

## Emergency Department Use by Medically Indigent Rural Residents

### Emergency department visits

- An estimated 211 million emergency department visits were made across the United States during 1999 – 2000, 37 visits per 100 persons per year. Just under a quarter of these, 43 million visits, were made to rural emergency departments. "Rural" was defined as non-metropolitan counties. Rural residents visited emergency departments at a high rate than urban visits, 42 visits per 100,000 persons per year versus 36 visits per 100,000 persons.
- 16% of rural emergency department visits were coded as "self-pay," which frequently implies lack of insurance. Self pay patients were more likely to be non-white and to fall between the ages of 18 and 45 than were insured patients.
- Injuries were the leading cause for emergency visits among both self pay (33%) and insured patients (29%). Self-pay patients were only half as likely to be admitted to the hospital as insured patients (7% versus 14%).

### Emergency Department charges

- Projecting to the nation, an estimated \$8.8 billion in charges were generated at rural hospitals caring for persons who did not have insurance in 1999 and 2000, including both ED visits and any resulting hospitalizations. If one assumes that institutions typically only receive half of charges, this would represent \$4.4 billion that rural hospitals did not receive across 1999 – 2000.
- In South Carolina, the presence of a federally-qualified community health center in a patient's county of residence significantly decreased the emergency department visit rate, from 37.4 visits per 100 persons per year to 31.0 visits per 100 persons.
- How charges were studied: Because national data sets do not include information about charges, a model was developed using charge information from the state of South Carolina. South Carolina has mandatory reporting of all emergency department visits.

### Findings

Details are available in the full report, *Emergency Department use by Medically Indigent Rural Residents*. This report is available from the South Carolina Rural Health Research Center.