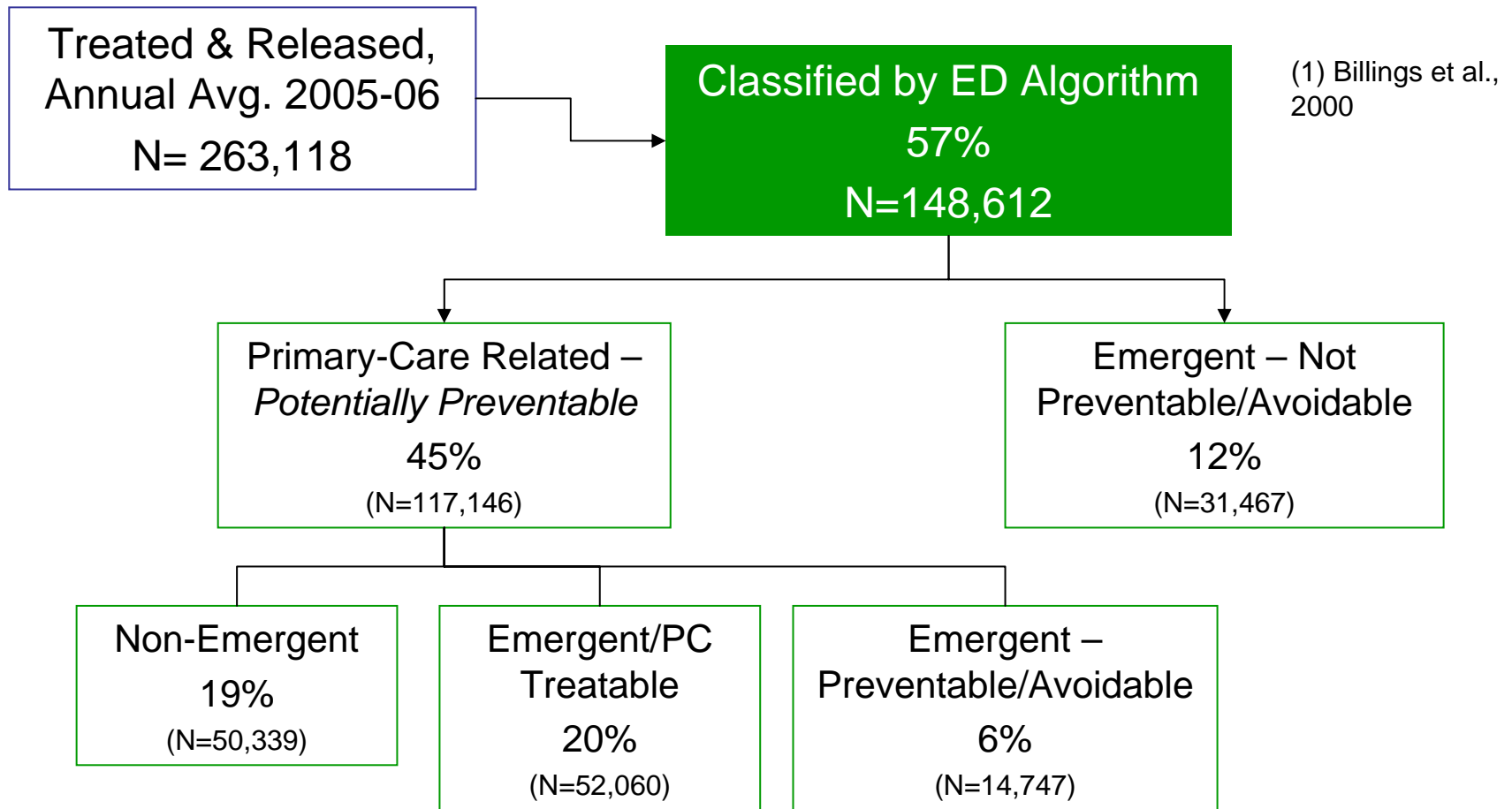


N=269,953

# Timing of T&R ED Visits: Not Just an After-Hours Problem

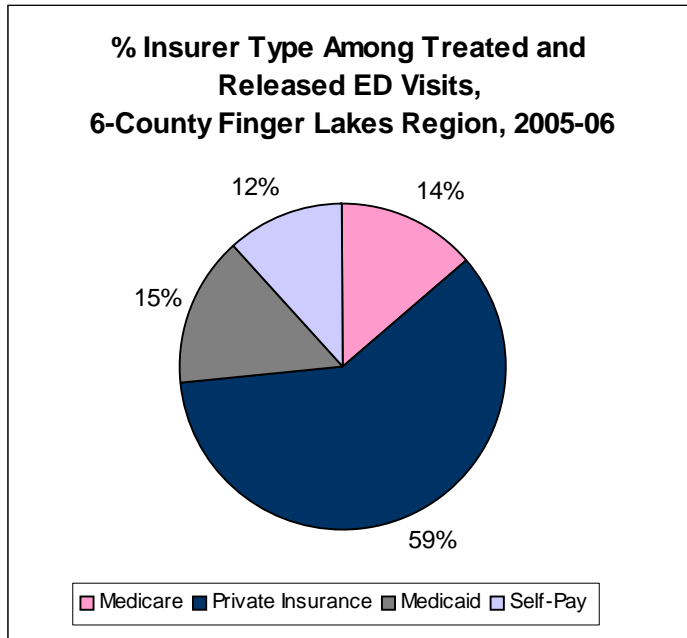


# Percent of T&R Visits that