

Key Facts in Rural Health

Spring 2003

Hospitalization for Ambulatory Care Sensitive Conditions: Congestive Heart Failure, Diabetes and Asthma in South Carolina

Hospitalization rates for ambulatory care sensitive conditions, diseases for which primary care in the preceding six months may reduce or eliminate the need for hospitalization, are a commonly used indicator of disparities in access to care. This study examined hospitalization for diabetes, congestive heart failure and asthma among residents of South Carolina who were insured by Medicaid or by a large private insurance plan. The analysis was limited to persons (1) 50-64 years old, (2) with no mental impairment, (3) who were continuously insured. Patient billing records for the period 1997 – 1999 were examined.

Hospitalization

With patient demographics and co-morbidities held constant, hospitalization rates were not consistently higher for rural or minority patients than for urban white populations. Results of analyses are summarized in the table below:

Are there racial or rural differences in rates for hospitalization?

| Condition | Initial rate ratios | | Multivariate results | |
|---------------------------------|--|---|--|---|
| | Privately Insured | Medicaid | Privately Insured | Medicaid |
| Congestive Heart Failure | No significant difference | No significant difference | No significant difference | No significant difference |
| Diabetes | Rural whites at higher risk than urban whites (1.46) | Urban (0.68) and rural African Americans (0.64) at lower risk than urban whites | Rural whites at higher risk than urban whites (1.78) | Urban, rural African Americans at lower risk (0.78, 0.82) than urban whites |
| Asthma | Rural non-white higher (3.20) than urban white | Urban AA higher than urban white (1.58) | No significant difference | No significant difference |

Other findings

- Emergency department visit rates per patient year were at least twice as high among Medicaid patients as among privately insured patients with the same diagnoses.
- Medicaid recipients within each diagnosis were less likely to receive most of their care from an office-based practitioner, rather than an emergency department or no care at all.

A full copy of this report may be obtained by contacting the South Carolina Rural Health Research Center, rhr.sph.sc.edu.