

ER access by foreign citizens between 1999 and 2014 in five large hospital of Rome, Italy

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Background

Lack of information about the health services and the status of illegal immigrant can make difficult for foreign population to access primary care, leading to misuse of emergency rooms (ER). This study investigated the accesses between January 1999 and December 2014 to the ERs of five large hospital of Rome, Italy.

Methods

Foreign patients were divided into in 23 groups (FPGs), following the United Nations publication 'Standard Country or Area Codes for Statistical Use'. Romanians (first foreign population in Rome) and stateless persons were treated as a separate FPGs. Poisson regression was used to estimate incidence rate ratios (IRR) of the FGs compared to Italians for: hospitalization or worse outcome; inappropriateness; emergency admissions for ambulatory care sensitive conditions (ACSCs).

Results

5,382,919 people accessed the ERs between 1999 and 2014 and the 11.7% of the accesses were carried out by foreign citizens. Poisson regression showed that non-EU Europe, Romanians, Eastern Africa, Middle Africa, South-Eastern Asia and Stateless had a higher incidence rate of hospitalization or worse outcome than Italians. Poisson regression confirmed a higher incidence rate of inappropriateness for the most part of FPGs, with the exception of Southern Africa, Northern America, Central Asia, South-Eastern Africa, Melanesia, Polynesia and Stateless. Analysis of the ACSCs showed that Eastern Africa, Western Africa, Southern Asia, South-Eastern Asia, and Australia and New Zealand had an increased incidence rate of influenza and pneumonia ACSCs than Italians.

Conclusions

These results highlighted a propensity for foreign citizens to access the ER mostly for non-urgent and inappropriate events. This could partly be an effect of the lack of filters in access to care, usually carried out by the primary care. Moreover, the analysis of ACSCs showed that some populations can benefit from specific welfare and social pathways to allow better integration of primary care.

Key messages:

- Foreign citizens have higher rate of inappropriate access to emergency rooms and of urgent hospitalizations.
- There is a need of Integrated pathways in the contest of primary care to intercept and to appropriately route the specific health needs of some of these foreign populations.