

FACTORS THAT INFLUENCE INSURED PATIENTS' USE OF
EMERGENCY DEPARTMENTS FOR PRIMARY CARE

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Submitted to the University of Kansas School of Nursing in partial fulfillment of the
requirements for the Nursing Honors Program

ABSTRACT

Background: A disturbing trend in American health care is utilization of emergency departments (EDs) for non-emergency visits. Many individuals attempt to fulfill their primary health care needs in EDs. This practice leads to \$38 billion in excess spending each year as a result of multiple return visits and poorly coordinated care. The purpose of this study is to examine the reasons that patients seek emergency care.

Methodology: A qualitative descriptive design was used in this study. Two preliminary focus groups (n=2) were conducted with a purposive sample of five participants who were identified at a family medicine clinic as super-utilizers of the ED. Data collection and analysis are ongoing in this study with a planned sample size of 6. Participants' responses to open-ended questions were audio recorded and transcribed verbatim. Through the analysis of these transcripts, preliminary categories and themes were identified from meaningful data.

Preliminary Results: The research team has developed two preliminary themes, which are challenges presented by the health care system and management of acute exacerbation of chronic disease. Within the health care system, participants discussed the inability to access care during normal clinic hours. This led to participants accessing health care in the ED. Management of acute exacerbation of chronic disease that influenced ED use included both degree of pain and perceived severity of symptoms. Participants were more likely to go to the ED if their pain levels were high or they thought their symptoms necessitated immediate medical care.

Discussion: This study provides preliminary evidence for nurses and other healthcare providers to advocate for an improved, seamless primary care system. The goal would be to decrease ED use for primary care needs, which has led to both excess spending on health care and poorly coordinated care. However, more research is necessary to further understand the needs of this population in order to design appropriate interventions.

Conclusion: Insured ED super-utilizers make their decisions to access health care based on factors associated with challenges presented by the health care system and management of acute exacerbations of chronic disease. These findings contribute to our understanding of the health care system as a whole and will be useful in guiding future practice and research initiatives.

INTRODUCTION

BACKGROUND

Emergency department (ED) overuse is a significant problem in the United States today. It is estimated that unnecessary ED visits account for \$38 billion each year (Adams, 2013).

Both insured and uninsured individuals access care through EDs for chronic health issues,

which could be treated more efficiently through a primary care provider. In order to address this inefficient use of medical resources, it is necessary to understand the factors that influence patients' use of the ED for non-emergency visits.

This study examines insured patients' perspectives regarding factors that influence their use of the ED for primary care needs. It is important to collect this qualitative data to increase researchers' and providers' understanding of the issues influencing patients' use of health care. This pilot study provides preliminary qualitative data that may be useful for improving insured patients' ability to establish and continue care at primary clinics.

REVIEW OF LITERATURE

ED usage has increased drastically in the last 45 years. In 1968, 44 million patients visited an ED. Today, that number is 134 million (Adams, 2013). Accounting for population growth, that is a 93.6% increase (US Census Bureau, 2013). A disproportionately large percentage of those individuals are super-users. These people utilize ED services more than once in any 30-day period in a 12-month period. From 1998-2009, the amount of patients classified as frequent users increased by 66% (Martin, Stokes-Buzzelli, Peltzer-Jones, & Schultz, 2010). This means that not only are more people using EDs now, but an increasingly large number of those people are using emergency services more frequently. This overuse of EDs places a huge financial burden on the health care system. Accessing health care through EDs is 2 to 5 times more expensive than using a primary care provider (PCP) (Adams, 2013). Additionally, the care provided to patients in EDs tends to be less comprehensive and coordinated. "These patients may continue to generate high utilization because they receive fragmented care in more expensive acute care settings while lacking

access to coordinated care in lower-cost primary care settings” (Mann, 2013). Despite all this, patients still continue to access health care through EDs.

