

# Emergency rooms see rising rate of patients with chronic conditions, lower rate of injuries

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The rate of emergency department visits in California for non-injuries has risen while the rate of visits for injuries has dropped, according to a new study led by UC San Francisco that documents the increasing amount of care provided in emergency departments for complex, chronic conditions.

The research shows the growing importance of non-trauma cases in the [emergency department](#) (ED), the authors said, and it provides an opportunity to better understand the health of people as well as shifting patterns of care, especially among vulnerable populations.

The findings will be published in the April edition of *Health Affairs*.

The study, which looks at all visits to California emergency departments from 2005-2011, shows that the emergency department "visit rate" decreased by 0.7 percent during the study's timeframe, while the rate of ED visits for non-injury diagnoses rose 13.4 percent. Among non-injury diagnoses, gastrointestinal system diseases, nervous system disorders, and symptoms of abdominal pain were among the diagnoses with the highest growth in the rate of ED visits, the study found.

"While many people think of the ED as simply a place to go when you have a car accident or some type of major trauma, it is increasingly the case that the emergency department is caring for complex medical

patients," said lead author Renee Y. Hsia, MD, professor of [emergency medicine](#) at UCSF and director of health policy studies in the UCSF Department of Emergency Medicine. She is also an attending physician in the emergency department at San Francisco General Hospital and Trauma Center.

"At the same time, as our population ages, we are seeing a significant rise in older patients with falls or other trauma," Hsia said. "The emergency department therefore plays a critical role in our health care system's ability to care for the acutely injured as well as complex disease."

While the rate of ED visits for injuries rose more slowly than non-injury diagnoses among Medicaid beneficiaries and the privately insured, the rate decreased among the uninsured, the authors found. Medicare beneficiaries, on the other hand, had a similar percent growth for injury and non-injury diagnoses. Younger patients 5-44 years old experienced more non-injury related diagnoses, compared to the older population (45 and older) who had more injury-related diagnoses.

Finally, the authors found that the rate of growth in mental health conditions as a primary diagnosis was significant among the uninsured, Medicare beneficiaries, and the privately insured, showing the emergency department is also serving as a place of care for patients with mental illness.

The research shows the complexity of emergency care, Hsia said, and it may help policy makers and emergency care physicians to reshape the structure, staffing and funding of emergency departments.

Provided by University of California, San Francisco

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