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Health Reform Column:

Rural communities feel the strain of Emergency Room overuse

The following is a column by Susan Page, FACHE, President and CEO of Pratt Regional Medical Center and Board member of the Kansas Health Policy Authority (KHPA), regarding problems facing rural hospitals and the communities they serve.

Health reform in Kansas needs to rely less on costly emergency room services, and more on primary care and prevention. Emergency rooms serve a critical function in caring for people in urgent situations. However, they are not intended to provide primary care services. Too often, people inappropriately use emergency rooms for non-emergency medical conditions, which adds to health care costs and makes it more difficult for hospitals to provide care in a timely manner. For hospitals, especially rural ones, this is costly. According to the National Association of Community Health Centers, Kansas spent over \$159 million in 2006 on avoidable emergency room visits.

With limited facilities and providers in rural Kansas, access to health care services is a major concern. Rural populations tend to be older, of lower income, in poorer health and thereby, have greater health care needs when compared to urban populations. Resource limitations coupled with the expanded health needs of rural residents strain the capacity of rural hospitals which is exacerbated when emergency rooms are used inappropriately.

Rural hospitals face multiple financial challenges in providing care to residents of their locales. Uninsured populations tend to be higher among rural communities. In 2001, the Southwestern region of Kansas had the highest proportion of uninsured at 16.8%. Compare this number to the region with the lowest proportion of uninsured, Johnson County, at 5.4%. Rural hospitals also see a disproportionate number of Medicare patients; nearly half of all charges in rural hospitals are for Medicare patients compared to one third for urban hospitals. Heavy reliance upon Medicare reimbursements and increased numbers of uninsured populations translate into less revenue to cover uncompensated care. Thus, rural hospitals face additional burdens as they provided care to uninsured residents. This burden is further intensified when that non-emergency care is provided in emergency room settings.

Prevention and primary care medical homes are key pieces in health reform for Kansas and are especially critical for rural residents. Rural Kansans are more likely to have chronic diseases like heart disease and diabetes, but they are 10-20% less likely to receive recommended preventive screenings or check-ups.

In designing health reform for the State, it is important to address the needs of rural Kansans and rural hospitals. By providing better access to health insurance coverage and preventive services, Kansas can begin to reduce the amount of money wasted on inappropriate emergency room use and make rural hospitals less financially vulnerable.

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***The Health Policy Authority is a state agency created to develop and maintain a coordinated and data-driven health policy agenda, and it was tasked this year with reforming health care delivery in Kansas. On November 1, 2007, the Kansas Health Policy Authority Board will report to the Governor and Kansas Legislature health reform options aimed at improving the health and health care system in Kansas.*

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