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**GEOGRAPHIC ACCESS TO CARE**

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To assess whether the organization and financing of indigent care in Miami-Dade was associated with the locations at which uninsured patients received treatment, we performed an analysis of access to hospital care based on how far patients traveled to get such care. Our objective was to determine whether or not uninsured patients had geographic access to hospital care similar to that of their insured neighbors.

Geographic access is only one dimension of access to care, but it is a potentially important one. Patients who travel great distances may not receive care in a timely manner. Moreover, those who are hospitalized far from their homes may experience transportation difficulties and reduced family support. Indeed, research has shown that patients generally tend to be admitted to hospitals that are close to their homes.<sup>1</sup> Of course, patients go to particular hospitals for a number of different reasons—for example, they may go to a hospital recommended by friends and family or to a hospital where their doctor has admitting privileges.<sup>2</sup> Travel patterns reflect individual preferences and therefore, to some degree, personal choice. But our principal concern is the issue of whether differential geographic access reflects disparities in the health-care system. This focus requires that other factors be netted out in our comparison of insured and uninsured patients. If the uninsured had unlimited access to care,

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<sup>1</sup>Adams, Houchens, Wright, and Robbins, (1991); Garnick, Lichtenberg, Phibbs, et al. (1989); Luft, Garnick, Mark, et al. (1990); and Phibbs, Mark, Luft, et al. (1993).

<sup>2</sup>Burns and Wholey (1992).

their travel patterns for receiving hospital care should resemble those of patients with health insurance. This analysis may thus help in evaluating the effects of proposed policy changes on hospital funding and access to care for the uninsured.

### **ANALYZING PATIENT TRAVEL PATTERNS**

Our analysis of patient travel patterns used patient-level hospital discharge data for 1999 provided by AHCA. All Florida hospitals annually report information on the patients treated at their facility, including patient-specific information such as age, gender, expected source of payment (payer), zip code of residence, type of admission, discharge diagnoses, and length of stay.<sup>3</sup>

This analysis considers Miami-Dade County residents who received care in Miami-Dade County hospitals. We excluded patients who received care more than 75 miles from their homes, because these patients generally have unusual reasons for their hospital choice, that is, they were admitted for an emergency while they were away from home or they had very strong hospital preferences that went beyond the typical reasons.

Patients without valid residential zip codes were also excluded, because our analysis required residential zip code information. We excluded several categories of patients that might have confounded the analysis. These categories included patients over the age of 65 and those for whom hospital care was paid by Medicare, Medicaid, HMOs, worker's compensation, or the Veterans' Administration. Since both the hospital and the patient know that payment for care is virtually assured in these cases, we expected that travel patterns would not be influenced by the same factors that divide insured from uninsured patients. We also excluded hospitalizations associated with normal childbirth (those with a principal-diagnosis code of 650) because Medicaid routinely covers deliveries for women who do not have health insurance. Finally, we excluded those admissions that were transferred from another hospital, because these patients usu-

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<sup>3</sup>For our analyses, these publicly available data were de-identified and did not include full patient residential address, making it impossible to identify individual patients.

ally have severe conditions that require specialized services that may not be available at all hospitals.

Our travel analysis used the proximity rank of the hospital to which the patient was admitted as the metric of geographic access. That is, we determined how many hospitals were closer to the patient's home than the one to which he or she was admitted. So we say that a person skipped<sup>4</sup> no hospitals if he or she was admitted to the closest one, skipped one if admitted to the second-closest, and so on. We did not seek fine differences in distances traveled to receive care. Rather, we compared the influence of insurance on the likelihood of going to a hospital close to home (skipping no more than one hospital) or far away (skipping nine or more hospitals).

Comparing numbers of hospitals skipped is preferable to using a simple distance measure because it corrects for differences in local hospital density. In outlying areas, distances traveled might be greater simply because hospitals are farther apart. The implications of hospital density for access are of some interest, but we focused on factors suggestive of hospital preferences for some patients and patient preferences for some hospitals. (In the following discussion we sometimes speak of farther travel as shorthand for more hospitals skipped.)

To further control for characteristics of the underserved that might affect hospital choice, we compared the travel behavior of patients who live in similar neighborhoods, as defined by residential zip code. Conducting the analysis at the zip-code level provides some statistical control for unobserved characteristics that might affect hospital choice. For example, neighbors may share information about hospital facilities—e.g., quality of care, amenities, friendliness of staff—that affect hospital choice.

