

# The Life Saving Effects of Hospital Proximity

**Paola Bertoli**

University of Economics in Prague

CERGE-EI

**Veronica Grembi**

Copenhagen Business School

AES Granada – June 18th, 2015

# Motivation

Response time and access to Emergency Department is crucial for some pathologies:

- Pell et al. (BMJ, 2001): Heart diseases
  - reducing by 5 minutes higher response times increases survival probability by 10/11%
- American Heart Association
  - Death rate for patients in ED by 30 minutes= 3.6%
  - Death rate for patients in ED by 30-45 minutes= 7%
  - Death rate for patients in ED later than 45 minutes= 10.8%
  - The first 90 minutes are crucial to survive
  - *Golden hour*=60 minutes after the first symptoms of a stroke

# Motivation

The cost-benefit effects of hospital proximity are hard to estimate:

- ① access to care, which affects
  - mortality (Buchmueller et al. 2006; Yamashita and Kunkel 2010; Advic 2014)
  - travel time (Capps et al. 2010)
  - checkups (Currie and Reagan 2003)
- ② resource savings & efficiency of the sector (Lindrooth et al. 2003; Holmes et al. 2006; Bloom et al. 2011)
- ③ quality of healthcare services

Identification problem: SPATIAL SORTING

# Related Literature: The Closure Approach

Study	Outcome	Treatment	How	Effect
Buchmueller et al. (2006, JHE)	AMI survival Injuries No Emergency	Euclidean distance Centroid zip code to H address	Exploiting Hospital Closures DD	+1.6km=+6.5% AMI mortality →1 extra death per zip code/year →+11/20% injury mortality →+0.5 death per zip code/year
Advic (2014)	AMI survival	Euclidean distance SAMS to H	OLS several specifications	+10km=-3% AMI survival Moving from +10 to +50 -15% AMI survival probability

- Pros: it does not take distance as exogenous
- Cons:
  - It takes closure as random
  - It sets a specific date to a closure
  - It identifies through a small fraction of changes (i.e., 0.005%)

# Our Contribution

- ① We exploit a natural experiment in Italy, where since 1968 hospital location is constrained by population size ( $>25,000$ )
  - IV  $\Rightarrow$  we instrument hospital proximity with distance to nearest municipality above 25,000 in 1971
- ② We focus on road-traffic accidents (as opposed heart attacks): 2000-2012

Focus on accidents:

- Results relevant for emergency care in general
- Policy implications need caution: we just look at a potential cost

# Data

- ① *Distance*: Hospital proximity= Euclidean distance (from centroid to centroid distance) of each municipality (7,954) to the nearest hospital
- ② *Fatality*: Data on road-traffic accidents at the municipal level  
Accidents registered on occurrence (no info on deaths on impact)
  - Number of accidents
  - Number of deaths
- ③ Emergency network data (2005): *Radio coverage, Physicians, Helicopter use, Medical cars*
- ④ Hospital data (2010): National Plan Outcomes (*Piano Nazionale degli Esiti*) monitoring program run by the Ministry of Health. ⇒  
Volumes data (AMI, Stroke, CHF, and Non Oncological Surgeries)

# Estimation (1)

Empirical model:

$$Fatality_{mt} = \delta Distance_m + Z'_m \sigma + X'_{mt} \tau + \gamma_h + \pi_p + \beta_t + \epsilon_{mt} \quad (1)$$

- $Fatality$  = No. of deaths / No. of accidents
- $Z'_m$  = altitude categories, coastal dummy
- $X'_{mt}$  = income, population density
- $\gamma_h$  = hospitals fixed effect
- $\pi_p$  = provincial fixed effect
- $\beta_t$  = year fixed effect

# Estimation (2)

- ① We estimate a basic OLS
- ② We exploit the info on 25 closures (rehabilitation centers) to estimate a DD (i.e.  $Distance_{mt}$ )
- ③ We instrument  $Distance_m$  with  $Distance\ 1971_m$  (IV)
- ④ We also augment these IV specifications with flexible control functions of population in 1971  $f(Pop1971\_25000)$  in the spirit of a RD



## IV Identification

1968 Law set at 25,000 inhabitants the minimum requirement for the construction of a new hospital

- Next Census in 1971 shifts
- NHS: 1978

We instrument *Distance* with:

- Distance of each municipality to the nearest city that in the 1971 Census was (just) above 25,000 dbn

The reduced-form and the first stage equations are:

