

## The Role of Health Centers in Lowering Preventable Emergency Department Use

Community, Migrant, Homeless, and other Federally-Qualified Health Centers are non-profit, community-directed primary and preventive care providers serving low-income and medically underserved communities. Commonly known as health centers,<sup>§</sup> they **currently reach more than 23 million patients\* through over 9,200 service delivery sites** across every state and territory.

Research has found that a substantial proportion of visits to the emergency department (ED) are either non-urgent or could have been avoided through timely primary care. In addition, evidence shows that many preventable ED visits occur because patients could not access timely primary care. Health centers play a vital role in reducing these avoidable ED visits by providing accessible, continuous and comprehensive primary care, especially to those at risk of using the ED for avoidable or preventable care.

### **AVOIDABLE EMERGENCY DEPARTMENT USE**

While EDs are a vital aspect of the healthcare delivery system and will always be a needed service, avoidable use of the ED places a substantial burden on the US healthcare system. According to the National Hospital Ambulatory Medical Care Survey (NHAMCS), 10% of all ED visits are considered non-urgent because they do not require immediate medical attention.<sup>1</sup> However, non-urgent ED visits do not account for the many urgent or emergent visits that could have been avoided through the timely use of primary care. **Nationally, 39.5% of ED visits among the general population are primary care sensitive in nature and therefore preventable.**<sup>2</sup> However, studies from various communities and states around the country find the rate of avoidable ED visits among the general population can be much higher.<sup>3</sup>

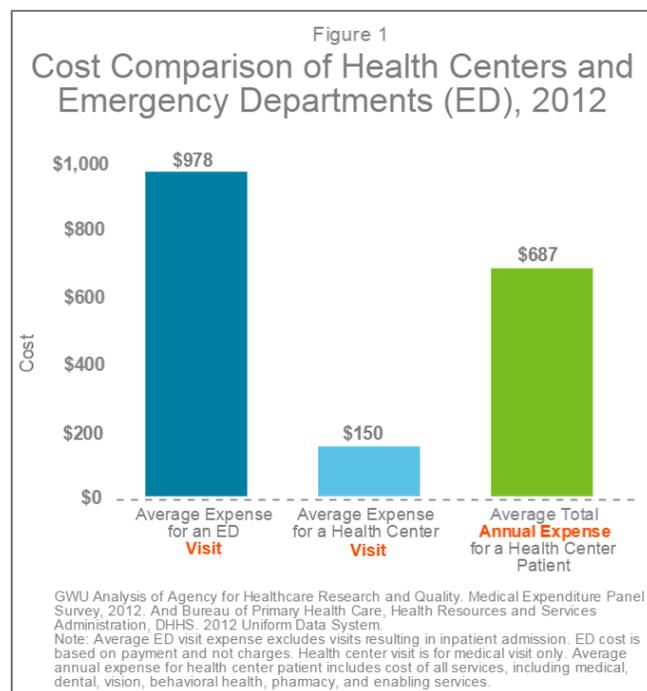
Those more likely to have an avoidable ED visit include those with Medicaid or without insurance, racial and ethnic minorities, and those seeking care on nights and weekends.<sup>4</sup> Emergency departments serving high proportions of Medicaid and uninsured patient populations have higher rates of visits classified as non-urgent or primary care treatable.<sup>5</sup>

### **HEALTH CENTERS ARE AFFORDABLE**

In 2012 the average cost per health center medical visit was less than one-sixth the average cost of an ED visit, and the total annual cost of treating a health center patient falls well below the average cost of one ED visit (Figure 1). Annually, health centers save the healthcare system over \$24 billion through the provision of effective and efficient care.<sup>6</sup>

