

Freestanding emergency departments are popular, but do they function as intended?

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Freestanding emergency departments (EDs)—either satellite branches of hospitals or independently operated facilities—have popped up across the country. Texas has the most, with 338 freestanding EDs as of May

2023, and these facilities handle nearly one-quarter of all emergency department visits in the state.

Now, a [new study](#) from the Texas A&M University School of Public Health is the first to compare the characteristics of visits to freestanding EDs with visits to traditional hospital-based emergency departments. The study, published in *Health Services Research*, was conducted by Daniel Marthey, Benjamin Ukert and a student from the Texas A&M School of Medicine.

"Freestanding health care facilities were intended to provide more cost-effective and convenient alternatives to hospital EDs, but this has not turned out to be the case, according to the existing research," Marthey said. "[The costs](#) are about the same, as is the volume at hospital EDs."

Marthey said previous research found that Medicare spending increased after urgent care centers—which don't have the capabilities of a fully equipped emergency room and are not open around the clock—came on the scene. These centers likely were entry points for hospital services, despite having lower costs.

"While useful, previous studies use payer-specific data and only observe the subset of [urgent care centers](#), leaving important gaps in our understanding of how patients in Texas use all freestanding EDs," Marthey said.

For this study, the researchers compared patient and visit characteristics at satellite and independent freestanding EDs and hospital EDs in Texas in 2021–2022 using publicly available Texas Emergency Department Public Use Data Files. They used a descriptive analysis with chi-square tests to compare patient and visit characteristics at satellite and independent freestanding EDs and hospital EDs.

They ranked the top 20 diagnoses and procedures by volume, treatment intensity and potentially avoidable ED use. Discharge data from 2021 to 2022 was combined for the analysis, and ED data at critical access hospitals was excluded. The study sample consisted of 21,605,421 ED visits, with 76% occurring at hospitals, 12% at satellite freestanding EDs and 12% at independent freestanding EDs.

"In short, we found that nearly 24% of all ED visits occurred at satellite and independent freestanding EDs," Ukert said. "These patients were younger, healthier and less likely to be identified as non-Hispanic Black or Hispanic. They also were more likely to have [private insurance](#) and their visits were more likely to be due to issues that could have been managed in a primary care setting."

Patients at satellite freestanding EDs more closely tracked the population treated by their hospital counterparts. The health issues of patients visiting [satellite](#) and independent freestanding EDs were more likely to be moderate and low intensity and potentially avoidable. Visits at these facilities were more likely to be respiratory related, to lead to more procedures that involved testing for COVID-19 and more likely to be classified as being of moderate and low intensity severity.

"Freestanding emergency departments have become an important source of emergency [medical services](#) in Texas," Ukert said. "This study underscores the need for researchers and policymakers to consider the role of freestanding EDs on inpatient services and other factors affecting the volume of [hospital](#) emergency room services."

More information: Daniel Marthey et al, Who do freestanding emergency departments treat? Comparing Texas hospitals to satellite and independent freestanding departments in 2021 and 2022, *Health Services*

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