

*Oklahoma Health Care Authority*

**Emergency Room Utilization Study**

**SoonerCare Choice  
Quality Assessment and Performance Improvement  
(QAPI) Study**

**Executive Summary**



Report for Fiscal Year 2010

Data Review Period: State Fiscal Year 2009

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## Emergency Room Utilization Study

### Executive Summary

This study examined the SoonerCare Choice emergency room (ER) utilization data collected from the Oklahoma Health Care Authority (OHCA) data warehouse during state fiscal year (SFY) 2009. The primary objective of this examination was to determine whether provider and/or panel characteristics reliably distinguished between the top and bottom 15 percent of providers, who were ranked by their panel's risk-adjusted ER utilization rate.

Provider type, specialty, and the racial composition of the provider's panel all contributed significantly to the likelihood that a provider was among the top 15% (high risk-adjusted ER utilization), rather than the bottom 15% (low risk-adjusted ER utilization). Specifically, the data showed that:

- Pediatricians were less likely to have high risk-adjusted ER utilization than family physicians.
- Rural health centers (RHCs), either free-standing or hospital-based, were more likely to have high risk-adjusted ER utilization, compared to family physicians.
- Providers with higher percentages of Native American members were more likely to have high risk-adjusted ER utilization than providers with lower percentages of Native American patients on their panel.
- Providers with higher percentages of African American patients on their panels were more likely to have high risk-adjusted ER utilization than providers with lower percentages of African American patients.

The characteristics identified as occurring with greater frequency in the top 15% (i.e., provider type, provider specialty, member race/ethnicity) cannot be changed. However, the results of this study could be used to develop outreach efforts to educate and assist providers whose type, specialty and panel characteristics indicate a higher likelihood of ER utilization by their members.