are Primary Care-Related (1)

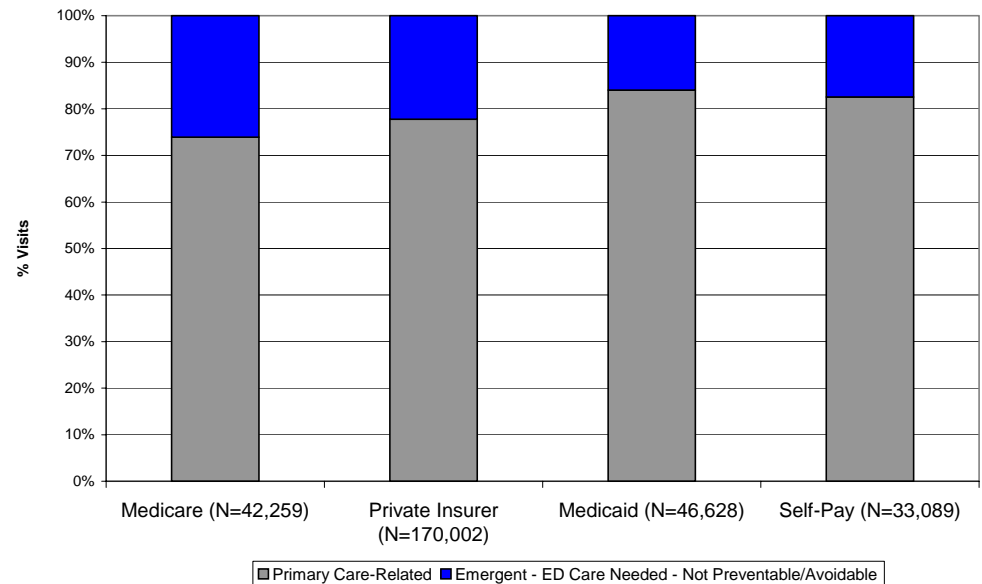


Total Classified Potentially Preventable T&R in 2005-6: 117,146  
**2010 Target Reduction: 15% = 17,572 visits**