To determine the hospital proximity rankings, we first calculated the distances between the patient's zip code of residence and the zip codes of all Miami-Dade hospitals.<sup>5</sup> The actual distance measured is

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<sup>4</sup>"Skipping" is not meant to imply that a patient necessarily elected voluntarily to bypass hospitals closer to home.

<sup>5</sup>Hospital zip codes were obtained from a variety of sources, including AHA directories, and were merged with the Florida hospital data. This required a manual

the distance from the geographic center of one zip code to that of another. This measure would be imperfect if we were to analyze distance traveled, because patient residences and hospitals are located anywhere within a zip code. However, it is suitable for ranking hospital proximity and could be calculated easily with available data.<sup>6</sup> Once the inter–zip-code distances were calculated, we ordered the hospitals from closest to farthest from the patient’s residential zip code. The ranking of the discharge hospital reflects the relative proximity of the hospital to the patient’s home.<sup>7</sup>

Although we analyzed by zip code of residence, we do not present results that way, because we do not need such a fine scale to identify policy-relevant differences in the influence of insurance on travel patterns. Instead, we have averaged across broad aggregations of zip codes that have similar densities of health-care services and population. Hospitals in Miami-Dade County are concentrated in the urban center, close to the concentration of the population. There are fewer hospitals outside this area.

This analysis is primarily concerned with two regions of Miami-Dade County: South Dade and western Dade (see Figure 4.1). Both areas have been the focus of previous studies by Miami-Dade health planners,<sup>8</sup> because, as shown in Figure 2.2, there are relatively fewer hospitals in these areas, and many persons lacking health insurance live in South Dade. We do not look separately at the northern part of the county that borders Broward County because Broward County hospitals are closer than Miami-Dade hospitals for many of the residents in this area. Analyzing their travel patterns would not reveal information about intra–Miami-Dade travel for hospital care. Nor do

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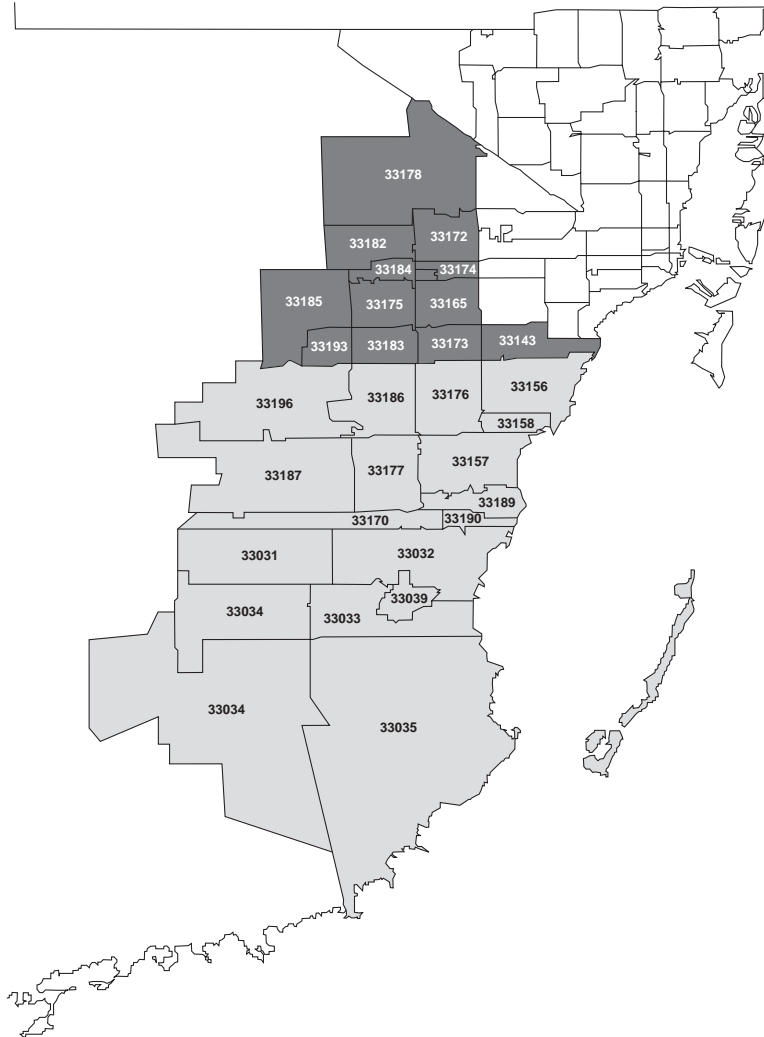
match of hospitals by hospital name, because the AHA and AHCA Florida data use different hospital identifiers. All Florida hospitals were matched in preparation for intrastate analyses.

