

Health Care Survey Findings

By Pat Murdo

Legislative Services Analyst

A health care facility survey sent in January to 65 Montana hospitals, 13 ambulatory surgical centers and other outpatient centers for surgical services, plus staff-identified diagnostic centers and certain laboratories had as its goals to provide legislators with information on:

- the availability of various types of services across the state;
- staffing patterns;
- the payor mix at various facilities.

Some of this information is available in various forms from other surveys. The purpose of asking similar questions was to keep the survey simple to increase chances of response and provide a reasonable expectation that responses were in a similar time frame. Thirteen hospitals did not respond. Thirteen outpatient surgery centers or diagnostic centers responded. Responders had the choice of sending a paper copy of the responses or responding online. Most of the responses were made online.

Findings from the survey:

- **Services:**
 - Most of Montana's largest hospitals offer a wide range of services, but not all services are offered at every hospital.
 - Montana's large number of smaller hospitals offer limited services. The majority of these small hospitals are critical access hospitals, which generally offer general medical, required emergency services (for CAHs), and skilled nursing and laboratory services. The survey did not distinguish between beds used for skilled nursing and beds used for acute care, although some of the critical access hospitals offered that information. (Swing beds can serve either acute or skilled nursing populations.)
- **Staffing:**
 - For the most part, larger Montana hospitals have a mix of employed physicians on staff as well as physicians with privileges who are not employees.
 - Few Montana hospitals use locum tenens physicians. The question was not specific, and given the occasional nature of locum tenens physicians employment, the answers may have been incomplete for some of the hospitals because no locum tenens physicians were there at the time the survey was answered.
 - Contract physicians are used occasionally, but the question was not specific. Phone conversations with responders indicated that contract physicians include radiologists with the Night Hawk service in Australia. Without more specificity, this response is unclear.
- **Payor Mix**
 - At both hospitals and ambulatory surgical centers, the payor mix varies. In general, ambulatory surgical centers (ASCs) had a higher rate of commercial payors and a lower rate of Medicaid patients, although the highest percentage of commercial payors at an ASC was at an ASC in a 50-50 joint venture with a hospital.

(More)

Other Findings of Interest:

Emergency Room Visits – One of the highest cost places to receive health care, emergency rooms, registered visits to admissions in Montana ranging from 11.28% in a rural health center to 53.4% at one of the state's trauma centers. A 2003 Agency for Healthcare Quality and Research Statistical brief indicated that hospitals in the West averaged a 17.4% rate of admissions to emergency room visits. The overall AHQR finding was that 55% of 29.3 million hospitalizations, excluding pregnancy and childbirth, began in the emergency room. People in West were less likely to enter a hospital through the emergency department than people in the Northeast (23%). See <http://www.hcupus.ahrq.gov/reports/statbriefs/sb1.pdf>.

More exploration of the use of emergency rooms in rural Montana and Montana's population centers might help to determine whether people are using emergency rooms more in larger cities because they perceive no other options to receive care or they perceive that use of emergency rooms equates to "free" care, even though the Emergency Medical Treatment and Active Labor Act, which requires a person requesting emergency care to be evaluated and treated or stabilized if necessary, does not say that a hospital has to provide that care free of charge.

Other findings may be hidden in the survey, but in general the effort was one of compiling information to see where services are provided, how staffing is done, and what types of payors are represented in what ratios at various facilities.

Information in the survey report includes:

- Montana Hospitals and Critical Access Hospitals by Types of Services Offered
- Hospitals and Health Care Facilities by Physician Employment Situation, Nurse Staffing, Admissions, Outpatient Procedures, ER Visits, Operating Rooms, and Births
- Health Care Facility Ownership, Imaging Services, Revenues from Payors by Region
- Comparison of Hospitals and Outpatient/Ambulatory Surgical Centers in Large and Selected Small Montana Cities with Payor Mix (highs and lows highlighted)