# Reducing Primary Care-Related ED Visits – Insurance Status as a Variable



**Classified Treat & Release ED Visit Type by Insurer, 6-County Finger Lakes Region, 2005-06**

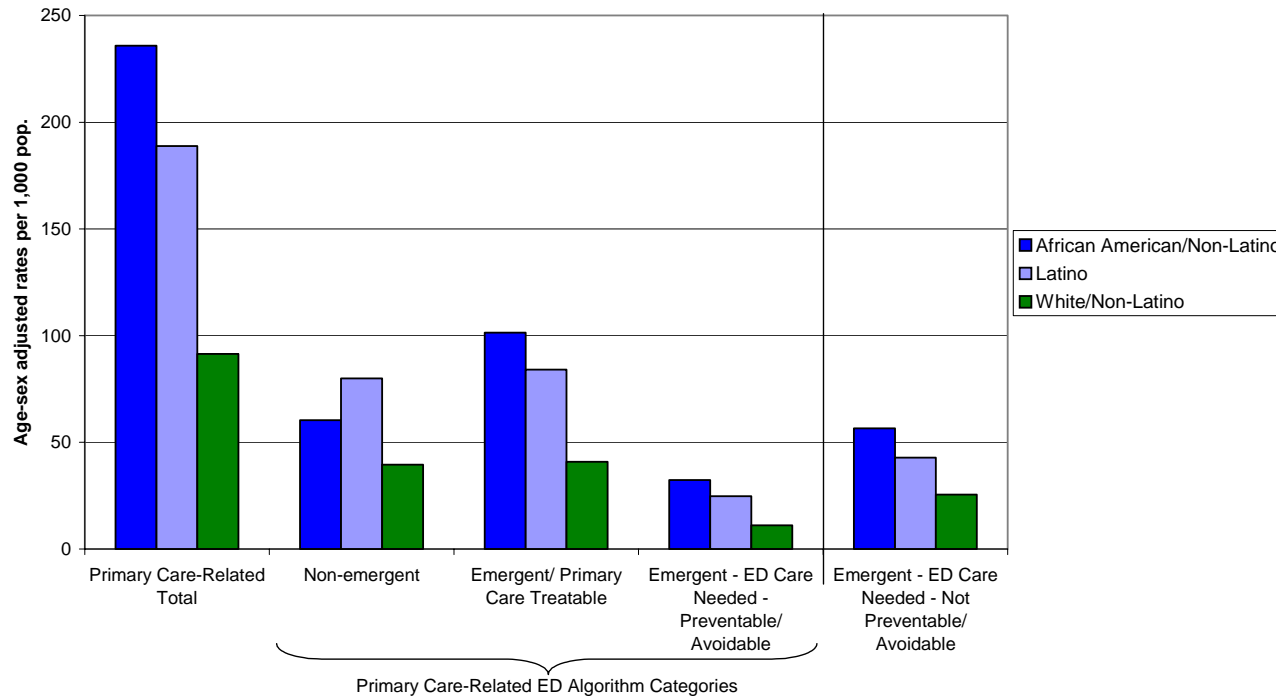


Data Source: NYS Dept of Health, SPARCS

- ~60% of Treated & Released ED visits were made by 6-County Finger Lakes residents who had private insurance (N=299,648).
- ED use for ambulatory care sensitive conditions did not significantly vary by insurance status.
- Insurance is not the driver in use of the ED for primary care.

# Reducing Primary Care-Related ED Visits – Race/Ethnicity as a Variable

**Classified ED Use Rates by Type of ED Visit  
by Race/Ethnicity, 6-County Finger Lakes Region, 2005-06**



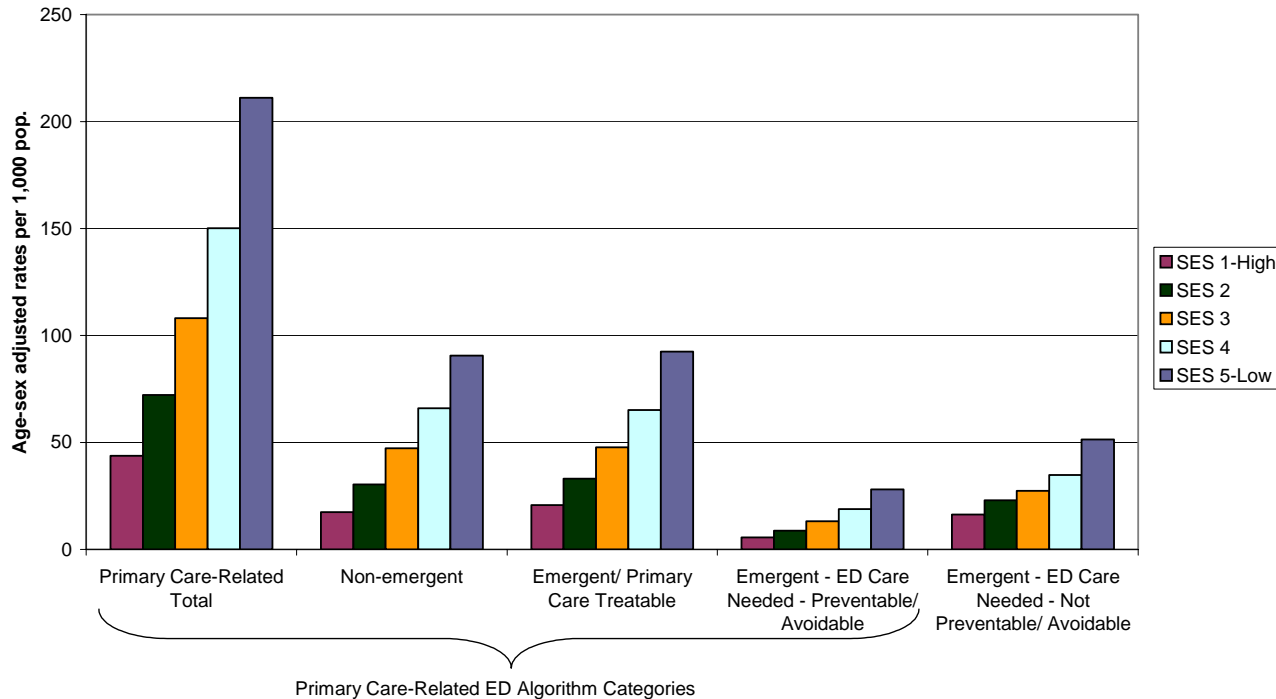
- African American/non-Latinos (2.6x) and Latinos (2.0x) are more likely to make primary care-related ED visits than White/non-Latinos.