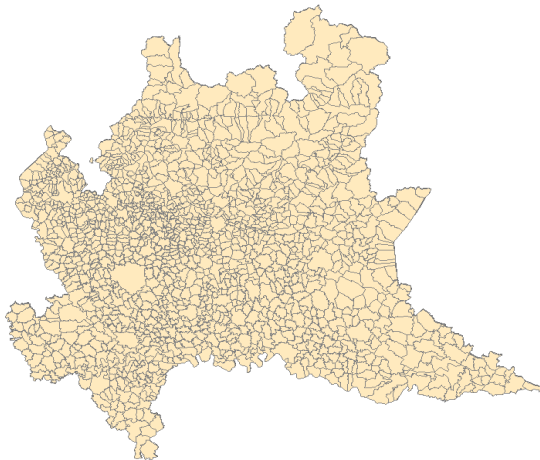
$$Fatality_{mt} = \alpha Distance_{71m} + Z'_m \sigma + X'_{mt} \tau + \gamma_h + \pi_p + \beta_t + \epsilon_{mt}$$

$$Distance_m = \lambda Distance_{71m} + Z'_m \sigma + X'_{mt} \tau + \gamma_h + \pi_p + \beta_t + v_{mt}$$

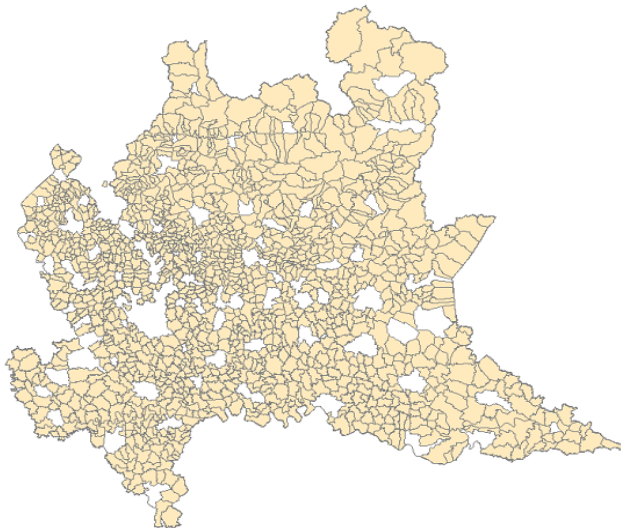
# Identification Assumptions

- ① Instrument highly correlated to the instrumented variable  $\Rightarrow$  first stage statistics
- ②  $Distance\ 71 \Rightarrow Distance \Rightarrow Fatality$ 
  - Our strategy exploits randomness in municipality geographical distribution
  - We use 5 samples