<sup>6</sup>Because the inter–zip-code distances are not perfect measures of the distance a given patient traveled to a given hospital, we do not use average distance traveled as a measure of access.

<sup>7</sup>Because our distance measure is crude, there were ties in the rankings of hospitals. In cases of ties, we used the lowest ranking. For example, if two hospitals were close to a patient’s zip code, they were both ranked 1; the third hospital would then be ranked 3. Our analysis focuses on the extremes of the rankings.

<sup>8</sup>We use the same zip code aggregates for western and South Dade as used in previous studies of these areas.

we look separately at the urban center. Although many uninsured live in this area, the high population as well as hospital density means that patients need not “travel” for hospital care.



**Figure 4.1—Zip-Code Map of Southern (Lightly Shaded) and Western (Darker) Areas of Miami-Dade County**

Overall, residents in the western and southern areas accounted for about 14 percent of all hospitalizations of uninsured persons in the county. The centralized approach taken by the Public Health Trust is also likely to have the greatest impact on those living farther away from JMH, which is located in the urban center. Thus, we were concerned with whether the travel patterns for residents of southern and western Miami-Dade County differed by payer type from those seen for the county as a whole. The distance to JMH would be picked up in our average proximity measurements, and we could test for percentages going to that hospital in particular by payer type.

To analyze the data, we identified three health-insurance payer types: commercial insurance, Medicaid, and no insurance. If health insurance does not affect patients' travel patterns, there should be no difference among the groups. In our comparisons, we implicitly used the travel patterns of commercially insured patients as the benchmark. While many commercial insurance plans have restrictions regarding service providers, commercially insured patients can generally receive coverage in facilities of their choice. Thus, we assume that the travel patterns of commercially insured patients reflect an optimization across available hospital facilities and patient choice. If there are differences in travel patterns, they can be attributed to health-insurance type. We were also interested in determining whether the influence of insurance type on access varied between adult and pediatric patients or between emergency admissions and urgent or elective admissions.

We separated emergency admissions from other (urgent and elective) admissions because even the most restrictive health-care plans permit out-of-plan use for emergency care. We would expect (or at least hope) that under emergency conditions, insurance type would have little effect on choice of hospital. It could be argued that, for those reasons, we should have classified urgent admissions with emergency admissions because they might be equally time-sensitive. But are they? To answer this question, we examined the top ten ICD 9<sup>9</sup> admission diagnoses for emergent, urgent, and elective admissions for 1997 (see Tables A.1 and A.2 in the Appendix). We found that eight of the top ten emergency admission conditions for adults

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<sup>9</sup>International Classification of Diseases, 9th revision.

are not included in the list of urgent or elective admission conditions. Emergency conditions tend to require immediate admission, because they are potentially life-threatening. The two emergency admission conditions that are also urgent—paranoid schizophrenia and coronary atherosclerosis—can present with severity ranging from the need for immediate admission to the possibility of elective admission. The conditions listed as most commonly resulting in urgent or elective admission are less time-sensitive than those classified as emergent.

For pediatric patients, the distinction between the three types of admissions is less clear. Six of the top ten emergency conditions are also listed among the most frequent conditions for urgent or elective admission (Table A.2). Some of the similarity in admitting diagnoses among emergent, urgent, and elective may be due to the greater immediacy of medical care for children than for adults. However, the conditions listed in Table A.2 reaffirm the conventional wisdom that children are hospitalized for pneumonia, bronchitis, asthma, and dehydration. Like coronary atherosclerosis and paranoid schizophrenia in adults, each of these pediatric conditions has a range of severity that is reflected in its prevalence as an admitting condition for all three admission categories. If we had found no differences between insurance categories in travel patterns of children, we might have attributed that to our decision not to combine elective and urgent admissions. However, as we did find differences, we are satisfied with the current classification.

Because no individual-specific identifying information is included in the Florida hospital discharge data, we cannot follow individual patients over time and thus cannot identify the care-seeking behavior of individuals. However, data from the 1996 National Health Interview Survey indicate that approximately 22 percent of hospitalizations in the southern United States reflect multiple admissions for a given individual. Some of our discharge data must thus reflect repetitive admission preferences of the same patients. Ideally, we would like to avoid repetitive admissions. It might be that patients who are repeatedly hospitalized are in worse health and allow insurance to influence their hospital choices in different ways than do patients hospitalized only once. Because of data limitations, we cannot make adjustments for multiple admissions.

