



PROVIDING THE VITAL CARE NEVADANS NEED

Lack of Local Access to Appropriate Medical Care

The Situation

Nevadans routinely use hospital emergency rooms for non-emergency health care needs. Hospitals are being negatively impacted as they increasingly provide non-emergency services for Nevadans who do not have access to a more appropriate level of medical care.

Patients without insurance, or who have Medicaid and no primary care physician, often go to the most expensive and least appropriate place to receive health care—the emergency room. This becomes a problem for patients—who are desperate and feel they have nowhere else to go, for the hospitals—who have patients with non-emergency conditions over-using their emergency rooms, and for the insurance companies—who have to explain to patients and providers why they are not going to pay for the care provided.

Nevada is a predominantly rural state, with a lack of providers (hospitals, physicians, other medical services) to provide local healthcare services. When rural Nevadans need vital medical care, they depend on a rural hospital or they must travel to an emergency room in a more urban setting for medical care.

Only 15.5% of ER visits result in inpatient admissions. This means that the vast majority of emergency visits are likely NOT life-threatening.

NHQR Utilization 2014, 2015, 2016

One Family's Story*

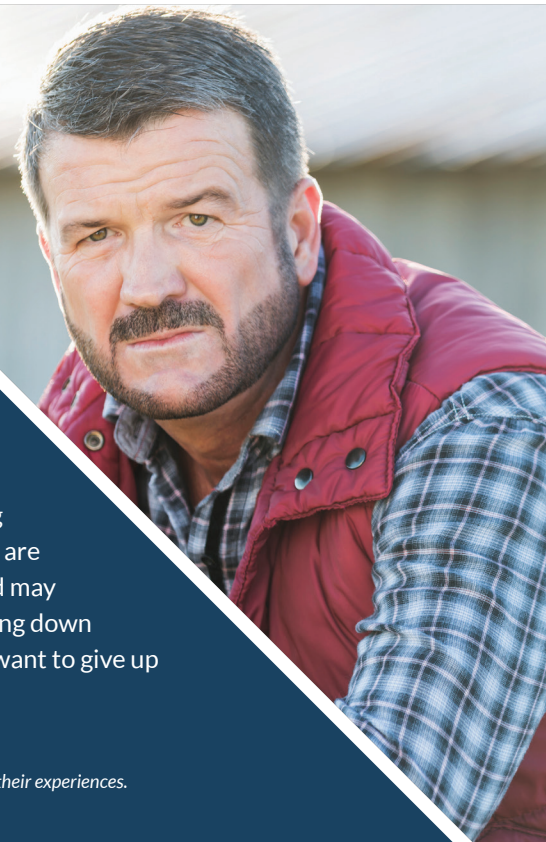
Joe lives in rural Nevada and has worked hard on his ranch all of his life. He's now struggling with Type II diabetes, with blood flow and nerve issues. He needs insulin because oral medications didn't work. The closest hospital is 45 minutes away. He sees a primary care doctor at that hospital, and she is only there part-time, splitting her time between three rural communities. A "big city hospital" is three hours away. He often has acute problems

with blood sugar levels and his wife has to rush him to the rural hospital's emergency room. Recently Joe learned that the rural hospital that he uses is struggling financially due to the low levels of reimbursement they are receiving from Medicaid and commercial insurance and may have to consider cutting certain services or even shutting down altogether. He is worried about his health, but doesn't want to give up working the ranch he calls home.



What do I do if my rural hospital closes, and I can't get to a doctor as fast as I need to?"

* The individual reflected in this example is an aggregate of several people and their experiences.



Vital Facts and Statistics

Nevada has an inadequate network of skilled nursing facilities, mental health facilities and other care providers who are able to take patients that have been admitted to an ER.

- ▶ A recent survey conducted by the Nevada Hospital Association uncovered the following reasons patients were “held” in Nevada hospitals until a more appropriate location opened:
 - **38%** were due to lack of skilled nursing beds
 - **25%** were due to lack of other services/available beds (rehab, intermediate care, long-term acute care hospitals)
 - **18%** were due to lack of behavioral health beds available

(Nevada Hospital Association, 2018 Member Survey)
- ▶ Nevada consistently ranks in the **bottom 10 states** for critical measures such as public health funding, number of primary care physicians per population base, the number of uninsured residents, and suicide and drug deaths. *(America's Health Rankings, 2017)*
- ▶ Of the five levels of care in an ER, **Medicaid patients account for 51% of the two lowest levels of care in Nevada's hospitals.** This can negatively affect more critically ill or injured patients who come to the ER. *(CHIA UB-04 Reporting Data)*

Nevada Hospital Association's Stance

An overall improvement in access for Nevada citizens is needed—including Medicaid patients, uninsured and rural citizens. Limited access to care exists for a variety of reasons ranging from an overall lack of providers and options to the elimination or limitation of services providers may offer due to current low levels of reimbursement. The current reimbursement that hospitals receive for services often does not cover the costs of providing services, much less allow hospitals to improve the quality and scope of their offerings that should be available statewide.

Additionally, insurance companies should provide member education on where and how to access healthcare services. This would help members choose the most appropriate and most cost effective type of service.

Impact on Other Critical Health Issues

Due to desperation, habit or lack of resources, Nevadans are routinely using emergency rooms for non-emergency health care which also affects insurance payments and reimbursement. The overall lack of care providers of all types in Nevada's rural areas further exacerbates the issue.

Nevada's hospitals continue to be under-reimbursed for the services they provide to patients. This impacts the services hospitals can offer to patients and effects how hospitals can contribute to help their communities.

Please support your fellow Nevadans who need better access to a more appropriate type of care, when they need it. Support tele-health services, medical school programs that provide better access, and support more realistic reimbursement to all caregivers.