

Kelly Doran, M.D.

Testimony in Support of Proposed Bill No. 170; February 20, 2013

My name is Dr. Kelly Doran. I am an emergency medicine physician in New Haven. Through my work in the emergency department I see the sometimes tragic end results of what happens when people do not have access to basic health care benefits, prescription medications, and primary care. I also see the day to day realities of the most vulnerable people in our society, including those recently released from incarceration. I am struck by the patients who have told me that they came to the emergency department simply because they needed prescriptions for their chronic medications, which they had been given daily while in prison but had no way of obtaining once released. They didn't want to be in the emergency department and felt badly about taking up my time, but didn't have another accessible option. Even worse is when patients with complex chronic medical conditions comment to me that it would be better for them to be back in prison because at least they have reliable health care there.

One might assume that once people end up in the emergency department that we will be able to successfully connect them with primary care from there. Unfortunately, research has found that rates of primary care follow-up after an emergency department visit are notoriously low, and emergency providers currently don't often have the resources necessary to make such primary care connections a reality even with the best of intentions. Thus, helping inmates identify a primary care provider *before* discharge from incarceration is particularly crucial.

In addition to being bad for patients, the status quo is certainly not efficient as far as health care costs. According to a Statistical Brief prepared by the Agency for Healthcare Research and Quality, median expenses for a single emergency department visit in the U.S. are \$406, as compared to median expenses of only \$89 for an outpatient office-based physician visit. Costs of emergency department visits go up when you consider the extra diagnostic tests or hospital admissions – which come at a price tag of more than \$2,000 per day in Connecticut according to the Kaiser Family Foundation – that often go hand in hand with emergency department care.

Finally, I wanted to briefly draw your attention to “frequent utilizers” of the emergency department and hospital, which is a topic about which I have done extensive research. These are the small group of patients who account for a large share of total health care costs. Research has shown that they are disproportionately likely to have a history of social risk factors such as incarceration and homelessness. What we see is an extremely expensive revolving door between prisons, shelters, and the hospital. According to the National Alliance to End Homelessness, one in five people who leave prison will become homeless soon thereafter. Homelessness is highly correlated with frequent emergency department and hospital use, and the high costs that come along with it, and so on. These highest risk patients will need multidimensional solutions to improve their health and lower their health care costs. As a start, the proposed bill provides one way to put a wrench in that revolving door and instead help people onto the right track for their health and health care after being released from incarceration.