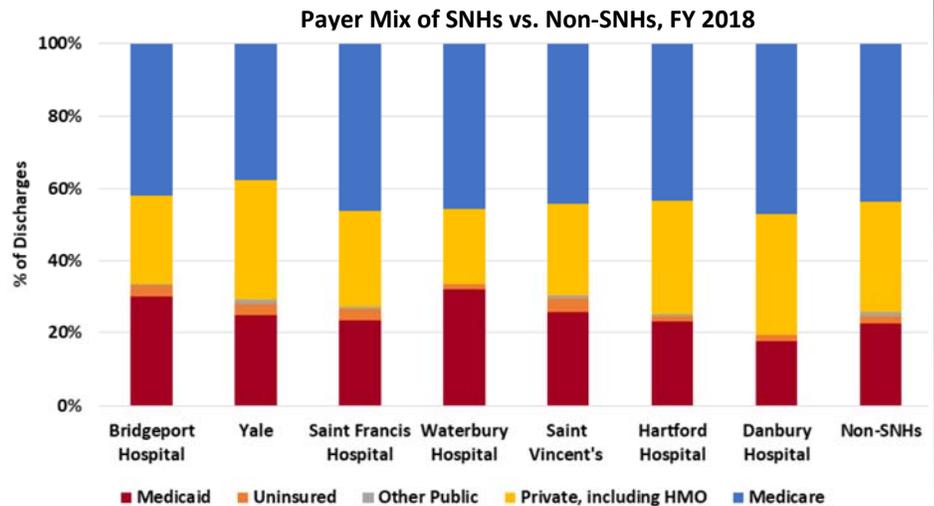


SAFETY NET HOSPITALS IN CONNECTICUT

According to the Institute of Medicine, safety-net providers organize and deliver a significant level of both health care and other health-related services to the uninsured, Medicaid, and other vulnerable populations.¹ These providers include safety-net hospitals (SNHs), many of which offer access to care regardless of a patient's ability to pay. This brief examines characteristics of Connecticut (CT) SNH discharges in federal fiscal year (FY) 2018 in comparison with non-safety-net-hospital (non-SNH) discharges. For the purpose of this analysis, SNHs are defined as acute care hospitals with the highest numbers or top quartile of inpatient stays covered by Medicaid and the uninsured.²

CT SNHs

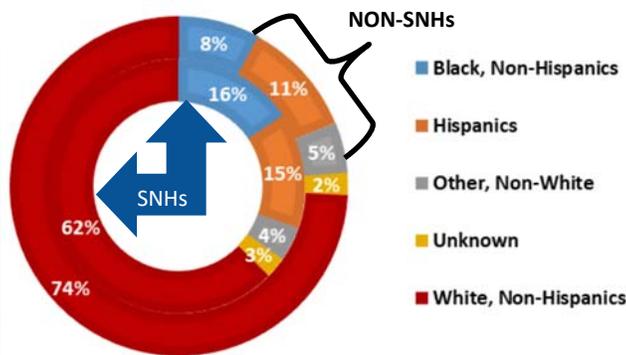
Seven of CT's 28 acute care hospitals may be classified as SNHs; Bridgeport, Yale, St. Francis, Waterbury, Saint Vincent's, Hartford and Danbury hospitals. Medicaid and uninsured discharges accounted for nearly three in five of their FY 2018 patient stays as well as the combined patient discharges for the 21 non-SNHs.



Patient Race and Ethnicity

SNHs treated a larger proportion of Black non-Hispanics and Hispanics (31%) than non-SNHs (19%).

