

Agenda Report

TO: CITY COUNCIL **DATE:** March 15, 2004

FROM: CYNTHIA J. KURTZ, CITY MANAGER

SUBJECT: STATUS OF URGENT CARE SERVICES IN PASADENA

RECOMMENDATION:

This report is for information only.

BACKGROUND:

At its September 8, 2003 City Council meeting, members inquired about the status of urgent care access in the community. This report summarizes statistical and anecdotal information from area providers.

For purposes of this report, urgent care is defined as care for an acute illness, injury or pain that requires prompt attention and ancillary resources (laboratory, pharmacy, radiology) to diagnose and treat the problem. Acute episodic care -- often considered a form of urgent care -- refers to pressing medical services that should be provided in a primary care setting within 24 – 48 hours of the onset of symptoms. When same day or next day appointments or urgent care treatment are not readily available, non-emergent problems often become emergencies.

The closure of St. Luke Medical Center in January 2002 and subsequent cutbacks by Los Angeles Department of Health Services reduced available primary, urgent and emergency care services in Pasadena, forcing the local system to scramble to absorb existing patient demand. The economic recession and rising numbers of unemployed and uninsured have further strained the local health care delivery system as it adjusts to assure access to services. With more people seeking care from fewer resources, City emergency transport services, Huntington Memorial Hospital and community clinics have borne the brunt of the strain caused by the reduction in available providers. Individuals who do not have access to urgent care from their regular provider or health plan or who do not have a regular provider are likely users of these resources when an urgent care need arises.

Emergency Transport Services

The emergency medical transport services provided by the Pasadena Fire Department experienced a surge in diversionary status after St. Luke's closure and put an additional unit in service for seven months. The unit was taken out of service after determining that the impact did not warrant the additional cost. The frequency and length of diversions was alleviated somewhat by an adjustment in the County EMS guidelines on when hospitals could divert and for how long.

The January closure of Santa Teresita Hospital in Duarte is another cutback expected to impact the emergency transportation system and the remaining nine area hospitals, including Huntington Memorial. In early January, the Fire Department experienced a new surge in delays at the receiving hospitals. Rescue Ambulances are reported to have been out-of-service for periods of more than 1½ hours while awaiting admission and beds or due to diversions to outlying facilities. The EMS call volume has been fairly constant over the past two years and early in 2004. Fire Department staff continue to evaluate alternative deployment of units and staff to provide optimal service during both routine operation and periods of hospital saturation.

Huntington Memorial Hospital

According to 2002 data, roughly 40% of 57,000 emergency room (ER) visits to Huntington Memorial Hospital were non-emergency visits. Over 53% of three non-emergent visits were from zip codes 91001, 91103 and 91104. Other Pasadena zip codes accounted for another 30% of the non-emergency visits. Approximately 47% of all non-emergent visits were Medi-Cal recipients (the underinsured) or self-pay clients (the uninsured or cash paying clients).

The increasing use of the Emergency Room by both insured and uninsured non-emergency patients has placed a significant burden on the capacity of Huntington's Emergency Department. Insured individuals who are unable to get to their physicians during office hours or who have to wait a long time for an appointment will go to the ER for non-emergency or non-life-threatening injuries or illnesses. People without a medical home or who do not see a doctor regularly (for checkups, screenings and immunizations, treatment of minor illnesses/injuries) and who are unable to pay for a doctor or clinic visit are more likely to suffer a serious or acute condition requiring urgent care. With no other coverage or options, uninsured and underinsured individuals are more likely to go to the hospital ER and call an ambulance to get there when illness or injury occurs. The ER becomes the safety net provider for acute conditions that may need attention but do not qualify as medical emergencies or traumas.

Although designed for 30,000 to 35,000 visits per year, usage of the Emergency Department (ED) at Huntington was at approximately 72,000 annual visits at the end of 2003. Visits increased by 7.4% from the first quarter of 2003 to the third quarter of

2003. As the only trauma center in the San Gabriel Valley, the only remaining emergency facility in Pasadena, and a nonprofit community hospital, Huntington is a mainstay for community health care. The hospital is planning a significant reconfiguration of its Emergency Department to improve and expand the space and treatment capacity. Huntington will turn to the community for at least \$8 million to support this project.

Community Health Alliance of Pasadena

The Community Health Alliance of Pasadena (CHAP) is an alternative source of care that helps assure a safety net for community residents. CHAP is a medical and dental home for approximately 6,500 clients providing over 17,000 visits a year in 2003. Currently, CHAP accommodates up to six walk-in or same-day appointment patients per day for acute episodic or urgent care visits. Many walk-ins faced with an out-of-pocket payment will choose to delay treatment and return for later appointments with documentation that will enable them to qualify for one of the programs that help subsidize the cost of treatment.

Although the local delivery system and patients seeking care have adapted to the cutbacks and stresses on the current health care resources, the demand for urgent care continues to tax the outpatient, emergency and trauma service providers in Pasadena. Inappropriate use of the system draws down available and costly resources that are designed for treating the critically ill or injured, addressing trauma cases, and meeting surge capacity during a major community disaster or emergency.

Fragmented and under-funded trauma care is a statewide problem that is especially difficult to address locally. The two most frequently proposed remedies are: (1) Develop a statewide trauma system; and (2) Provide dedicated, earmarked state trauma funding.

Reducing inappropriate use of the health care system will require not only additional or expanded access to preventive and primary care, but also expanded coverage for children and families who have no insurance and education to help families use their coverage appropriately and take maximum advantage of the health care available to them. Continuing efforts by the City to leverage and extend its influence and support to help address these issues is important.

A statewide public telephone survey about Californians' concerns about cuts to health care programs and services was conducted this past Summer by the Field Research Corporation. The survey of 1,500 California adults was conducted in English and Spanish with random digit dialing as a sampling methodology. The reported findings¹ suggest that:

¹ "Results of a Public Survey of Californians' Concerns about Cuts to Health Care Programs and Services" prepared for the California HealthCare Foundation by Field Research Corporation, December 2003.

- The majority of Californians are very or somewhat concerned about major cutbacks in health services due to budget problems. Concern is greatest about cuts to emergency rooms and trauma centers.
- Most Californians would be willing to pay higher taxes to maintain current levels of services for emergency room and trauma centers, health programs for low income and disabled people, and immunizations and prenatal care.
- Taxes on alcohol and tobacco are favored at a much greater rate than property taxes as a method for generating additional funds.
- Insured Californians increasingly are concerned about not having health insurance.

FISCAL IMPACT:


There is no fiscal impact as result of this information report.

Respectfully Submitted,



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Approved by:



for Wilma J. Allen
Director of Public Health

Concurred by:



Ernie Mitchell
Fire Chief