### Travel Patterns for Adult Patients

Table 4.1 presents summary findings for adult-patient travel patterns. As shown in the table, 38.45 percent of the 57,586 commercially insured patients, 43.57 percent of the 29,715 Medicaid patients, and 41.97 percent of the 22,208 uninsured patients were discharged from the closest or second-closest hospital to their homes. An *a* in the “Significant Difference” columns indicates that the difference between the commercial and Medicaid percentages is statistically significant (at the 0.001 level), as are the other two differences, as coded. (It is not necessary to consult the letter codes, as they can be read off the rows in the table in which the letters are placed: *a*, for example, always shows up in both the Commercial and Medicaid rows

**Table 4.1**  
**Adult Travel Patterns Across Admission Categories, Miami-Dade County, 1999**

Insurance Type	Total Patients	% of Patients Discharged at Proximity		Significant Difference <sup>a</sup>	
		1 and 2 Hospitals	10+ Hospitals		
All Miami-Dade County					
Commercial	57,586	38.45		a*** b***	b***
Medicaid	29,715	43.57		a*** c***	c***
Uninsured	22,208	41.97		b*** c***	b*** c***
Total	109,509				
South Dade County					
Commercial	12,518	50.99		a***	a*** b***
Medicaid	4,519	58.42		a*** c***	a*** c***
Uninsured	3,173	50.05		c***	b*** c***
Total	20,210				
West Dade County					
Commercial	10,553	36.76		a*** b***	a*** b***
Medicaid	2,531	31.09		a*** c***	a*** c***
Uninsured	2,320	29.01		b*** c***	b*** c***
Total	15,404				

Significance tests: a = Commercial/Medicaid comparison; b = Commercial/uninsured comparison; c = Medicaid/uninsured comparison; \*p<= 0.05 \*\* p<= 0.01 \*\*\* p<=0.001.

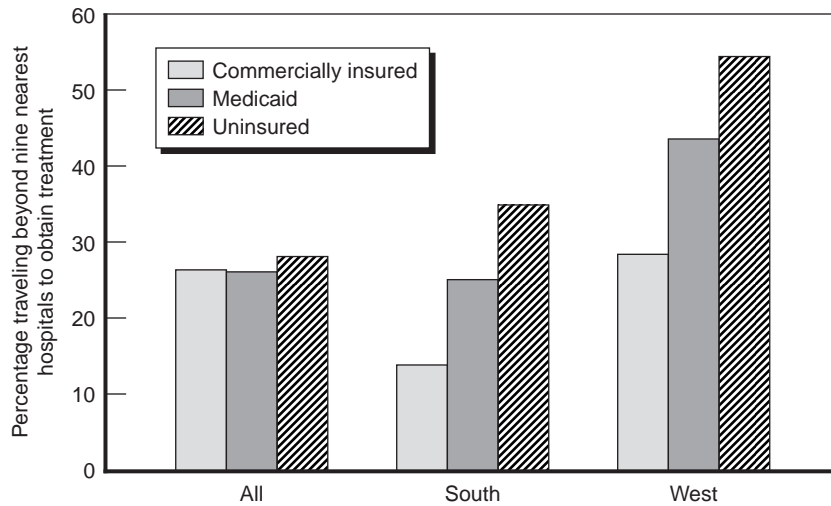


or not at all.) In the case of the percentages discharged from faraway hospitals (proximity ranking 10+), the difference between the commercial and uninsured percentages is statistically significant, as is that between the Medicaid and uninsured. But the difference between the commercial and Medicaid percentages is not statistically significant (there is no common code letter between those two rows).

For completeness, we display the results for the county as a whole. While most of the differences between the whole-county percentages are statistically significant, the absolute differences are small and thus not very meaningful from a policy perspective. The largest is the 5.1-percentage-point difference between commercially insured and Medicaid patients, which indicates that Medicaid patients are somewhat more likely than the commercially insured to go to hospitals close to their homes. This may reflect the concentration of Medicaid patients in the inner city, close to JMH and other urban hospitals. What we are primarily interested in, however, is geographic access of the dispersed poor, and for that we must look at the data sorted by geographic region. First, however, we note that for the county as a whole, nearly 40 percent of adult patients receive treatment in the hospital closest or second-closest to their homes. This is consistent with prior research showing that many people are hospitalized close to their homes.

Our analysis reveals some interesting patterns: Medicaid patients living in South Dade are the most likely to be hospitalized close to home. In the western part of the county, however, commercially insured patients are the most likely to be hospitalized near their homes. One reason for the difference may be that the hospitals in South Dade are all not-for-profit, which is not the case in western Dade.