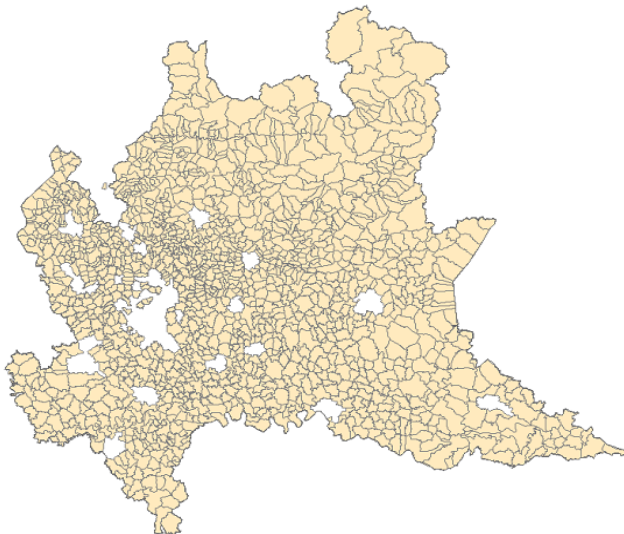
# Sample 1: All



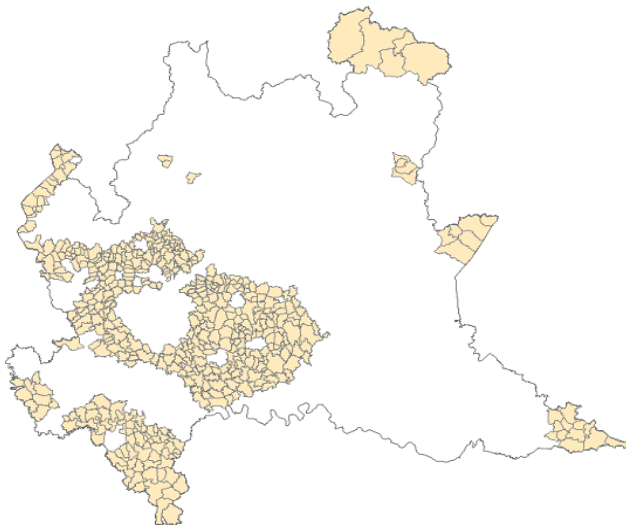
## Sample 2: No Hosp.+Pop1971<50,000



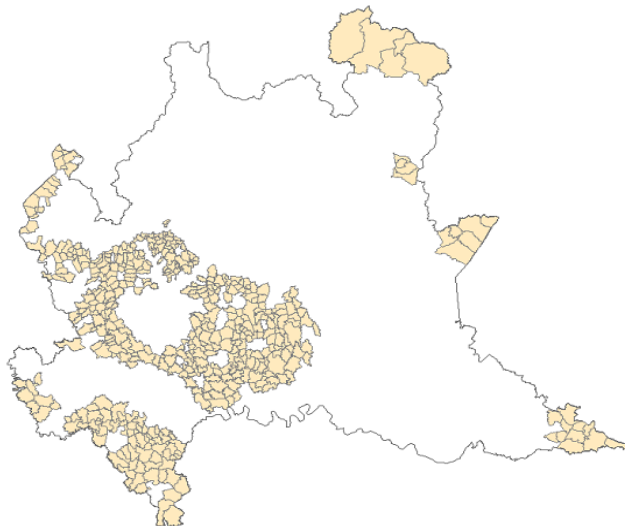
## Sample 3: Pop1971 < 25,000



## Sample 4: $\text{Pop}_{1971} < 25,000 + \text{Nearest} < 50,000$



## Sample 5: $\text{Pop1971} < 25,000 + \text{Nearest} < 50,000 + \text{No Hosp.}$



# OLS Results: Fatality

Variable	All	No Hosp + Pop1971<50,000	Pop1971<25,000	Pop1971<25,000 + Nearest<50,000	Pop1971<25,000 + Nearest<50,000 + No Hosp
	(1)	(2)	(3)	(4)	(5)
<b>Panel A: OLS</b>					
Distance	0.078*** (0.012)	0.071*** (0.016)	0.081*** (0.013)	0.076*** (0.019)	0.057** (0.025)
Provincial FE	Yes	Yes	Yes	Yes	Yes
Year FE	Yes	Yes	Yes	Yes	Yes
Nearest H. FE	Yes	Yes	Yes	Yes	Yes
<b>Panel B: Difference in Differences</b>					
Distance	0.079*** (0.014)	0.073*** (0.019)	0.082*** (0.015)	0.077*** (0.020)	0.059** (0.027)
Provincial FE	Yes	Yes	Yes	Yes	Yes
Year FE	Yes	Yes	Yes	Yes	Yes
Nearest H. FE	Yes	Yes	Yes	Yes	Yes
Treated	318	314	316	136	134
Observations	81,212	71,900	77,473	42,296	38,790
Municipalities	7,954	7,219	7,665	4,266	3,985
Mean	6.046	6.357	6.236	6.519	6.687



# Distance to Nearest just above 25,000 as Instrument

	All		No Hosp + Pop1971 < 50,000		Pop1971 < 25,000	
	IV 1	IV 2	IV 1	IV 2	IV 1	IV 2
<b>Second Stage Statistics: Fatality</b>						
Distance	0.133*** (0.034)	0.129*** (0.034)	0.161*** (0.045)	0.158*** (0.045)	0.171*** (0.0489)	0.168*** (0.049)
Provincial FE	Yes	Yes	Yes	Yes	Yes	Yes
Year FE	Yes	Yes	Yes	Yes	Yes	Yes
Nearest Hospital FE	Yes	Yes	Yes	Yes	Yes	Yes
3rd order Polynomial	No	Yes	No	Yes	No	Yes
<b>First Stage Statistics: Distance to the Nearest Hospital</b>						
Distance.1971	0.324*** (0.016)	0.323*** (0.016)	0.281*** (0.015)	0.280*** (0.015)	0.253*** (0.016)	0.252*** (0.016)
$R^2$	0.509	0.51	0.567	0.567	0.491	0.492
Robust F	426.553	422.419	349.678	347.761	235.301	233.197
Observations	81,212	81,212	71,900	71,900	77,473	77,473
Municipalities	7,954	7,954	7,219	7,219	7,665	7,665
Mean	6.046	6.046	6.357	6.357	6.236	6.236