Studies have sought to describe the patients that are more likely to use EDs than PCPs. Sun, Burstin, and Brennan (2003) discuss demographic predisposing factors. These include “being a single parent, single or divorced marital status, high school education or less, and income of less than \$10,000.” Other precipitating factors included recent hospitalizations and high levels of psychological stress. Another study found two medical predisposing factors in their frequent visitors: psychiatric complaints and alcohol abuse (Minassian, Vilke, & Wilson, 2013). Psychiatric conditions were among the most common illnesses present in the frequent users. Psychiatric conditions coupled with alcohol abuse were also seen more often than other conditions. Mehl-Madrona (2008) suggests that many frequent ED patients have under-diagnosed psychiatric conditions. These patients often do not present with psychiatric complaints, but the underlying problem is psychiatric in nature. The initial complaints guide their care, so the causative condition may remain untreated. This leads to continual ED admissions.

Oetjen, Oetjen, Rotarius, and Liberman (2010) describe 3 primary characteristics of super-utilizers of EDs. These individuals believe their medical condition is serious enough to warrant immediate medical attention. Adams (2013) addresses this issue by stating that similar sets of symptoms early on can lead to very different conditions later on. While individuals may believe they are in the early stages of a serious condition and seek out emergency services, their initial symptoms may or may not be indicative of a condition requiring emergency medical attention. Portions of ED users contact their PCP before going to the ED. However, more than half are told to go to the ED because the clinic is too busy to

handle them. Another portion of ED users wait until after clinic hours to seek attention for their needs. If no clinics are open, they must use the ED by default.

A 2013 study concluded that the top 1% of ED users have both sufficient health insurance, as well as adequate access to a PCP. These most frequent of users have multiple chronic comorbidities. They also have higher rates of psychiatric conditions compared to less frequent users (Miller, Brauer, Rao, Wickenheiser, Dev, Omino, & Stokes-Buzzelli 2013). Relying on EDs to provide complete care for complex cases is an ineffective approach to health care.

Frequent ED users experience poorer outcomes. They are more likely to be admitted to hospitals and are also more likely to return to the ED. They also express lower levels of satisfaction with their care (Sun, Burstin, & Troyen, 2003). This can, in part, be attributed to the fact that the ED staff cannot provide the level of comprehensive and coordinated care that a PCP can provide. Patients with intricate comorbidities greatly benefit from the resources and managed care that is available with a PCP. Additionally, frequent users may be recognized and even avoided by ED physicians (Mehl-Madrone, 2008). "Physicians feel burned out from treating patients in this population... and feel less empathy for them" (Miller et al., 2013). This could lead to biased care and even poorer outcomes than for the individuals who are not recognized as frequent users. A Cleveland hospital began a program to combat this mentality. When Medicaid-insured individuals are recognized as ED super-utilizers, they are paired with a care coordinator. This care coordinator provides patients with resources such as a PCP, specialists according to their needs, and a detailed care plan. The implementation of this system reduced frequent visitors' ED utilization by

39% in one year ("Taking a new track," 2013). This allows ED services to be reallocated back to truly urgent cases.

METHODS

The purpose of this ongoing study is to examine reasons patients seek emergency care for primary care needs. Qualitative descriptive method guided this study. Institutional Review Board approval was obtained prior to interviewing participants.

SAMPLE

A purposive sample of participants was identified by a family medicine clinic. Criteria for participation included 18 years of age or older; insured publicly or privately; ED super-utilizer. Super-utilizers are individuals who use the ED more than once in any 30-day period in any 12-month period. Eligible patients were contacted via telephone by a clinic RN coordinator and informed of the purpose of the study. Student assistants then contacted interested patients via telephone and invited them to participate in focus group interviews. Focus group interviews were scheduled with 2-3 participants in each group. The participants that attended focus groups were provided with monetary compensation. Participant demographics included 60% Caucasian females and two African Americans. The age range of participants was 20-56, with a mean age of 46.

DATA COLLECTION

Two of the planned focus groups (n=2) were conducted in a private room in the evening on a large, urban medical center campus. Total attendance of subjects at the focus groups equaled 5 subjects who met the study criteria. The groups met for 45-60 minute sessions

and were audio-recorded. The research team provided informed consent and collected demographic information from each subject. One investigator facilitated the focus group, while one recorded the participants' responses. Interviews were semi-structured with pre-determined, open-ended questions, however participants were able to speak about issues not directly related to the questions. See Appendix A for question list from focused interviews.