In the south and the west, there is a gradient in the likelihood that nine or more hospitals will be skipped, with commercially insured patients less likely than Medicaid patients to skip nine or more, and Medicaid patients less likely to do so than the uninsured. Across this gradient, uninsured patients are more than two times more likely to skip nine or more hospitals as commercially insured patients living in the same area (see Figure 4.2).



**Figure 4.2—In South and West Miami-Dade County, Uninsured Patients Travel Farthest to Hospitals, and the Commercially Insured Travel Least**

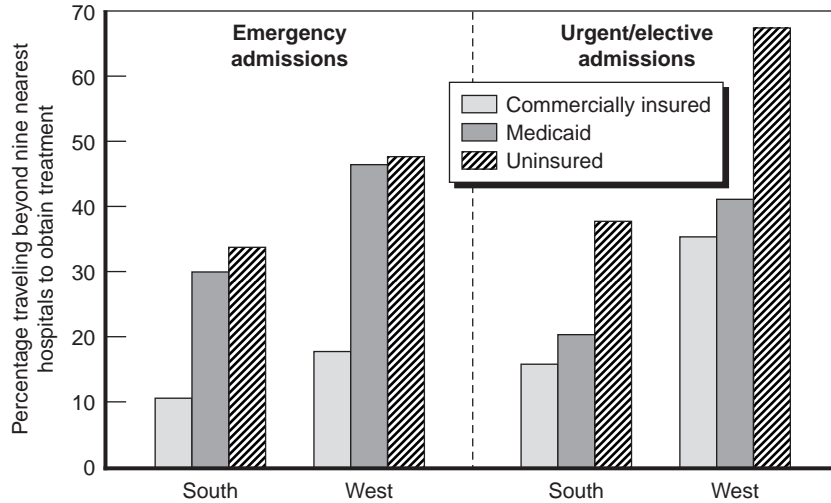
Let us now turn to differences across types of admissions. Table 4.2 shows the percentage of adult patients who skip nine or more hospitals to obtain hospital care, by area of the county, insurance type, and admission type. There is a countywide gradient across insurance categories for adult patients, although only for those requiring emergency admission. This countywide gradient is entirely the result of much sharper differences in the southern and the western parts of the county between commercially insured patients and those insured by Medicaid or uninsured (see Figure 4.3). A sharp gradient also applies to patients in the south and the west who are admitted for urgent or elective purposes, although in these cases, Medicaid patients behave more like the commercially insured than the uninsured.

Some of the percentages of patients skipping many hospitals are quite high. Notably, 67 percent of uninsured urgent/elective admission adult patients in the western area do so. This is sufficient to raise the fraction of all uninsured adults that area who skip many hospitals to more than half (see Table 4.2).

**Table 4.2**  
**Adult Travel Patterns by Admission Category, Miami-Dade County, 1999**

Admission Category/ Insurance Type	All Adult Discharges			Adult Cardiac Discharges		
	Total Patients	% at Prox. 10+ Hospitals	Significant Difference	Total Patients	% at Prox. 10+ Hospitals	Significant Difference
All Miami-Dade County						
Emergency						
Commercial	21,312	18.85	a*** b***	1,811	16.51	b***
Medicaid	15,998	23.41	a*** c***	1,085	17.42	c**
Uninsured	15,902	25.32	b*** c***	954	22.64	b*** c**
Total	53,212			3,850		
Urgent/elective						
Commercial	36,238	30.67	a*** b***	1,359	34.00	a*
Medicaid	13,703	29.10	a*** c***	388	27.58	a*
Uninsured	6,300	35.32	b*** c***	281	32.74	
Total	56,241			2,028		
South Dade County						
Emergency						
Commercial	4,748	10.76	a*** b***	343	10.79	a*** b***
Medicaid	2,099	30.01	a*** c**	145	28.97	a***
Uninsured	2,212	33.86	b*** c**	106	31.13	b***
Total	9,059			594		
Urgent/elective						
Commercial	7,759	15.92	a*** b***	254	26.38	a** b**
Medicaid	2,417	20.52	a*** c***	43	41.86	a**
Uninsured	957	37.83	b*** c***	24	45.83	b**
Total	11,133			321		
West Dade County						
Emergency						
Commercial	4,143	17.84	a*** b***	339	12.68	a** b***
Medicaid	1,200	46.33	a***	65	27.69	a**
Uninsured	1,542	47.67	b***	103	41.75	b***
Total	6,885			507		
Urgent/elective						
Commercial	6,405	35.36	a*** b***	224	41.52	a** b***
Medicaid	1,325	41.21	a*** c***	28	67.86	a**
Uninsured	776	67.40	b*** c***	33	72.73	b***
Total	8,506			285		

Significance tests: a = Commercial/Medicaid comparison; b = Commercial/uninsured comparison; c = Medicaid/uninsured comparison; \*p<= 0.05 \*\* p<= 0.01 \*\*\* p<=0.001.