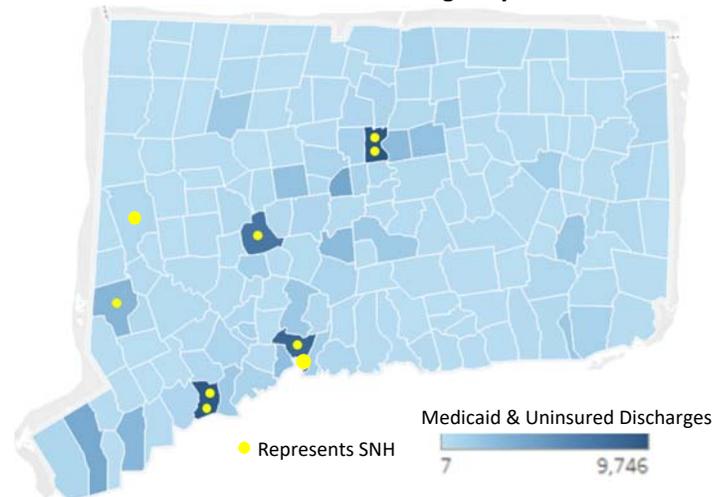
% of Discharges by Race and Ethnicity, FY 2018



Patient Origin and Hospital Location

Patients residing in Hartford, Bridgeport, New Haven and Waterbury were the majority of Medicaid and uninsured discharges. Also, six of the SNHs are located in these four cities.

of Medicaid and Uninsured Discharges by Patient Town



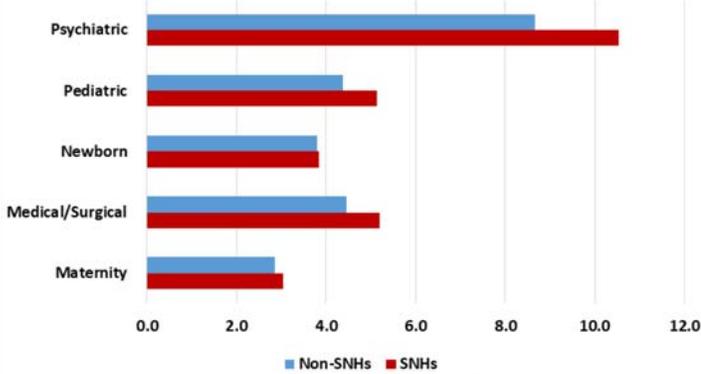
¹Lewin ME, Altman S, eds. America's Health Care Safety Net: Intact but Endangered. Institute of Medicine Committee on the Changing Market, Managed Care, and the Future Viability of Safety Net Providers. Washington, DC: National Academies Press; 2000.

²Sutton JP (Social and Scientific Systems), Washington RE (Council for Affordable Quality Healthcare), Fingar KR (Truven Health Analytics), Elixhauser A (AHRQ). Characteristics of Safety-Net Hospitals. 2014. HCUP Statistical Brief #213. October 2016. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb213-Safety-Net-Hospitals-2014.pdf>.

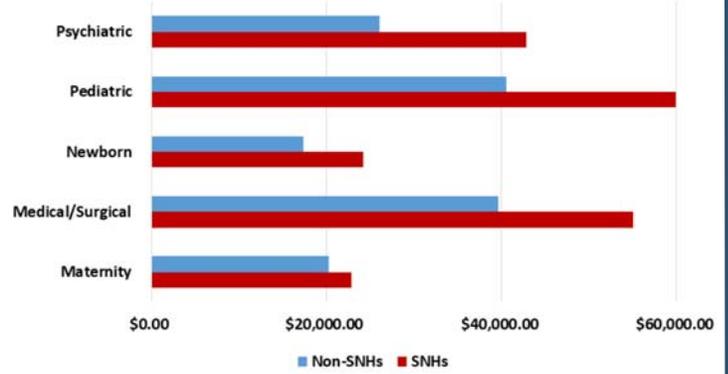
Average Stay and Charge by Hospital Service and Safety Net Status

The average stay was longer and average charge per stay was higher at SNHs than at non-SNHs across all services.