# Distance to Nearest above 25,000 as Instrument (2)

	Pop1971 < 25,000 + Nearest < 50,000		Pop1971 < 25,000 + Nearest < 50,000 + No Hosp	
	IV 1	IV 2	IV 1	IV 2
<b>Second Stage Statistics: Fatality</b>				
Distance	0.200*** (0.063)	0.203*** (0.062)	0.185*** (0.060)	0.187*** (0.060)
Provincial FE	Yes	Yes	Yes	Yes
Year FE	Yes	Yes	Yes	Yes
Nearest Hospital FE	Yes	Yes	Yes	Yes
3rd order Polynomial	No	Yes	No	Yes
<b>First Stage Statistics: Distance to the Nearest Hospital</b>				
Distance_1971	0.283*** (0.022)	0.284*** (0.022)	0.305*** (0.020)	0.306*** (0.020)
<i>Robust F</i>	163.768	167.114	226.064	228.852
Observations	42,296	42,296	38,790	38,790
Municipalities	4,266	4,266	3,985	3,985
Mean	6.519	6.519	6.687	6.687

# Coefficients Interpretation (1)

- +1 km
  - ⇒ +0.18 percentage points
  - ⇒ +2.77% fatality rate
- +5 km (=1sd *Distance* in Sample 5)
  - ⇒ +0.92 percentage points
  - ⇒ +13.8% fatality rate
- +10 km
  - ⇒ +1.8 percentage points
  - ⇒ +27.68% fatality rate

# Coefficients Interpretation (2)

- ➊ Translate every extra km in travel time
  - 50kmh, 70kmh, and 90kmh (Petzall et al. 2010, 85.8kmh)
- ➋ How many extra death every 100 accidents?
- ➌ Value of a Statistical Life (VSL)
  - A reference point for assessing the benefits of risk reduction efforts (Viscusi and Aldy, 2003)
  - Average EU 27 VSL (OECD, 2012): 4,131,970 euro

Using a dataset for 2 regions we investigate the OLS downward bias showing that the most severe accidents tend to happen near to the hospital

# When Proximity Matters: Mechanisms

## 3 mechanisms

- ① Road Safety: More Severe Accidents
  - North-South: Less Safe Infrastructures+Low Enforcement of Road Safety Measures
- ② ES Characteristics: Better and More Effectively Organized
  - Radio Coverage
  - Helicopter Use
  - Physicians
  - Medical Cars
- ③ Nearest Hospital Characteristics: High vs. Low Quality
  - Volumes (z-scored)
  - Hospital Fixed Effects

# Mechanisms (1)

	Emergency Service Characteristics				
	Road Safety	Radio Coverage	Helicopter Use	Physicians	Medical Cars
	<b>North</b>	<b>Less</b>	<b>Less</b>	<b>Less</b>	<b>Less</b>
<i>Distance</i>	0.254 (0.164)	0.607*** (0.213)	0.552*** (0.201)	0.331* (0.194)	0.673*** (0.224)
	<b>South</b>	<b>More</b>	<b>More</b>	<b>More</b>	<b>More</b>
<i>Distance</i>	0.719*** (0.241)	0.263** (0.178)	0.255* (0.186)	0.488** (0.192)	0.387** (0.193)
Difference	0.465** (0.210)	-0.344** (0.136)	-0.297** (0.136)	0.157 (0.128)	-0.360*** (0.130)
Observations	38,790	35,681	35,681	35,681	35,066
Municipalities	3,985	3,598	3,598	3,598	3,598

# Mechanisms (2)

Hospitals Characteristics		
	Fixed Effects	Volume Levels
	Low	Low
<i>Distance</i>	0.247323 (0.161053)	0.351241** (0.171130)
	High	High
<i>Distance</i>	0.4765*** (0.17237)	0.03364 (0.18779)
Difference	0.229175** (0.108655)	-0.317598** (0.128496)
Observations	38,790	38,790
Municipalities	3,985	3,985

# Conclusions

We provide a new assessment of the link between hospital proximity and mortality rates with reference to emergency cares