**Figure 4.3—Uninsured Adults in South and West Miami-Dade County Travel Farther than the Commercially Insured, for Both Emergency and Urgent/Elective Admissions**

Grouping all adult patients together, however, does not control for possible case-mix differences. For example, the reasons for admission might vary by insurance type or by region of the county. If such differences were to exist, they could affect the travel patterns. One way to control for case-mix differences is to identify patients who have relatively homogeneous diagnoses.

For this subanalysis, we identified adult patients who were admitted for cardiac conditions other than myocardial infarction (heart attack). We excluded heart attack because current practice dictates that heart-attack patients be admitted to the closest hospital. (Recall that we exclude transfer patients, so the sample does not include patients who were stabilized at local hospitals and then transferred for specialized procedures.)

The data for cardiac patients are presented in the rightmost three columns of Table 4.2. Except for the lower levels of statistical significance (the sample size is smaller), the results are qualitatively similar to those across diagnoses: Medicaid and uninsured patients are more

likely to skip nine or more hospitals than their commercially insured neighbors. (Once again, the exception is urgent and elective admissions across the county.) This suggests that case-mix variation across insurance type or region is not responsible for the differences in travel patterns.

### **Travel Patterns for Pediatric Patients**

All hospitals have facilities to provide care for pediatric patients and thus are capable of handling emergency pediatric admissions. However, for conditions that permit planned admissions, there may be a preference for hospitals that serve a large number of pediatric patients. We identified ten hospitals in Miami-Dade County that treated at least 1 percent of pediatric discharges in the county, and we restricted our analysis of pediatric patients to those ten.

Travel patterns for pediatric patients across all admission categories display somewhat different trends than do those for adults (compare Table 4.3 with Table 4.1). Most of the differences in trends, however, are for comparisons with fairly similar percentages. Where the differences are larger, the relations are the same. Uninsured pediatric patients in western Dade are less likely to go to one of the two nearest hospitals than are insured patients. In both southern and western Dade, uninsured pediatric patients are more likely to skip many hospitals than are Medicaid patients, who are more likely to travel farther than the commercially insured.

For children requiring emergency admissions, there is little difference among insurance types in the county as a whole (see Table 4.4). More than 40 percent of children are admitted to hospitals close to their homes in an emergency. Insurance type, however, does appear to affect pediatric travel patterns for urgent or elective conditions. The travel patterns show the familiar gradient of commercially insured children admitted more frequently to hospitals close to their home, followed by Medicaid-insured children, followed by uninsured children.

Differences across payer types also appear in southern and western Dade for urgent and elective conditions, when those areas are considered separately (see Figure 4.4). But for local hospitalization, the direction of the differences is diametrically opposed between the two

**Table 4.3**  
**Pediatric Travel Patterns Across Admission Categories,**  
**Miami-Dade County, 1999**

Insurance Type	Total	Proximity 1 and 2 Hospitals		Proximity 10+ Hospitals	
		% of Patients	Significant Difference	% of Patients	Significant Difference
All Miami-Dade County					
Commercial	9,045	36.24	a***b***	27.90	a**
Medicaid	9,708	38.90	a*** c**	29.71	a**
Uninsured	1,574	42.69	b*** c**	29.16	
Total	20,327				
South Dade County					
Commercial	2,633	46.71	a** b**	5.66	a*** b***
Medicaid	2,291	50.59	a**	9.86	a*** c***
Uninsured	361	55.40	b**	16.90	b*** c***
Total	5,285				
West Dade County					
Commercial	1,724	46.52	b**	10.50	a*** b***
Medicaid	874	47.71	c**	17.62	a*** c***
Uninsured	165	34.55	b** c**	32.12	b*** c***
Total	2,763				

Significance tests: a = Commercial/Medicaid comparison; b = Commercial/uninsured comparison; c = Medicaid/uninsured comparison; \* p<= 0.05 \*\* p<= 0.01 \*\*\* p<=0.001.

regions. In the southern region, pediatric patients without health insurance are much more likely to be admitted to a local hospital than their insured counterparts (66 percent versus 38 percent). Yet for uninsured pediatric patients in the western regions, the percentage hospitalized in local hospitals is much lower than that for the commercially insured (a surprisingly low 10 percent versus, again, 38 percent). Differences across regions in nearby-admission rates for emergency conditions are modest and not statistically significant.