Data Source: NYS Dept of Health, SPARCS files  
Data are age-sex adjusted to 2000 U.S. population

The 6-County Finger Lakes Region comprises Livingston, Monroe, Ontario, Seneca, Wayne, and Yates counties.

# Reducing Primary Care-Related ED Visits – Socioeconomic Status (SES) as a Variable

**Classified ED Use Rates by Type of ED Visit by SES, 6-County Finger Lakes Region, 2005-06**



- On average from 2005-06, individuals with the lowest SES (5) were almost 5 times as likely to make a primary care-related ED visit than those with the highest SES (1).

Data Source: NYS Dept of Health, SPARCS files  
Data are age-sex adjusted to 2000 U.S. population

The 6-County Finger Lakes Region comprises Livingston, Monroe, Ontario, Seneca, Wayne, and Yates counties.

## Conclusions from FLHSA Compiled Data

- Key groups who make primary care-related ED visits are patients of lower SES, African Americans and Latinos, adults ages 15 to 44, and possibly newborns (ages 0-1).
- The majority of ED visits are made by white, mid- and lower-SES individuals. Interventions must target this group as well.
- Insurance status is not the major driver of ED use.
- Peak time for ED visits is afternoon and early evening; times that office practices are or can be “open.”
- Visits are for symptoms and trauma in adults; infections, trauma and symptoms in children
- We need more local data on reasons why people seek primary care in the ED and potential barriers to receiving care in the schools, physician offices and urgent care centers.

## Committee Concerns

- Working on PQI admissions should also decrease ED use related to suboptimal outpatient management of chronic disease and effect both quality and hospital capacity.
- However, at present there is no evidence that reducing primary care-related ED visits decreases either Code Red or the need for hospital capacity.
  - Opportunities for cost savings, continuity of care, and treatment in the “optimal” setting need to be explored.
- There is concern that there may be a negative impact on already strained primary care offices if we shift more care into the office setting without other system changes occurring.

## Committee Concerns

- We do not understand what drives patients to use the ED for low acuity visits (the data has been surprising, contradicting many commonly held assumptions). We will need to understand the drivers of this behavior before we can consider interventions.

## Committee Conclusions

- There appears to be some good options to begin work on decreasing PQI admissions, which should also decrease ED use for chronic disease.
- More work is needed to understand what is causing the use of ED for low acuity problems.
- The group is heading down two separate tracks:
  - One focusing on improving the coordination and management of chronic disease (PQI group)
  - One focusing on ED use for low acuity use
- At the next meeting, the committee will review follow up on PQI and the potential approaches on addressing ED for a final decision on how to proceed.



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## Finger Lakes Health Systems Agency

The triangle represents our agency's role as a fulcrum—the point on which a lever pivots—boosting the community's health by leveraging the strengths of all stakeholders. The fulcrum is also a point of equilibrium, reflecting our ability to balance the needs of consumers, providers and payers on complex health matters. The inner triangle also evokes the Greek letter delta—used in medical and mathematical contexts to represent change—with a forward lean as we work with our community to achieve positive changes in health care.

Give me a lever long enough and a fulcrum on which to place it,  
and I shall move the world. —Archimedes

1150 University Avenue • Rochester, New York • 14607-1647  
585.461.3520 • [www.FLHSA.org](http://www.FLHSA.org)