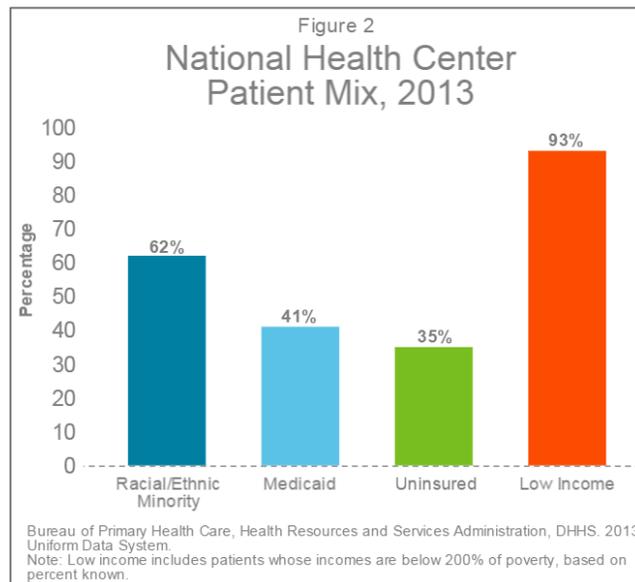
### **HEALTH CENTERS PROVIDE ACCESS TO TIMELY, HIGH-QUALITY CARE**

Research shows that **health center availability and capacity lowers ED utilization among populations that historically experience access challenges, including patients who are low-income, Medicaid-enrolled, uninsured, and living in rural communities.**<sup>7</sup> Health centers reduce preventable ED visits by successfully employing a model of care designed to increase access to high-quality primary and preventive services.



Based on their record, health centers:

- *Target Populations at Risk for Avoidable Use of the ED.* The majority of health center patients are insured by Medicaid or are uninsured, and most are members of racial and ethnic minority groups (Figure 2).<sup>8</sup>
- *Provide High-Quality, Continuous Primary Care.* Health centers have been recognized for their high-quality, continuous primary care.<sup>9</sup> Nearly all (95.8%) have an Electronic Health Record installed to support care management and 59% are currently recognized as Patient Centered Medical Homes.<sup>8</sup>
- *Facilitate Access to Care.* Health centers are located in areas where care is needed but hard to find and offer more night and weekend hours than other providers.<sup>10</sup> They also offer a variety of “enabling services” designed to facilitate access to care and ensure appropriate use of primary care. These services include case management, translation, transportation, home visitation, and health education.
- *Engage in ED Reduction Efforts.* Many health centers also actively collaborate with local hospitals to implement strategies that further reduce ED use.<sup>11</sup>



<sup>8</sup> Health centers include those that receive federal Health Center Program grants under the Public Health Service Act and those that meet the same program requirements but do not receive these grants, known as Federally-Qualified Health Center Looks Alikes.

\* NACHC, 2014. Includes all patients of federally-funded health centers, non-federally funded health centers, and expected patient growth for 2014.