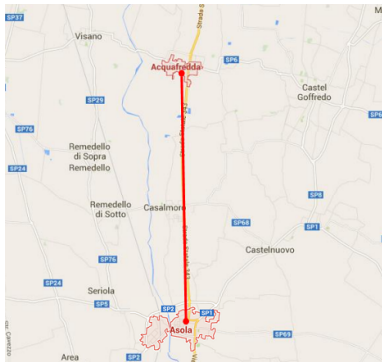
An exogenous variation in hospital proximity increases road-traffic fatality rates (but it does not decrease maternal screenings)

This effect is stronger than the OLS correlation because more deadly accidents tend to happen closer to hospitals

A more effective ES can partially reduce the impact of decreasing proximity

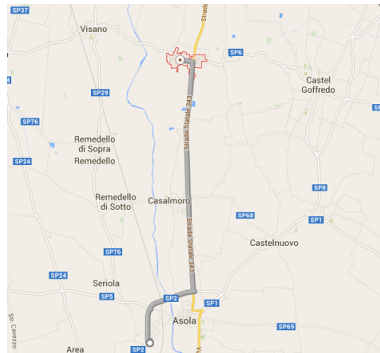


# Distance



[a]

back



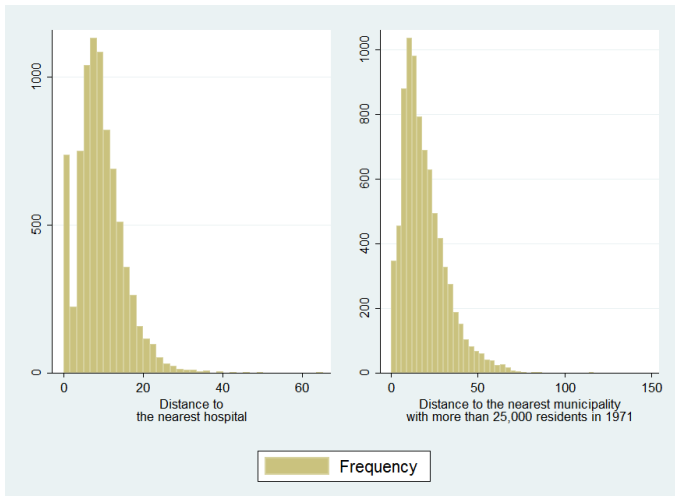
[b]

# Shifts around the 25,000 threshold

		Population: 25,000-50,000		
Population	Year	1981	1991	2001
10,000- 25,000	1971	None	None	None
	1981		None	None
	1991			None

[back](#)

# Distance Distribution

[back](#)

# Descriptive Stats [back](#)

Variable	All	No Hosp + Pop1971 < 50,000	Pop1971 < 25,000	Pop1971 < 25,000 + Nearest < 50,000	Pop1971 < 25,000 + Nearest < 50,000 + No Hosp
	(1)	(2)	(3)	(4)	(5)
Fatality Rate	6.046 (17.408)	6.357 (18.153)	6.236 (17.794)	6.519 (18.521)	6.687 (19.094)
Distance	8.560 (5.562)	9.648 (5.400)	8.927 (4.934)	8.821 (5.548)	9.625 (5.088)
Distance 1971	18.471 (12.350)	17.621 (11.982)	18.106 (12.007)	17.717 (12.033)	17.457 (11.978)
Population density	348.741 (693.712)	308.453 (559.866)	301.387 (623.087)	326.133 (641.207)	320.37 (655.733)
Income	16,399 (3,859.57)	16,252.88 (3,820.376)	16,303 (3,830.16 )	16,069 (3,859.97)	16,011.34 (3,874.01)
Plain	54.501 (49.797)	54.182 (49.871)	53.59 (49.825)	56.124 (49.624)	56.607 (49.562)
Partially mountain	8.866 (28.425)	7.571 (27.594)	8.304 (26.455)	8.128 (27.327 )	7.389 (26.159)
Totally mountain	36.634 (48.181)	38.246 (48.599)	38.106 (48.565)	35.748 (47.926)	36.004 (48.002)
Coastal	9.291 (29.03)	7.469 (26.289)	8.093 (27.273)	9.734 (29.642)	8.971 (28.577)
Observations	81,212	71,900	77,473	42,296	38,790
Municipalities	7,954	7,219	7,665	4,266	3,985

Notes: *Distance* and *Distance* 1971 are in kilometers. On the overall sample, the average *Distance* in miles is 5,319 (sd 3,456) and the average 1971 in miles is 10,949 (sd 7,764). *Income* is in per capita 2012 euro.