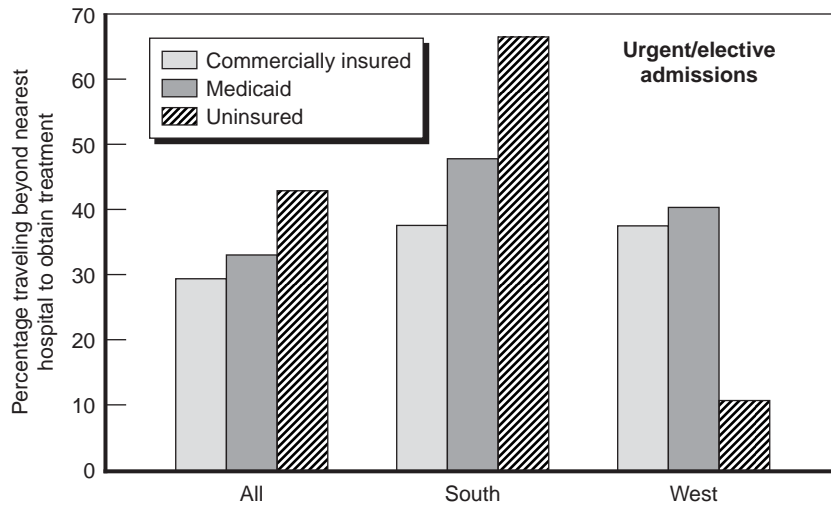
There are, however, striking differences across payer types, even for emergency conditions, when the measure is the percentage skipping nine or more hospitals.<sup>10</sup> Children without health insurance living in the western and southern areas of Dade are about four times as

<sup>10</sup>The reduced hospital sample consists of only ten hospitals, so nine is the maximum number of hospitals that could be skipped; patients skipping nine were thus admitted to the hospital farthest from their home.

**Table 4.4**  
**Pediatric Travel Patterns by Admission Category,**  
**Miami-Dade County, 1999**

Admission Category/ Insurance Type	Total	Proximity 1 and 2 Hospitals		Proximity 10+ Hospitals	
		% of Patients	Significant Difference	% of Patients	Significant Difference
All Miami-Dade County					
Emergency					
Commercial	5,469	40.61	a**	26.92	
Medicaid	6,023	42.45	a**	27.94	
Uninsured	1,117	42.61		29.54	
Total	12,609				
Urgent/elective					
Commercial	3,571	29.49	a*** b***	29.43	a**
Medicaid	3,685	33.08	a*** c***	32.59	a**
Uninsured	457	42.89	c*** b***	28.23	
Total	7,713				
South Dade County					
Emergency					
Commercial	1,760	51.14		4.26	a*** b***
Medicaid	1,272	52.99		9.83	a*** c***
Uninsured	194	45.88		19.59	b*** c***
Total	3,226				
Urgent/elective					
Commercial	872	37.73	a*** b***	8.49	b*
Medicaid	1,019	47.60	a*** c***	9.91	
Uninsured	167	66.47	b*** c***	13.77	b*
Total	2,058				
West Dade County					
Emergency					
Commercial	1,157	50.91		7.26	a*** b***
Medicaid	578	51.56		16.61	a*** c**
Uninsured	117	44.44		26.50	b*** c**
Total	1,852				
Urgent/elective					
Commercial	567	37.57	b***	17.11	b***
Medicaid	296	40.20	c***	19.59	c***
Uninsured	48	10.42	b*** c***	45.83	b*** c***
Total	911				

Significance tests: a = Commercial/Medicaid comparison; b = Commercial/uninsured comparison; c = Medicaid/uninsured comparison; \* p<= 0.05 \*\* p<= 0.01 \*\*\* p<=0.001.



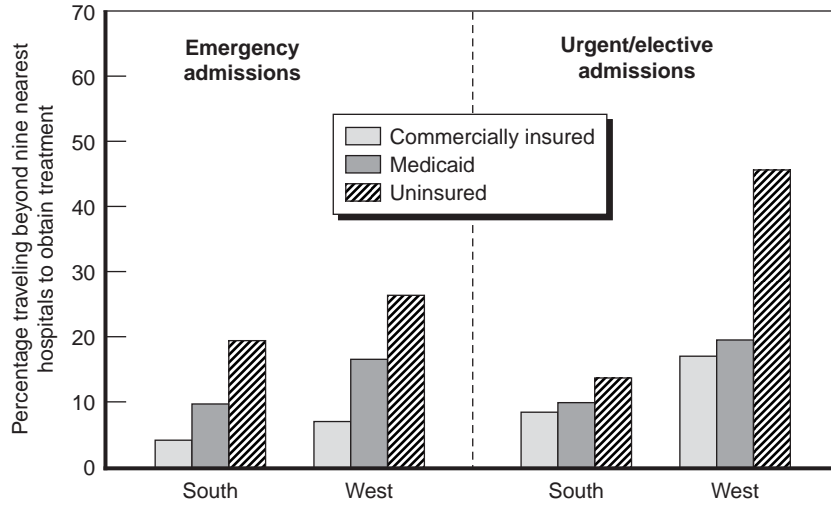
**Figure 4.4—Percentages of Urgent/Elective Pediatric Admissions Occurring Close to Home Differ Dramatically Between South and West Miami-Dade**