Average Length of Stay (Days) by Service¹, FY 2018



Average Charge (\$) Per Stay by Service¹, FY 2018

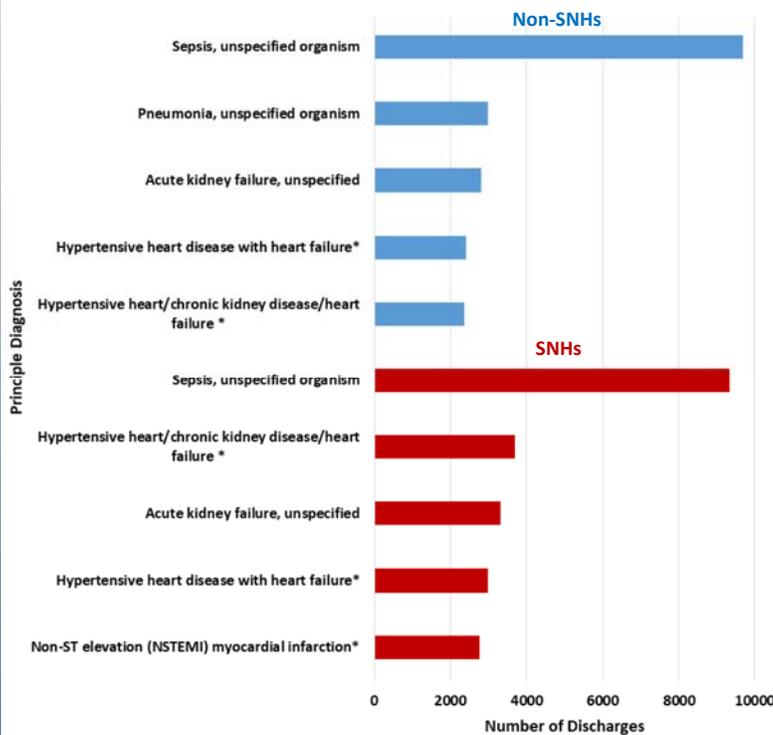


¹Rehabilitation services are excluded due to low volumes.

Primary Reasons for Hospital Stays at SNHs and Non-SNHs

Sepsis was the most common primary reason for a hospital stay at both SNHs and non-SNHs; including acute and chronic heart failure and hypertensive heart conditions.

Top Principle Diagnoses¹ at SNHs and Non-SNHs, FY 2018



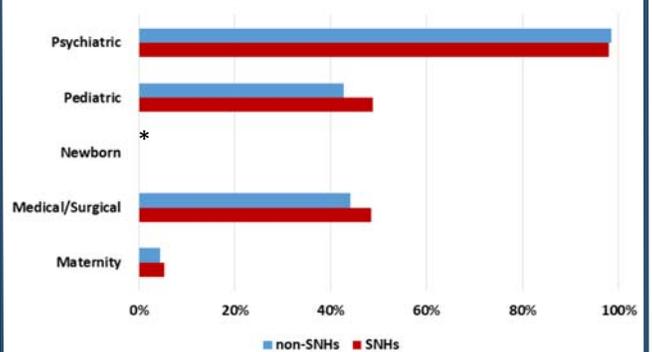
¹Excludes newborn and maternity related diagnoses.

*Chronic disease.

Chronic Disease Diagnosis by Service

SNHs and Non-SNHs treated similar shares of discharges diagnosed with chronic psychiatric conditions. However, SNH discharges were more likely than Non-SNHs to be diagnosed with a chronic pediatric, medical/surgical or maternity condition.

% of Total Discharges with a Chronic Disease as a Primary Diagnosis, by Service¹, FY 2018



¹Rehabilitation services are excluded due to low volumes.

*Less than 1%.

Research shows that access to primary care is associated with positive health outcomes (Healthy People 2020). Improved primary care access may reduce the number of hospitalizations for chronic conditions.

Conclusion

With locations in urban areas, CT SNHs treat a disproportionate share of vulnerable populations compared with non-SNHs. Not only do SNHs tend to have a larger share of uninsured or Medicaid (which reimburses lower than commercial insurance) patients than non-SNHs, but average charges at SNHs hospitals are also higher. This may be linked to serving a patient population that, on average, has longer hospital stays and more severe diagnoses.

Data Source: CT Office of Health Strategy Acute Care Hospital Inpatient Discharge Database

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