DATA ANALYSIS

Preliminary qualitative data was collected during the interviews. Data is still being collected. A professional transcriptionist transcribed audio recordings verbatim and cleaned transcriptions to remove personal identifiers. Notes taken during focus group sessions were reviewed to identify preliminary meaningful data. The research team read through the transcripts while listening to audio recordings. Transcripts were read again to look for meaningful data with the research question in mind. Common phrases that related to the research question were highlighted. The research team met to determine preliminary categories identified from the meaningful data. These categories were collapsed into preliminary themes.

RESULTS

Two themes emerged from the data analysis, which are challenges presented by the health care system and management of acute exacerbations of chronic disease.

CHALLENGES PRESENTED BY THE HEALTH CARE SYSTEM

Participants discussed the issue of transportation. If they did not have cars, they found it difficult to get a ride to a clinic during business hours. When transportation was available after family and friends returned from work, clinics were closed, which led them to use the ED to receive medical care. One participant described her inability to use public transportation because of the long walk to the bus stop. "Normally I have a cane... If I was healthy I would be okay with it, but it's a long ways for a person like me."

A common response participants shared was the difficulty to schedule an appointment in a primary care office. One participant described how she had to "wait four or five months to get an appointment" with a specific physician. This participant went on to describe how if she were to experience a medical issue during that time, she would have to use the ED for care. Another participant stated that he did not have a good relationship with his primary care physician. "I just waste my time going to see him. That's why I go to the emergency room."

MANAGEMENT OF ACUTE EXACERBATIONS OF CHRONIC DISEASE

Several participants stated that physiological factors influence their choice of seeking care in the ED, as opposed to a clinic. One participant indicated her decision to use the ED is influenced by "how severe my symptoms are, how much pain I'm in, if I know that I need medical attention right then and there." Other participants expressed similar ideas. "If it's something serious, I'll go to the ED over the clinic because it's a quick fix." When asked what type of serious symptoms would prompt an ED visit, participants stated asthma attacks and "throwing up blood." Participants expressed that these conditions could not wait to be examined in a clinic, thus inciting a trip to the ED.

UNEXPECTED FINDINGS

Participants expressed an unanticipated view of ED care. One indicated that her needs were not being met in the ED. "Go to the emergency room, they're going to give you pain medicine and send you home... Pain medicine isn't going to solve [the problem]." Another stated, "You don't always want the pain to go away. You want somebody to know what's going on with you."

DISCUSSION

The perspectives provided by participants in this study corroborate the findings of previous studies. With the cost to the health care system so great, it is imperative for health care professionals to continue research on this subject. At the most fundamental level, researchers need to make sure that the right questions are being asked. By identifying the patients' perceptions of factors that influence their ED usage, improvements can be made to systems that directly target those factors. Mintzber (2011) suggests that we need to "look to the people on the ground, not outside experts, for ideas for real improvements." This means that patients need to work collaboratively with care providers to decipher the exact reasons why EDs are so frequently used. Continued collaborative, qualitative research will provide the insight necessary to amend current health care trends and provide better access primary care to more patients.

Additionally, the views of ED care we encountered present a challenge for health care professionals. There is an opportunity to investigate ways to better meet patients' needs regarding the administration of pain medication in the ED. Further research is needed to

understand ways in which health care professionals can bridge the dichotomy between relieving patients' pain and investigating the root cause of the pain.

LIMITATIONS

The small sample size of 2 focus groups decreases the transferability of these findings to other similar populations.

CONCLUSION

This study provides initial evidence of the factors that influence ED use among insured individuals. Both the health care system and physiological factors guide the decision to access health care in the ED or in a clinic. Additionally, ED care may not always meet patients' needs. There is room for improvement with regards to the administration of pain medication in the ED. There is also a need for more accurate assessment and communication with patients to ensure appropriate interventions. Additional research on these topics will provide more substantial evidence and will guide future interventions to improve quality care and access to primary care.

APPENDIX A

Question list from focus group interviews:

- When you need health care, what do you do?
- When you need health care, where do you go?
- When you decide to go to the clinic, what are the things that help you make that decision?
- What things prevent you from getting care at a clinic?
- When you go to the ED, how do you make the decision to go there instead of your clinic?
- What are the advantages of going to the ED rather than the clinic?
- What are the disadvantages of going to the ED rather than the clinic?
- Is there anything else you would like to add that was not addressed?

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