likely to skip nine or more hospitals to obtain care for emergency conditions as are commercially insured children; Medicaid-insured children are more than twice as likely to skip many hospitals as commercially insured (see Figure 4.5). Uninsured children are also more likely to skip nine or more hospitals for urgent or elective admissions than are commercially insured children. This difference is particularly stark in the western region of Dade County.

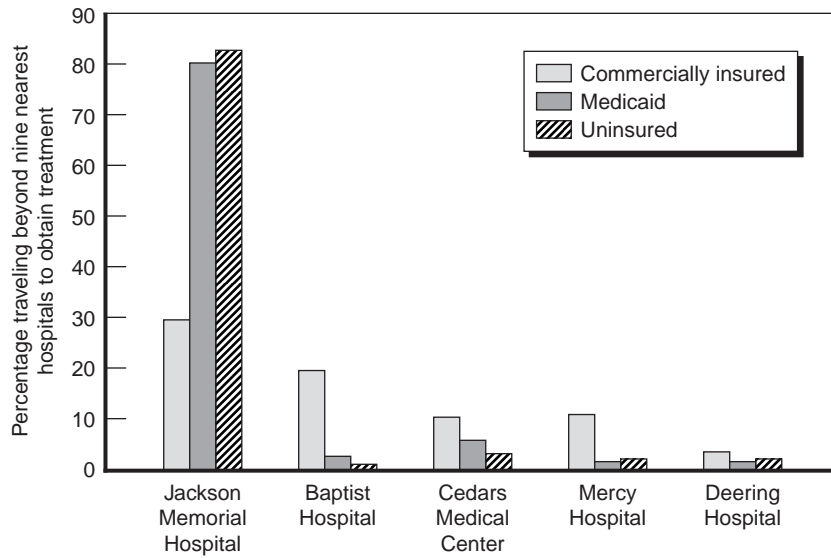
## HOSPITAL DESTINATIONS

Given the differences observed in travel patterns, where are people going for their hospital care? Concentrating on the two outlying regions of the county, we first look at western Dade. Figure 4.6 shows the top five hospital destinations for adult patients who skipped nine or more hospitals for emergency admissions. As can be seen, JMH is the most frequent hospital destination for patients across the three insurance categories, especially for Medicaid-insured or uninsured patients.





**Figure 4.5—Uninsured Children in South and West Miami-Dade Travel Farther than the Commercially Insured, for Both Emergency and Urgent/Elective Admissions**



**Figure 4.6—Hospital Destinations for Adult Patients Who Skipped Nine or More Hospitals for Emergency Admissions, Western Dade County**

Similar patterns exist for adult urgent/elective conditions, and emergency cardiac patients. For all payers, JMH is always the dominant destination when persons skip nine or more hospitals, and the relative representation across payers again shows that Medicaid patients and those without insurance disproportionately receive their care there.

For all payer types, JMH is the most frequent destination for children from the south and the west who skip nine hospitals for their care. Among children hospitalized close to home, Baptist Hospital treats the greatest number of commercially insured children in the south and the west. In the west, Miami Children's Hospital treats the highest percentage of Medicaid and uninsured children admitted to the first- or second-closest hospital. For children in the southern region of the county, Homestead is the hospital most frequently used by children with Medicaid, and Deering is the one most frequently used by those without insurance.<sup>11</sup>

## SUMMARY

- Across the entire county, commercially insured, Medicaid-insured, and uninsured patients do not differ appreciably in whether they are treated at hospitals close to or far away from their homes.
- Disparities do exist, however, among patients from the southern and western parts of the county, with uninsured and Medicaid patients consistently traveling farther for care, even in emergencies, than commercially-insured patients.
- JMH is the most frequent hospital destination among patients who travel far, particularly Medicaid-insured and uninsured patients.

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<sup>11</sup>It should be kept in mind that for hospital-specific analyses such as this, sample sizes are small, particularly those of children hospitalized far from home.