**Sources:** <sup>1</sup> Honigman LS, et al. National study of non-urgent emergency department visits and associated resource utilization. *West J Emerg Med.* 2013;14(6):609-16. <sup>2</sup> Cunningham PJ, et al. The use of hospital EDs for nonurgent health problems. *Med Care Res Rev.* 1995; 52(4):453-474. <sup>3</sup> McWilliams A, et al. Cost analysis of the use of EDs for primary care services in Charlotte, North Carolina. *N C Med J.* 2011;72(4):265-71. Geissler KH, Holmes GM. Emergency department use in the US-Mexico border region and violence in Mexico: Is there a relationship? *J Rural Health.* 2015. DeLia D. Potentially avoidable use of hospital EDs in New Jersey. Rutgers Center for State Health Policy. 2006. Available at <http://www.cshp.rutgers.edu/Downloads/6330.pdf>. Utah Office of Health Care Statistics. Primary Care Sensitive ED Visits in Utah, 2001. 2004. Utah Department of Health. Available at [http://health.utah.gov/hda/Reports/Primary\\_Care\\_ERvisits\\_Utah2001.pdf](http://health.utah.gov/hda/Reports/Primary_Care_ERvisits_Utah2001.pdf). Chang C, Belt D. Status report on efforts to understand and create awareness of non-urgent ED visits in Memphis and Shelby County, Tennessee. Healthy Memphis Common Table. March 2013. Available at [http://commontablehealth.org/upload/media/Status\\_Report\\_7\\_Feb\\_2013\\_\(2\).pdf](http://commontablehealth.org/upload/media/Status_Report_7_Feb_2013_(2).pdf). Massachusetts Division of Health Care Finance and Policy. Preventable/Avoidable emergency department use in Massachusetts fiscal years 2004 to 2008. July 2010. Available at [http://www.measureandpredict.com/wp-content/uploads/2014/04/MA-preventable\\_avoidable\\_ed\\_use\\_2004\\_2008.pdf](http://www.measureandpredict.com/wp-content/uploads/2014/04/MA-preventable_avoidable_ed_use_2004_2008.pdf). <sup>4</sup> Wang L, et al. Patient-reported reasons for ED visits in the urban Medicaid population. *Am J Med Qual.* 2015;30(2):156-60. O'Malley AS. After-hours access to primary care practices linked with lower ED use and less unmet medical need. *Health Aff.* 2013;32:175-83. Pukurdpol P, et al. Association of Medicare and Medicaid insurance with increasing primary care-treatable ED visits in the US. *Acad Emerg Med.* 2014;21:1135-1142. Lowe RA, et al. Community characteristics affecting ED use by Medicaid enrollees. *Med Care.* 2009;47:15-22. Cunningham P. What accounts for differences in the use of hospital ED across U.S. communities? *Health Aff.* 2006;25:w324-w336. Lowe RA, et al. Association between primary care practice characteristics and ED use in a Medicaid managed care organization. *Med Care.* 2005;43:792-800. Johnson PJ, et al. Disparities in potentially avoidable ED care: ED visits for ambulatory care sensitive conditions. *Med Care.* 2012;50(12):1020-8. Weisz D, et al. Emergency department use: a reflection of poor primary care access? *Am J Manag Care.* 2015;21(2):e152-60. Chen W, et al. Insurance impact on nonurgent and primary care-sensitive ED use. *Am J Manag Care.* 2015;21(3):210-7. <sup>5</sup> Burt CW, Arispe IE. Characteristics of EDs serving high volumes of safety-net patients: US, 2000. National Center for Health Statistics. *Vital Health Stat* 13(155). 2004. <sup>6</sup> Ku L, et al. Using primary care to bend the cost curve: Estimating the impact of a health center expansion of health care costs. Policy Research Brief No. 14. 2009. Geiger Gibson/RCHN Community Health Foundation Collaborative at the George Washington University. <sup>7</sup> Laiteerapong N, et al. Health care utilization and receipt of preventive care for patients seen at FQHCs compared to other sites of primary care. *Health Serv Res.* 2014;49(5):1498-1518. McMorrow S, Zuckerman S. Expanding federal funding to community health centers slows decline in access for low-income adults. *Health Serv Res.* 2014;49(3):992-1010. Rust G, et al. Presence of a community health center and uninsured ED visit rates in rural counties. *J Rural Health.* 2009;25(1):8-16. Cunningham P, 2006. Hadley J, Cunningham P. Availability of safety net providers and access to care of uninsured persons. *Health Serv Res.* 2004;39(5):1527-1546. Chen BK, et al. Travel distance and sociodemographic correlates of potentially avoidable ED visits in California, 2006-2010. *Int J Equity Health.* 2015. 21;14(1):30. <sup>8</sup> 2013 Uniform Data System, BPHC, HRSA, DHHS. <sup>9</sup> Bailey MJ, Goodman-Bacon A. The war on poverty's experiment in public medicine: Community health centers and the mortality of older Americans. October 2014. NBER Working Paper No. 20653. Available at <http://www.nber.org/papers/w20653>. Shin P, et al. Quality of care in community health centers and factors associated with performance. Kaiser Commission on Medicaid and the Uninsured Report #8447 (June 2013). Available at <http://kff.org>. Shi L, et al. Reducing disparities in access to primary care and patient satisfaction with care: The role of health centers. *J Health Care Poor Underserved.* 2013;24(1):56-66. Dor A, et al. Uninsured and Medicaid patients' access to preventive care: Comparison of health centers and other primary care providers August 2008. Research Brief #4. RHCN Community Health Foundation. Shields AE, et al. Adoption of health information technology in community health centers. *Health Aff.* 2007;26(5):1373-83. Shi L, et al. America's Health Center's: Reducing racial and ethnic disparities in perinatal care and birth outcomes. *Health Serv Res.* 2004;39(6): 1881-901. <sup>10</sup> Hing E, et al. Primary health care in FQHCs and comparison with office-based practice. *J Community Health.* 2011;36(3):406-13. Saloner B, et al. The availability of new patient appointments for primary care at FQHCs. The Urban Institute. 2014. Hing E, 2011. Shi L, et al. Characteristics of ambulatory care patients and services: A comparison of community health centers and physicians' offices. *J Health Care Poor Underserved.* 2010; 21(4):1169 - 83. <sup>11</sup> United States Government Accountability Office. Hospital emergency departments: Health center strategies that may help reduce their use. April 11, 2011. Available at <http://www.gao.gov/assets/100/97416.pdf>.